

TRUST BOARD
28th November 2013

TITLE	Chief Executive's Report
EXECUTIVE SUMMARY	General overview of issues/developments
BOARD (RISK)/ IMPLICATIONS	ASSURANCE n/a
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	AND New emergency care services making an impact; working with our staff on emergency appeal in aid of Philippines; new Tennyson Unit at Ashford Hospital bringing patient benefits; engaging staff through Schwartz Rounds and Stop the Pressure Conference.
EQUALITY DIVERSITY ISSUES	AND n/a
LEGAL ISSUES	n/a
The Trust Board is asked to:	Receive and note the report.
Submitted by:	Andrew Liles, Chief Executive
Date:	18 th November 2013
Decision:	For Receiving.

Chief Executive's Report

News and Developments

Urgent and emergency services review

Earlier this month Sir Bruce Keogh, Medical Director for NHS England, published his first review on urgent and emergency services which we have read with interest. This sets out an initial vision for how we should deliver urgent care, and although it's been badged as a new 'blueprint' for services, doesn't specifically propose anything the healthcare sector hasn't already been discussing.

There is no doubt that emergency services are under increasing pressure which many people believe is unsustainable in the long run. The review calls for more and better services outside hospital, for example more care in people's homes – as we have been trying to develop in North West Surrey - with more specialised centres for the most serious emergencies such as heart attacks and strokes which already happens in many areas, particularly in London.

Where the review takes things a bit further is the suggestion that we have two very clear levels of emergency centre – up to 70 'major centres' to deal with heart attacks, strokes and so on, and a wider network of 'emergency centres' – these would be similar to many existing A&E departments, particularly those in smaller more provincial hospitals, where the majority of current A&E attenders would still be able to be treated. The review also calls for the development of ambulance and paramedic services to deliver more care at the scene. A lot of this is also happening with paramedics now delivering treatments that would only have been done by doctors just 10 years ago.

The work we are already doing to develop our own specialist services, particularly through our partnership with The Royal Surrey (for example on 7 day stroke and renal services) means we should be well placed to develop as a major emergency centre and we will be watching how this unfolds with interest.

Our preparation for winter

As I've reported on previously, we have been working hard to prepare for the coming winter months and have been putting in place a number of new services and plans to ensure we are as well prepared as possible:

- *Our new Ambulatory Emergency Care Unit* – opened earlier this month and is helping to divert less urgent patients away from A&E and avoid unnecessary hospital admissions. Patients, currently triaged from A&E and our Medical Assessment Unit, are seen and assessed quickly by a consultant, have any necessary tests with a treatment plan agreed within a few hours. The new unit offers a high quality environment with a more relaxed atmosphere than A&E and was first suggested to us by the Department of Health's Emergency Care Intensive Support Unit when they visited in July. The unit has got off to a good start in its first few weeks, seeing around 10-12 patients a day, all of whom have been discharged home and we hope to open it up to direct GP referrals earlier than originally planned. Eventually the unit aims to see up to 30 patients a day.
- *OPAL – Older Person's Assessment and Liaison Team* - a new dedicated service, offering early assessment and intervention for the hospital's frail elderly patients. The core team consists of an OPAL nurse, therapist and geriatrician, with support from a pharmacist and dietician and is based on our Medical Assessment Unit (MAU).

We now have the majority of the team in post and although it's still early days, initial feedback indicates they are making a difference, with patients and their families being impressed by the whole team approach. The addition of specialist geriatric expertise on MAU has been particularly welcomed, resulting in earlier interventions and better therapy and pharmacy support for patients.

- *A&E staffing* – we have one new A&E consultant starting in January with recruitment for a further consultant taking place in December. Our nursing staffing is good following successful recruitment campaigns and we have just appointed an additional A&E Sister. By December we should be up to full establishment for the rest of our nursing staff.
- We have also made a number of improvements to our Surgical Assessment Unit (SAU), including new consultant rotas which are providing a stronger consultant presence, higher staffing levels and changes to the unit's layout so we are able to take GP referrals directly to SAU rather than via A&E, ensuring patients get to the right place, first time.
- We are currently meeting the four hour waiting target for this quarter to date (October – December), although significant challenges remain for the rest of the quarter despite all the improvements we have made.
- Following the significant work we have done to improve our emergency services over the past 12 months, we have now been recommended as a site of good practice by ECIST and as such are being visited later this month by Swindon CCG and Great Western Hospitals NHS Foundation Trust.

Supporting our Filipino staff community

Ashford and St Peter's Hospitals is proud to have a sizeable Filipino community working within the Trust and, following the terrible devastation in the Philippines by Typhoon Haiyan, have been offering support to staff members who may have been personally affected by the tragedy. Led by Clinical Nurse Leader Romel Mendoza and Sister Rizelda Ramirez, we have also been running an appeal for emergency goods to help those most in need following the disaster, in collaboration with shipping carrier LBC Philippines.

New £1.7 million environment funding announced

The Trust successfully bid for an additional £1.7 million from the Department of Health's Energy Efficiency fund, announced nationally earlier this month. This will allow us to make significant improvements to building management systems and give better ventilation and lighting in a number of areas at both hospital sites.

To win the money, the Trust's Capital and Estates Team successfully submitted business cases to the Department in competition with other NHS Trusts around the country. The specific improvements will include:

- Replacement of the main air handling unit in Outpatients at St Peter's and alterations to other units across the Trust will allow ventilation plant to be run only when the occupancy requires it. Installing a more efficient building management system will provide more sensitive heating and cooling and give better environmental control.
- Modern light fittings will replace older systems to give more efficient intelligent illumination that switches off automatically in empty rooms and adjusts for surrounding light levels when it is on.

Opening of new Tennyson Unit at Ashford Hospital

At the end of last month I was invited to officially open our new Tennyson Unit at Ashford Hospital, which is bringing many of our orthopaedic and therapy services together in one

place. This will make a real difference to patients preparing for big operations such as hip and knee replacements. Now when they come to hospital for their pre-assessment tests (to check they are fit and ready for surgery) and to attend 'Joint School' – where our therapists provide education and information on preparing for their operation – all that will happen in one place. We're also bringing our Fracture Clinic back into the main hospital from Greenbrook Healthcare so it's closer to our X-ray department. The new unit also represents a further regeneration of part of Ashford Hospital, and is another example of how we are continuing to redevelop and re-invest in Ashford for the local community.

Stop the pressure conference

At the end of October the Trust held a successful Stop the Pressure Conference, to raise awareness amongst staff in preventing hospital acquired pressure ulcers. Over 70 staff attended, with presentations on assessing and staging pressure ulcers, the impact of moisture and incontinence for pressure ulcers, the importance of keeping patients mobile, promoting good nutrition and managing pain in patients who do develop pressure ulcers. Over lunch, attendees were able to visit display stands, looking at current and new products the Trust uses to prevent and manage pressure ulcers, such as mattresses and dressings. Preventing hospital acquired pressure ulcers is one of the Trust's biggest priorities and part of the awareness raising is to encourage every member of staff to take responsibility. The Trust will also be taking part in the Worldwide Stop Pressure Ulcer Day on November 21st, with more awareness raising from our tissue viability team out on the wards.

Schwartz Rounds

Schwartz Centre Rounds, inspired by Boston Healthcare Attorney Kenneth Schwartz, are a forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges for caring for patients. The Trust has signed up to the project and we held our first session last month, with around 50 members of staff attending. Each 'round' lasts for an hour with the first 15 minutes taken up by a patient's story, told by the team who looked after them. In particular they describe how their involvement made them feel and what sort of challenges it raised for them. It is not for discussion of the clinical management of the patient. The following 45 minutes is for confidential and free discussion with members of the audience and panel, guided by a facilitator. The 'round' is open to all staff across the organisation and feedback from the first session has been extremely positive.

Armed Forces Community Covenant

The Trust recently gave its support to the local Armed Forces Community Covenant within Runnymede. Chief Nurse, Suzanne Rankin, signed the covenant on behalf of the Trust, indicating our support from a healthcare perspective to those who put their lives in danger within the armed forces. Suzanne, a former nursing officer in Queen Alexandra's Royal Naval Nursing Service, joined the Mayor of Runnymede, Cllr Yvonna Lay, Secretary of State for Defence Philip Hammond, MP for Runnymede and Weybridge, Council Leader Patrick Roberts and representatives of other local organisations in signing the Covenant, which aims to encourage local people to support and understand the Service community in their area. The Covenant is also intended as a two-way arrangement and the Armed Forces community is also encouraged to do as much as they can to support their own communities. As a healthcare organisation, we have a duty to care and support anyone who is injured or who sustains life-long injuries as a result of conflict, no matter what side they are on.

Divisional Director appointments

I am pleased to announce that we have now completed the appointments process for two of our Divisional Director posts within the Trust. Our Divisional Directors are part of the top team leading each of our clinical divisions, together with the Associate Director of Operations and Associate Director of Nursing. The Divisional Director posts are made for 3 years, and two posts were due for re-recruitment this year.

Following a successful process earlier this month we have re-appointed Dr Paul Crawshaw as the Divisional Director for Women's Health and Paediatrics, and Mr John Hadley as the

Divisional Director for Theatres, Anaesthetics, Surgery and Critical Care. These appointments were made following a rigorous appointments process that involved stakeholder panels, a presentation and formal interview.

New Consultant appointments

The following new consultant has been appointed:

- Dr Paramdeep Dhillon - Consultant Cardiologist

Meetings and visits

I presented to our new members of staff at our monthly induction, held at Ashford Hospital, and also attended our speciality performance reviews. I also took part in the interviews for a new cardiology consultant.

I attended the Partnership Steering Group meeting for our partnership work with the Royal Surrey County Hospital and had individual meetings with Chief Executive Nick Moberly. I also helped to interview participants for our new Clinical Academic Groups – a partnership arrangement with the Royal Surrey County Hospital and the University of Surrey on clinical research and innovation for a number of specialties.

I attended a meeting with Julia Ross, Chief Officer for NW Surrey Clinical Commissioning Group and Bart Johnson, Chief Executive of Virgin Care and attended the Surrey Pathology Services Board meeting.

I took part in a provider Chief Executive Forum for the Kent, Surrey, Sussex area of NHS England South at Horley, and attended the Foundation Trust Network's Chairs and Chief Executives' network meeting in London.

I also participated in a round table discussion on *Innovation, Health and Wealth*, hosted by NHS England at St Thomas' Hospital, London, and in the Clinical Research Network Boards' Chairs meeting in London.

Submitted by: Andrew Liles, Chief Executive

Date: 18th November 2013