

CHIEF EXECUTIVE'S REPORT

Trust Board	Item: 5
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Purpose of the Report / Paper: To provide the Board with information on strategic and operational issues	
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Recommendations & Action required by the Trust Board: The Trust Board is asked to note the report	

Chief Executive's Report

Summary

This month's Chief Executive's report includes the following:

1. Operational update
2. Divisional reports
3. Nursing and Midwifery conference
4. External environment
5. Better Services Better Value
6. Sector work
7. Communications

1 Operational Update

Royal Eye Unit

Work within the Royal Eye Unit continues to focus on ensuring patients are treated in a timely fashion. The demand and capacity work is complete and the management team are developing plans to ensure patients are treated as soon as is practical. Validation of the waiting list continues and if necessary alternative providers will be secured to help treat the longest waiting patients.

To help with the administration of these patients the ophthalmic booking team have been relocated within the eye unit. They are the first of the teams to be devolved in this way. Ophthalmic clinic templates are under review to encourage greater multidisciplinary team working and will clarify responsibilities for general ophthalmology conditions as well as A&E patients. The template changes will also reflect the comments received from patients and the public.

There will be some staff changes over September and October. Ms Meg Minasian and Mr Simon Horgan will be leaving the Trust in September and October respectively. The Ophthalmic paediatric post is currently out to advert and the medical retinopathy post is with the Royal College for approval. To ensure a seamless transition over this period consultant support will continue to be provided by Mr Ahmad Dabbagh and Mr Fahran Zaidi.

Riots

The London riots proved to be a testing time for the Emergency services. Whilst we were not badly affected in Kingston, many staff either live or have family and friends living in the troubled areas. In spite of this staff remained professional throughout this difficult time with no reported absences due to the disruption caused. Staff were kept informed of events through a number of emails from the Chief Executive updating on the current local situation and advising of the actions being taken by the Trust in the event the riots should spread to Kingston. This included extra security guards on duty, specifically at the maternity main entrance and A&E as well as an early closure of some entrances to the site to restrict movement across the hospital. The plans reassured staff who emailed their thanks and explained how the information updates helped them feel safe.

Some sporting events were cancelled due to the rioting; however the Surrey cycle race took place on the 14th August. The Trust had prepared well for this event, the main impact on the hospital being the road closures around the site. Staff had planned alternative routes to work and patients/relatives were well informed of the potential issues they could face. There were no recorded incidents or complaints during that time with all services running as expected. This experience will help plan for the 3 days of road closures the Trust can expect next year as part of the Olympic 2012 cycle race programme.

Health Records

Currently 98% of notes are available for patients in outpatient and outreach clinics. This is a

significant improvement, although further work is required to ensure notes are available for all patients. Appropriate staff have now all been trained in case note tracking. The health records manager is working closely with operational teams to address any local issues. There remains a significant problem with loose documentation and temporary files being issued for patients.

To help address these problems across the Trust a Project Manager has recently been appointed and will join the Trust at the beginning of October. This will build on the work already undertaken by the health records team with a particular focus being given to storage, tracking and availability of notes wherever a patient accesses the Trust. A detailed project plan will be available by the end of October 2011.

Endoscopy

As part of the divisional restructuring an endoscopy manager will be appointed. Patient tracking lists (PTL's) are now available for patients awaiting a therapeutic procedure with another PTL available for patients waiting diagnostic procedures. Work is underway supported by the National Intensive Support Team to model the Trust's true demand on the different elements of the service and as part of this work the capacity required by the different team is being identified.

The team are also working to strengthen our current emergency scoping service.

Administration Devolution

As part of the 18 Week Referral to Treatment action plan that is being addressed in the Trust a review of the administration structure and processes relating to patient access has been undertaken.

The Divisional Management Restructure creates the central role of Access Manager who will report directly to the Chief Operating Officer. This post holder will ensure the relevant standard operating procedures relating to patient access are maintained across the Trust by the newly devolved booking teams, whilst monitoring performance of the clinical teams against the 18 week standards. As part of this new team an acting Directory of Services (DOS) Manager has been appointed. This post holder is leading a review of our directory of services, ensuring that all available clinics are listed and available on the Choose and Book system and easily accessible for GPs and patients. The DOS manager will work closely with consultants and a GP representative to ensure that specialty clinics are easily identifiable to patients and GPs considering particularly the terminology used and that speciality teams are providing enough capacity for patients to book into.

Operational teams, particularly medical staff are very keen that the current booking teams work more closely with them and the speciality managers to ensure optimisation of all outpatient clinics and theatre lists. It is proposed that the staff that work in these booking teams will be devolved out to the speciality teams and move away from their central office. The operational teams are currently developing plans to receive these staff, ensuring they have robust mechanisms in place to log referrals, book appointment and theatre slots whilst ensuring patients are given choice. Once training has been completed and staff have been assessed the planned moves will take place. It is expected that this will happen between September and October 2011.

Currently staff are being retrained in 18 week rules and how patient information should be recorded in CRS. This involves all staff who register referrals, book outpatient appointments and arrange theatre slots for patients

Divisional Restructure

The current Divisional structure has been in place since September 2009 when divisional Directors were appointed and each Division had the opportunity to determine their structure. Clinical Speciality Leads were also appointed to take on delegated responsibility for clinical

services.

The trust has undertaken a review of the functioning of these new structures and is proposing some changes to strengthen the current structure within the Divisions of Medicine and Surgery.

The revised Divisional Structures will shortly be going out to formal consultation. Open forums will be held to respond to staff questions and concerns. It is anticipated that the new agreed structures will be implemented by the end of November 2011.

2 Divisional Reports

2.1 Women & Child Health Division **Andy Winrow, Divisional Director**

The **Maternity Unit** is well-represented in the agenda for the Trust Board meeting with a series of topics to be presented. Therefore Maternity issues will be included only briefly in this update.

With an increased requirement for 90% of pregnant women to have their booking appointment within 12 weeks and 6 days, the Maternity Unit has found it difficult to attain this target with our current level of compliance measured at 83%. The Division has reviewed its maternity booking processes and has confirmed that these are robust and efficient. Appropriate capacity is available, with some patients choosing to book their appointments over 12 weeks and 6 days.

The Obstetric and Gynaecology Department welcomed a new consultant, Miss Vani Ramalingam, at the beginning of September. Miss Ramalingam has expertise in urogynaecology and will enhance our service to women with pelvic floor and perineal problems.

The reconfiguration of services affecting the **Gynaecology Department** on Isabella Ward, as part of the wider reconfiguration of wards, has placed pressure on gynaecology beds although careful bed management has mitigated against most problems so far. The Gynaecology 18 week referral-to-treatment plan continues to improve.

In **Paediatrics**, workforce issues remain an area of concern. There are nursing vacancies on the Neonatal Unit – a national problem affecting most units across the UK. Looking ahead, the potential reduction in junior paediatric trainees will be ameliorated to a degree by our training of neonatal nurse practitioners. Such practitioners are highly skilled and will help replace junior paediatricians. The Department continues to achieve an excellent A&E waiting time target with no breaches for several months. An increase in referrals to Children's Outpatients has been noted.

The Division has achieved its target of VTE assessments with over 88% of patients having a recorded assessment. There have been no cases of MRSA or C Diff. in patients within the Division. Both Maternity and Paediatric services' sector reconfigurations remain in discussion as part of the '*Better Services, Better Value*' programme. The Division remains well-represented at these meetings.

2.2 Division of Acute Medicine and A&E **Sarah Evans, Divisional Director**

Achievements

Patient Pathway Programme

The patient pathway programme has been launched in medicine and includes 5 work streams

– emergency assessment, ambulatory and short stay, complex discharges (care of the elderly), discharges and endoscopy. Each work stream is led by a clinician and includes a multidisciplinary team and is supported by the Intensive Support Team and NHS Elect. Each team is currently identifying information requirements, examining best practice and producing proposals for implementation later this year.

Early achievements have included: the introduction of an electronic bed predictor tool that identifies capacity gaps and supports the bed management team in addressing these; the piloting of supervisory sisters on four wards to ensure the management of safe and effective wards, including timely discharge; early Identification of discharges for the next day and increased senior review as part of a staged progression to daily review.

Cardiology developments

Four weekly cath lab lists are now in place, ensuring that an increased number inpatients are not delayed for their angiograms. Plans have been agreed for the appointment of a locum consultant cardiologist who will provide the fifth weekly list, increasing the number of pace making sessions and will also provide inreach to Acute Admissions Unit. Work continues with St. George's Hospital to identify mutual areas of benefit for collaboration between the two departments.

Gastroenterology developments

A 5 day bleeders rota has been agreed and will commence in October. This involves the provision of daily inpatient endoscopy lists and a gastroenterologist of the day. Arrangements are being finalised with St. George's for a treat and transfer service out of hours.

Challenges

Recruitment and retention

The division is currently experiencing a high number of vacancies, resulting in an increased use of agency and bank staff. A robust action plan has been developed by the Heads of Nursing in Medicine and Emergency Department but this is expected to continue to present challenges for the remainder of the year.

Financial position of the division

The financial position of the division has improved in August, as more robust management of pay costs has been implemented.

The plan for 2011/12 is dependent on the successful completion of the patient pathway programme and the resultant reduction in length of stay and beds. Focus is therefore currently on the management of all work streams.

2.3 Division of Ambulatory Care

John Wong, Divisional Director

Strategic Alliance Partnership

Work continues on the Strategic Alliance Partnership in Radiology, Pathology and Pharmacy. The work has recently been extended to include not only St Georges Hospital but other Trusts in South West London. Initial successes are reflected in the proposed joint appointment of a Quality Manager for Pathology covering both St Georges Hospital and the Trust. Pharmacy continues with discussions of shared working practices and efficiencies with St Georges. This work is reported in more detail later in this report.

Cancer Group

The Acute Oncology Service is now live, with participation from Royal Marsden and our Haemato-Oncology team. Oncology nurses will be advised of the admission of cancer patients through A&E and provide these patients with appropriate support.

Finance

The Division faces a challenging CIP target, and is currently reviewing a number of schemes which have not delivered as anticipated. A recovery plan is actively being developed to address this shortfall.

Income for the Division is above plan now that issues around pathology billing have been addressed. Radiology continues to develop direct access services for GP which are very well utilised.

2.4 Division of Surgery and Critical Care **John Dick, Divisional Director**

18 Week referral to Treatment Pathways

This remains a challenging target for the Division. July and August performance for patients on an admitted Pathway has been over 90% (the national target). Much work is underway in addressing the Non- Admitted pathway. Whilst there appear to be a number of long waiting patients, the current validation of these patients shows that most have already been treated and need to be removed from the waiting list. Staff retraining is well underway and operational teams have increased capacity where necessary to ensure patient waits are minimal.

Appointments

Fran Davies has been appointed to the role of Divisional Manager and joined the Trust on the 5th September. The Orthopaedic team has successfully recruited a new Orthopaedic Consultant, Mr Giles Heilpern who has now started within the Trust. Interviews are due to take place at the beginning of October for a new Breast Surgeon.

Financial Position

Work continues on the performance management of the CIP and recovery plans are being developed.

Divisional Restructure

The Divisional restructure is expected to take place over the coming months to further support the triumvirate model of working across the Division.

3 Nursing and Midwifery Conference - Making a Difference - Delivering Excellence

The Director of Nursing held a very successful Nursing & Midwifery Conference on the 12th August 2011.

Approximately 60 attendees were welcomed to the event, where they heard presentations from Dr David Foster, Deputy Chief Nursing Officer, Department of Health, Ruth Harris, Professor of Nursing Practice & Innovation, Faculty of Health & Social Care Sciences, Kingston University & St George's University and Tim Curry, Assistant Director of Policy, Royal College of Nursing.

In addition, a number of Trust staff spoke about a range of initiatives, which had been implemented within the Trust which have impacted positively on the patient's experience.

A poster competition was held on the day, and 1st, 2nd and 3rd prizes were awarded by the judging panel.

Thanks were extended to Vernacare, Gama, Daniels, Gama, Vygon, HR Healthcare, Deb, Arjo and Huntleigh, all external companies who kindly sponsored the day.

Valuable comments were shared on the day and also added to the Conference's evaluation sheet, these included:

"An excellent day. It was a great platform for the nursing workforce to present valuable work"

"The day was highly motivating and I do believe it will make me more empowered"

"The conference gave 'life back' to the essence of nursing"

"It was fantastic to see all the innovative projects that are going on around the Hospital. The day really celebrated our successes"

6 Local External Environment

CCG Pathfinders

The Government's response to the Future Forum has had relatively little impact on the plans for delegating commissioning responsibilities to clinical commissioning groups (CCGs) in SW London. Proposals were presented to the SW London Joint Boards in July 2011. The Kingston CCG had already bid for delegated budgets in April 2011 but for the remaining SW London pathfinders it was agreed that budgets would be delegated in August 2011, with the exception of Wandsworth where this will be October 2011. For Richmond delegated budgets are limited to community services, GP prescribing and primary care counselling but they have developed a roadmap to full delegation in January 2012.

Clinical Commissioning Committees have been set up in all Boroughs and these are now meeting. These will support continued joint working with the Local Authorities.

It is expected that CCGs will lead commissioning decisions for 2012/13 in advance of taking full accountability in April 2013. This will include, for example:

- Leading the development of Quality Indicators
- Identifying new areas for QIPP projects and delivering on these
- Setting and signing of the priorities and plans for commissioning intentions for 2012/13
- Active participation in the SW London Joint Boards business

CCGs are working with the SW London Cluster to refresh the draft SWL commissioning strategy plan 2012/13 – 2014/15 and operating plan for 2012/13 for approval by the SW London Joint Boards in November 2011.

NHS Surrey has established a transition programme to manage the transition in Surrey and the wider Surrey health economy. They have an Executive Committee as the vehicle for ensuring CCGs are able to collectively plan commissioning of services through to March 2013.

Healthwatch Pathfinders

Local HealthWatch comes into operation in October 2012. This will be the new local consumer voice for people who use and need health and social care services. Kingston LINKs became a HealthWatch Pathfinder in July 2011. Their new Steering Group met in July, and they are still working through the implications of being a pathfinder. Richmond LINK became a HealthWatch pathfinder in August 2011.

Epsom and St Helier Transaction

The first phase of the process to find new partners for the respective hospitals has closed. Ashford and St Peters Hospitals NHS Foundation Trust and the Royal Surrey County Hospital NHS Foundation Trust have been invited to prepare bids for Epsom Hospital and St George's Healthcare NHS Trust has been invited to prepare a bid for St Helier Hospital. There have been a number of public engagement events.

The deadline for receipt of bids has been extended from 16th September to 11th November

2011 following extension of time requests from St George's and from Royal Surrey County Hospital.

Criteria have been announced the criteria against which bidding organisations will be judged. The new partner must:

- Deliver better outcomes and benefits for patients
- Provide better care for local residents
- Improve the way local services work together – integrated care
- Have plans in place for uniting the combined workforce, including managing, supporting and developing staff
- Be ready to merge, minimising uncertainty for both patients and staff

Final recommendations are due to be made by the Transaction Board in January 2012.

In the meantime Epsom and St Helier is projecting a total deficit of £19m in 2011/12 (£7m St Helier and £12m Epsom). A proposal to transfer £5m recurrently from the NHS SW London 2% restricted transition fund in support of St Helier's ongoing programme of rationalisation to return to a recurrent financially stable position is being considered by the SWL PCT Joint Boards meeting in September 2011.

8 Better Services Better Value

A report on the recent engagement events held over the summer to discuss the *Better Services Better Value* review is to be published soon. The events, held in July 2011, have given local residents, patients, councillors and voluntary groups the opportunity to explore the challenges facing the NHS and to discuss the emerging ideas being considered as part of the review.

During the events, local doctors and nurses leading the review tested their early clinical discussions with 153 members of the public and 48 local stakeholders. This included recommendations for improving the quality of services in maternity, urgent care, planned care and end of life care, children's services and long term conditions.

Most people who participated in these events already understood the key challenges facing local health services, such as increasing financial pressures, changes in the population and unhealthy lifestyle choices, and agreed that the NHS needs to change. There was strong support for the review and many participants were very positive about the events and the opportunity to contribute to the discussions.

Some of the possible early solutions suggested by clinicians and discussed by the public at the review included:

- Having more urgent care centres - providing urgent medical advice in cases that are not life-threatening - linked to A&E departments
- Improving urgent care in the community.
- Improving specialist care for very sick children by locating longer-stay hospital beds in specialist children's units in fewer hospitals.
- Increasing the number of operations that are done as day surgery.
- A small number of inpatient planned surgery units.
- Improving the coordination of end of life care across South West London.
- Better treatment in the community for people with long term conditions.
- Improving maternity care by making sure senior doctors are present on labour wards 24 hours a day, seven days a week — including exploring the option of achieving this by consolidating maternity units on three sites.
- Considering having more senior doctors at fewer A&Es

There was a mix of views on these issues, ranging from strong support for some to concern

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about others.

All of the views captured in this report will influence the next stage of the review.

9 **Sector Work**

Kingston Hospital has been working with St George's in a number of areas as part of the Strategic Alliance Partnership, with the Pathology workstream being significantly further developed than the others. The pathology workstream has recommended preferred future models of service between the two hospitals, and noted that the work that the group has undertaken could be extended to the other Trusts in SW London. This would be in line with the expectations of NHS London for local delivery of its 2011 report "Modernising Pathology Services in London", which recommended a hub-and-spoke model of pathology services in each of the five London clusters. NHS London has required that business cases for the cluster models be finalised by 31 March 2012.

In line with NHS London's requirements, the CEO of Kingston Hospital, in her capacity as sector CEO lead for Pathology, put forward a bid of £386k to the SW London cluster's 2% non recurrent transformation and risk management funds to put in place a team and governance arrangements to project manage and begin delivering a consolidated SW London Pathology service. This bid was predicated on the Kingston / George's work demonstrating a "proof of concept" for the wider SW London piece.

The SW London project's key business objective is to recommend a preferred set of options for pathology services across SW London. This would need to deliver a sustainable and high quality service whilst generating ongoing cost savings, and also support GP needs and aspirations as well as Trusts' service strategies.

A similar bid was put forward by the CEO of Croydon Health Services, the sector lead for Radiology, for £300k to develop "a cost-effective and feasible model for radiology which has a defined management structure with energised leadership, and an approved plan for developing an exemplar service."

Both bids have been verbally approved, and Programme Directors have been appointed for each of the projects: Mark Friedman (based at Croydon) for Radiology and Nicola Hunt (based at Kingston Hospital) for Pathology. A joint governance structure for both projects is being established, comprising a Programme Board, chaired on an alternating basis by Kingston and Croydon, and a steering group for each project, chaired by a Clinical Director (St George's for Pathology and Croydon for Radiology).

The first meeting of the Programme Board, to sign off the Project Initiation Documents, will be held on 20 September, and will be immediately followed by meetings of the Steering Groups. A wider launch event will be held in early October, to ensure buy-in from within the Trusts. A wider stakeholder event, to include local GPs, is planned for later in the autumn.

The Board will be updated on this work as it progresses.

10 **Communications**

Projects

Since the last Trust Board meeting in July, the team has been working on a number of corporate projects including; developing and designing the Hospital's new values, Annual Review - newspaper wrap for the local Kingston Guardian w/e 9 September, Membership Communications, Staff Long Service Awards event planning, Annual Staff Excellence Awards 2011 publicity, Annual General Meeting planning, redesigning the Management Structure, Keep Clean and Wash your Hands Campaign pop up banners, reviewing the Consultant database on the website (for GPs) and updating corporate/patient information leaflets.

In addition to this, the team has produced two Team Briefs for staff, the summer edition of Keyhole has been finished and distributed and a new e-zine for GP Gazette is being worked on at the moment and will be sent to GPs this autumn. We have also carried out a Communications Audit across the hospital and staff feedback has been encouraging. The team will be compiling the information received to see how we can further improve communications with all staff.

Hospital Values

The Communications team have been working closely with the Chief Executive on developing the Trust's new values, which will be launched at the AGM. Over the past couple of months sessions have been held with staff to look at what our values at Kingston Hospital should be. The feedback we received has been fed in to the final concept and a design for each value: Caring, Safe, Responsible, Valuing each other has been created, which pictorially reflects each of the Trust's values.

Press activity

The team has issued a total of 5 proactive press releases to the press since the last Trust Board. These include; Cancer Donation, PEAT Results 2011, Nursing and Midwifery Conference, Honey Bees OFSTED report, professional photography canvases donated to Maternity by Julia Boggio and Trust Board.

The team has received 34 media enquiries from the local, national and trade press during the end of July, August and September. The main enquiries were about waiting times, Maternity, the death of Nancy Wake, a famous war time heroine, and MRSA rates.