

## CHIEF EXECUTIVE'S REPORT

<b>Trust Board</b> <b>Part I</b>	<b>Item: 6</b>
<b>27<sup>th</sup> June 2012</b>	<b>Enclosure: C</b>
<b>Purpose of the Report / Paper:</b> To provide the Board with information on strategic and operational issues.	
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<b>Recommendations &amp; Action required by the Trust Board:</b>  The Trust Board is asked to note the report.	

## **Chief Executive's Report**

### **Summary**

1. This paper gives the Board an update on some of the key areas of activity that could impact upon the strategic development of the organisation. It also gives a brief outline of the operational environment and activity since the last Board meeting. A fuller operational update is given in the appendix.

### **1 External Environment**

#### ***Academic Health Sciences Network***

2. Academic Health Science Networks AHSNs are a new type of partnership that bring together health and academic partners to focus on the integration of research, teaching and patient care. Stakeholders in South London met in early June 2012 to begin to draw up proposals for a South London AHSN. Chris Streather has been appointed to lead this work and it is proposed to produce a model for how this might operate across South London for September 2012. There is a national process under development for authorising AHSNs, which will then be eligible for national funding.

#### ***Local Education and Training Board***

3. Work to develop the South London LETB which will assume responsibility for education and training commissioning from April 2013 continues to a tight timetable. A pan-London event on 14 June saw each of London's three LETB's present their emerging structures which, although broadly similar, reflect some local differences in constituencies and the arrangements proposed for their engagement. I have been involved in designing the governance arrangements in South London. The LETB Board must have an independently appointed Chairman, Chief Executive Officer and Finance Director. In South London it is expected that there will also be up to six positions on the board for providers of NHS services. The Board will also be supported by a 'membership body' made up of stakeholders including acute Trusts, Clinical Commissioning Groups and education providers.
4. The timetable going forward is that the new Chairman of Health Education England (HEE), Sir Keith Pearson (formerly Chairman of the NHS Confederation and NHS East of England) will appoint a Chairman designate for each LETB who will then take forward the recruitment of management staff and board members. HEE will also lead a process of authorisation of each LETB, first into shadow form from 1 October 2012 and subsequently being fully authorised in April 2013. Much of the discussion about the development of LETBs has been to ensure that they genuinely approach education and training differently with service providers having a much greater influence, and that they are designed in a way to encourage collaborative working and innovation in training design and delivery. The three London LETBs have also discussed how they can share support to operate efficiently and effectively. There is a further South London stakeholder event on 29 June 2012. More information on the South London LETB can be found on the Health Innovation and Education Cluster (HIEC) website at: <https://slondonhie.org.uk/workstreams/letb>

#### ***Key Appointments***

5. The following national appointments have been made:
  - David Behan has been appointed as Chief Executive of the Care Quality Commission (CQC)
  - Heather Lawrence has been appointed as a non-executive director of Monitor

### ***Reaching the shortlist of the Patient Safety Awards***

6. Following our success at last years' HSJ National Patient Safety Awards Ceremony, where the Trust won the a national patient safety award for Board Leadership, I am delighted to be able to report that this year we have been shortlisted as finalists again.
7. This time for two of our projects around changing culture. The first is the Discharge Project that the Division of Medicine have been working on for the past year. The project looked at changing the inpatient culture to promote safe discharge, from the day of admission by making clinically led changes to working practices, which has resulted in many improvements to patient experience, such as a big reduction in length of stay for medical patients.
8. The other project is the piece of work we did to define our values with staff and patients last summer. It was launched at the AGM and we have been working to embed them into the organisation ever since, through the staff excellence awards and also the patient story shown at the May Trust Board. Earlier in the month, Louise Hogh, Consultant in General and Geriatric Medicine, Carolyn Johnston Anaesthetist and Darzi Fellow, Medical Matron Tamsin Day and I went to the HSJ offices in central London to present to a panel of judges. The Trust won't find out how we have done until early July, but just being shortlisted is a huge achievement in itself.

### ***Update on Epsom District Hospital***

9. The special committee (known as the Transaction Board) in charge of overseeing the de-merger of Epsom and St Helier hospitals has announced that Ashford and St Peter's Hospitals NHS Foundation Trust have been confirmed as the preferred partner to merge with Epsom Hospital. The decision, which has been formally approved by a number of NHS bodies (including the Trust Board, Transaction Board – which includes local GPs – and the strategic health authorities NHS South of England and NHS London), paves the way for a de-merger (from St Helier and Sutton hospitals) to take place on 1 April 2013. This will be subject to final ratification, by, amongst others, the Secretary of State for Health.

### ***Industrial Action***

10. As Board members will be aware the BMA gave notice of industrial action short of a strike to take place on 21 June 2012. The Trust has worked with its medical staff through the Medical Staff Committee and BMA Local Negotiating Committee to prepare and manage this action. The MSC and LNC have emphasised that the action was not aimed at the Trust or our patients but at the Government and Secretary of State for Health over the pension reforms proposed for NHS staff. The Board will receive an update on the impact of this action at its meeting on 27 June 2012.

## **2. Operational Update**

11. Activity remains high across the Trust. There were 527 deliveries in maternity in May 2012 which is an increase of 7.6% on April 2012 when there were 490 deliveries. This reflects a 14% increase on May 2011. Similarly A&E attendances rose by 10.6% in May 2012 from April 2012 with 9946 patients attending the department. This is an overall increase of 2.8% on May 2011. This over performance was also seen in Day Case surgery and Elective activity. Emergency admissions rose by 10.3% in May 2012 as compared to April 2012.
12. The consultation on the development of devolved administration teams was finalised in May 2012 with new structures identified to work within all specialities across the Trust. This supports different ways of working providing a more personalised service for patients, increased patient choice, with the new systems and processes underpinned by new technologies.

13. The ward moves involving the third and fourth floor of the Kingston Surgical centre have taken place and further work continues to improve the patient pathway particularly for patients admitted on the day of surgery. This will involve identifying a dedicated area for these patients to be prepared for theatre.

## Appendix 1

### 1) Operational Reports

#### Surgery and Critical Care

The reconfiguration of the 3rd and 4th floor of the Surgical Block took place during May. Pre assessment moved to Roehampton Wing, Jasmine moved to the 4th Floor and ten Surgical Acute Assessment beds were created on the 3rd floor co located with the medical acute assessment beds. On the 4th floor are 10 gynaecological beds, 20 surgical elective beds and 20 acute and post-operative surgical beds. The purpose of the reconfiguration is to give better flows through the hospital from A/E and to allow placing patients in the most appropriate bed should they require admission. It will also help the ambulatory pathways for both medicine and surgery to be implemented and the MGPU has also been moved into more appropriate and dedicated space in the old Jasmine Unit. By relocating pre-assessment there is an opportunity to combine the various departmental pre-assessment activities into one location.

The productive theatre project continues to undertake a detailed analysis of the stock held on the shelves. The sutures audit demonstrated that the large variety and number of suture could be rationalised leading to savings and this will be replicated across many items of stock. Work is ongoing on reducing spend on orthopaedic consumables and process flows for ordering and monitoring the requisitions have been introduced. A development afternoon took place for the senior staff in main theatres and Day surgery which proved to be positive and will continue. An output from the meeting is a daily briefing at 8am every morning for all staff by a senior member of the team before theatre sessions start. This has already commenced and has been received very positively and enables key messages to be communicated.

The Division held an awayday afternoon on May 9th 2012 which was very well supported and over 100 people attended. The audience heard the latest updates from the Division including the Divisional objectives, updates on the surgical work streams and Productive Operating Theatre and information about contracts, CQUINs and the CIP programme.

The M1 financial position was adverse and included an underperformance against activity. The actual activity plan was not available until mid-May but going forward this will now be monitored on a weekly basis with the patient tracking information. Two public holidays plus Easter holidays may have led to this position but there were also anomalies with coding which may see an improvement in the final results. The main areas of overspend were on nurse pay and theatre consumables. The cost pressure that arose from transferring nursing budget to medicines establishments last year has resulted in little cover for long term absences and ad hoc increased activity and this will need to be added into the CIP programme. There was a reduction in non-pay expenditure from M12.

Income is £378k favourable in month 2, a large change to the adverse position in month 1, due to increases in outpatient, daycase and critical care income.. This improvement on last month is due to increased daycase activity across all specialities but particularly in Pain Management, Ophthalmology, ENT and General Surgery. Trauma and Orthopaedics daycases totalled 157 in the month and 34 were outsourced to the private sector with associated costs under non-pay. Expenditure overall is £293k adverse in month. The non-pay position is £163k adverse. The main overspend in the month is due to outsourced activity for Orthopaedics costing £64k, for 34 patients.

Work is ongoing on developing a pilot with NHS Kingston for a community led ENT service in conjunction with the Kingston Hospital ENT department. It is proposed that approximately 50% of activity could be seen by community practitioners and a GP with Special Interest will be appointed and trained to work alongside the Kingston Consultants. This forms part of the cost improvement programme for NHS Kingston and they hope to implement it by September this year.

Two new consultant appointments have been advertised. A joint ENT Consultant with St George's Hospital and a Consultant Ophthalmologist with an interest in Medical Retina to join the team in the Royal Eye Unit.

The Breast consultants are coming off the on call rota in August as part of meeting demand and Capacity within the division, and to also help meet the Emergency Standards for Acute General Surgery in London. This has given the Breast Service, an ideal opportunity to redevelop the service from primary to secondary care, and help keep breaches to a minimum. This progress will be updated in the next report.

## **Ambulatory Care**

### Health Records

The project streams to improve the patient notes processes are continuing. It is being reviewed next week. Health Records department has been found extra space in Roehampton Wing and the move has been successful, working conditions are much improved as well as extra storage space for patient notes.

### Cancer and Palliative Care

The Cancer plan for this year has been completed, with input from the NHS Intensive Support team. The plan will enable the team to respond effectively to the needs of the Trust. Cancer and Palliative Care are working towards the final plans to meet CQUINS pertinent to the specialty ie end of life care, cancer staging.

### Pathology

The S W London Pathology network discussions have concluded. We await a decision, next week, for a Business Plan. Pathology has now achieved full accreditation in all except for one department, Haematology which is on plan to complete the final tasks for accreditation.

Unfortunately a debit of £90K has been uncovered from our reagent purchases which is being addressed. More positively Pathology has been working closely with Finance to correctly invoice for 'direct access' tests. Pathology decided, after a feasibility study, not to tender for community work in the Hounslow area.

### Pharmacy

We are still looking at work practices in this department to have a better skill mix to achieve financial balance for this year. We are actively addressing the process of 'challenges' from Commissioners on drug use – the aim is to streamline the process to avoid delay in settlement.

### Radiology

The newly refurbished and reequipped suite for fluoroscopy and interventional radiology is now functioning. Our two newly appointed Consultants, from last year, are now in post. Radiology has submitted, with a private sector partner Asterol, a bid for the imaging work at the new Surbiton Hospital site.

## **2) CNST Update**

The maternity unit had planned to undergo a CNST level 2 assessment in June 2012. A self-assessment was undertaken in April 2012 to examine the readiness of the department to underpin their application. The findings from the self-assessment have been reviewed in May 2012 and against the repeat self-assessment it is apparent that the maternity are still underscoring in a number of areas that require a longer period of evidence. It has therefore been agreed that the application will be delayed until September 2012 to allow further evidence to be available. A further review will be undertaken in August 2012 to evaluate the position.

### **3) Communications update**

#### **2.1 Projects**

In the last month, the Communications Team has been preparing for the presentation to the HSJ patient safety awards finalist panel, GP and stakeholder engagement work including preparing briefing packs for directors about Richmond, Kingston, Epsom and Elmbridge, Sutton and Merton and Wandsworth, beginning the website update project (focussing at this stage on the hospital services and GP secure section), preparation of a presentation regarding FT and what it means for staff, monthly staff award co-ordination, coordinating team briefing and collating feedback, preparing a Trust staff meeting schedule, working on further embedding our values throughout the organisation through a targeted communications campaign of internal and external comms, beginning the implementation of the Olympics comms plan, coordination of a 'back to the floor' programme for Execs.

#### **2.2 Publications**

The spring/summer edition of Keyhole has been distributed to all staff, the late Summer edition of GP Gazette is underway, Insight (the members publication) is due for distribution in mid-summer, the Ambulatory Care (previously known as MGPU) leaflet has been refreshed and updated, and comms has written and prepared the Quality Accounts summary.

#### **2.3 Press**

Since the May Trust Board meeting, the Trust has received 12 press enquiries mainly to do with Jubilee babies, the proposed strike, overnight discharges and A&E standards. Five requests for filming at the hospital were also received. Two proactive press releases have been prepared and several Twitter updates have been made regarding infection control, volunteers, our values, the Wolverton Sexual Health award and cervical cancer screening.

#### **2.4 Membership and Volunteers**

Our FT public membership now stands at 5,137 to date and we have a revised target of 5,500 by expected authorisation. A series of Governor Awareness Sessions started on 13 June 2012 to which 28 prospective Governors attended. We will be coordinating four more sessions for both staff and public members.

We now have 250 volunteers spread over all areas of the hospital with many more wanting to volunteer. The volunteer services manager has been undertaking interviews of prospective volunteers. A Jubilee Tea Party was held on 31 May 2012 to which all the volunteers were invited - just over 40 attended.