

**TITLE OF MEETING**  
**24th November 2016**

<b>AGENDA NUMBER</b>	<b>ITEM</b>	4.2
<b>TITLE OF PAPER</b>	Chief Executive's Report	
Confidential	NO	
Suitable for public access	YES	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
<b><u>STRATEGIC OBJECTIVE(S):</u></b>		
Best outcomes	√	
Excellent experience	√	
Skilled & motivated teams	√	
Top productivity	√	
<b>EXECUTIVE SUMMARY</b>	Highlights from the month	
<b>RECOMMENDATION:</b>	To note	
<b>SPECIFIC ISSUES CHECKLIST:</b>		
Quality and safety	No	
Patient impact	Positive impact on patients	
Employee	Skilled, motivated teams	
Other stakeholder	No	
Equality & diversity	No	
Finance	No	
Legal	No	
Link to Board Assurance Framework Principle Risk	No	
<b>AUTHOR NAME/ROLE</b>	Anna Scott, Communications Manager	

<b>PRESENTED BY DIRECTOR NAME/ROLE</b>	Suzanne Rankin, Chief Executive
<b>DATE</b>	17 <sup>th</sup> November 2016
<b>BOARD ACTION</b>	Receive

## #RightCulture

Earlier this month I was delighted to learn that we had won 'Best Schwartz Innovation' at the inaugural Schwartz Awards, where we were represented by Divisional Director for Acute and Emergency Medicine Dr Peter Wilkinson, Lead Pain Nurse Harriett Barker and Schwartz Round Co-ordinator Farhana Nargis.

We have been running our Schwartz Rounds for some time now and they are a great opportunity for staff to come together and share the experience of caring for patients, in a safe space. This type of forum is invaluable and recognises the "emotional burden", stress and distress that can come with a role in healthcare. Providing colleagues with the time and space to reflect on this underpins our wellbeing strategy and is an integral part of supporting the right culture within our hospitals.

The team won their award for their new innovation of a 'pop up' round; acknowledging that it can be difficult for colleagues who work in busy areas to find the time to get away and join the main round – so taking the round to them. The 'pop up' rounds are shorter, 30 minute, sessions which are held on the ward / within departments and have been working really well.

Congratulations to the team for their achievement in winning this award – I'm very proud of them all. In developing our health and wellbeing strategy further, we are now looking at building a wellbeing app, where colleagues can use red, amber and green emoji symbols to reflect how they are feeling in real-time.

## Best Outcomes

### iMSK Service Launch Event

On 2<sup>nd</sup> November a formal launch event for the new iMSK service, which went live on 1<sup>st</sup> October, was held. The event was a great success with around 150 people attending, including clinical and non-clinical staff, GP and CCG colleagues. It was a great opportunity for the newly formed iMSK Division, under the leadership of Cathy Parsons as Director of Clinical Services, to get together in its new format.

There was a great buzz in the room with lots of information shared and questions answered on how the new service is running. A range of presentations were given, covering the new clinical pathways, the biopsyo-social model of care, training, finance issues and a practical

demonstration of a triage session. Feedback on the event has been hugely positive and I'm grateful to Cathy and her team for making it a success.

### **Vascular and Orthopaedic 'Getting it Right First Time' Team Visits**

In October we hosted a visit from the national 'Getting it Right First Time' (GIRFT) team, who are currently reviewing all vascular surgery units in the country to share best practice. The team spent the whole afternoon with a number of us, including the vascular consultants and their team, and were extremely complimentary about the work we are doing and the outcomes we achieve for patients. The feedback was encouraging and it was great to see the enthusiasm of the clinical team in taking forward the learning through our newly formed Vascular Services Board.

A further visit this month by Professor Tim Briggs to review our GIRFT approach to trauma and orthopaedics also went extremely well. Professor Briggs is the National Director for Clinical Quality and Efficiency and was impressed by the progress we are making.

The GIRFT approach and its wide and systematic application across our pathways of care will be central in our approach to the continuing delivery of high quality and efficient care and treatment as we move into next year and the development of a strengthening relationship with the national team important.

### **'Time to Move' Project**

I was really interested to learn about a piece of work taking place on the Older Persons Short Stay Unit (OPPSU) on Cherry Ward, inspired by a project at The Royal Stoke University Hospital. It is a new approach to engaging staff and patients with their carers or families in the importance of physical activity when admitted to hospital. Posters and leaflets have been produced to help them understand how aspects of physical activity and holistic well-being can lend themselves to a speedy recovery from an acute illness; and most importantly, to keep patients healthy when they return to their own homes.

The main principles of the project are to 'sit up, get dressed & keep moving'. This may sound simple but we know that older people can quickly lose their mobility and independence in hospital – known as 'deconditioning' - so encouraging and helping them to do these aspects of daily living is really important.

I look forward to seeing how this project develops as I know Dr Lisk and Dr Chikusu are working with pharmacists, dieticians, therapists and the wider team on Cherry Ward to look at other ways of avoiding deconditioning in their patients – for example, the challenges of ensuring good nutrition. Once tested, we will support other clinical teams to think about and implement this philosophy.

### **Excellent experience**

### **Launch of Breast Care App**

On 21<sup>st</sup> October our breast care team launched their new app at an event held at Ashford Hospital. They were joined and supported by well-known journalist and broadcaster Victoria Derbyshire, herself a breast care patient. The app was inspired by patient feedback through the team's experience-based co-design project and developed by our Programme Management Team.

It is a really good innovation, providing patients with specific information about the breast care services provided at our hospitals, any time of day or night, in the palm of their hand. There is a huge amount of information about cancer 'out there' but patients often report feeling overwhelmed and bombarded; they don't know which websites to look at or trust. Having a definitive source of information that we can build on over time is hugely positive and I look forward to seeing how the app develops, and how other specialities look to adopt this approach themselves.

### **World Prematurity Day**

World Prematurity Day took place on 17<sup>th</sup> November and was promoted through the special efforts of our neonatal intensive care team, supported by their Fundraising Volunteer, Sid Hurry. The team worked with a local company to erect purple lighting to bathe Abbey Wing, which houses our Neonatal Intensive Care Unit, in neon purple illuminations. It looked fabulous and was a high profile and innovative way to highlight the impact of prematurity – one out of every ten babies around the world is born prematurely. Thank you to events equipment supplier Storm for supporting us.

Championed by our Director of Workforce Louise McKenzie, the team also organised a 'wear purple and donate' text campaign to raise money for our Early Birth's Fund, along with selling purple cupcakes and providing purple knitted hats for babies in the unit. It's always uplifting to see such genuine passion and commitment from our colleagues and I was really impressed with the team's efforts.

### **Start of Courtyard Development Works**

At the end of October we began work on our courtyard project at St. Peter's Hospital. This is £2 million development to create much needed space for clinical services and improve the experience of our patients. The building project will infill the courtyard area – the space currently surrounded by the main hospital corridor on one side and pathology (level 1), the management office corridor (level 2) and endoscopy (level 3) on the other side.

Once completed, it will enable the much awaited relocation of our neurophysiology service, which is currently the only clinical service still located in old accommodation on the ramp. This is tied into our longer term plan to relocate all services on the ramp and eventually demolish it. It will also enable an essential expansion of our endoscopy unit. Currently we have only two endoscopy rooms at St. Peter's, which is not enough to keep up with rising demand for tests and means that the service sometimes overflows into main theatres or day surgery. This is not best practice and the building project will enable us to create a third endoscopy room, providing a better and quicker service for patients.

We anticipate the project will take around six months and our capital projects team are working hard to minimise disruption and keep any staff affected by the works informed. To accommodate a large crane and the construction materials and traffic it has been necessary to close the staff car park outside pathology. I'm pleased that our estates team have managed to replace all of the lost spaces with alternative spaces on the St. Peter's site.

## **Skilled, Motivated Teams**

### **Well-Led Review**

We have been speaking to staff a lot recently about our Well-Led Review. This is something that every Foundation Trust is required by NHS Improvement to carry out every three years and the company Deloitte is leading this work on our behalf.

The review is happening over the next few weeks and looks at various aspects of governance; things like our operations, delivery of clinical care and finances. It involves many of our staff, through face-to-face interviews, online questionnaires and focus groups. The reviewers will then write a report and feedback to the Board by the end of December, with the formal report following in January.

This is a good opportunity to get a sense of how colleagues think we are doing, what we are getting right and what we could improve upon and I look forward to hearing the feedback in due course.

### **First Leadership Lecture**

Earlier this month I had the pleasure of attending the first of a series of leadership talks organised by Laura Strafford, Head of Library and Knowledge Services. The aim of the series is to help colleagues create a bit of time and space to reflect on how we lead and hear from others outside the Trust, to get a different perspective.

Our inaugural speaker was Jocelyn Cornwell, founder and Chief Executive of the Point of Care Foundation who gave a very inspiring talk around adaptive leadership. She described the difference between technical change - an example might be something practical like working in a new building or different area - and adaptive change, which is more about creating flexibility and adapting to change that is happening around us. It was a really interesting perspective and an opportunity to reflect on my own style as a leader and how we can better support colleagues around the Trust.

### **EMBRACE Awards success**

At the end of October the Health and Social Care Black and Minority Ethnic Network (BME) held their annual 'EMBRACE' awards ceremony at the University of London and I'm delighted that we received three awards.

The EMBRACE project and awards scheme is all about tackling racial discrimination in the NHS and other health and social care organisations and recognising those organisations and

individuals who encourage and imbed good practice. Most importantly, increasing BME appointments at a senior level and improving the quality of BME staff and patients experiences.

I personally received the 'CEO of the Year' award, which I was humbled and delighted to receive. My colleagues Mr Arun Gupta, Ophthalmology Consultant and Sandra Chinyere, Clinical Service Manager for Neurophysiology, received the 'Clinician of the Year' and 'Patient Champion of the Year' awards respectively. I am really delighted for them both.

Equality and diversity is really important to the Board and I feel these awards are reflective of lots of hard work from many people.

## Top productivity

### Our Forward Strategies

*Merger update* – following the pause in our proposed merger planning with Royal Surrey County Hospital earlier this year, it was agreed that the situation would be reviewed at the end of Quarter Two. The purpose of the pause was to enable additional focus on the recovery plan to address the Royal Surrey's deteriorating financial position.

After careful consideration, the Royal Surrey Board decided that they were no longer in a position to proceed with the merger predominantly due to changes in the NHS landscape while the merger was paused. In particular, the Royal Surrey felt that the opportunity to deliver greater benefits to patient care and efficiency savings was through the Surrey Heartlands Sustainability and Transformation Plan (STP) and wider healthcare networks. Ashford and St Peter's Board has accepted the Royal Surrey's decision and also recognises the potential value and patient benefits offered by the STP.

*Surrey Heartlands* – the Trust continues to play an active role within the Surrey Heartlands partnership and agree that some of the patient and financial benefits we were hoping to achieve through merger will now be delivered via the STP and other strategies we continue to pursue. Importantly, the STP is building on the clinical strategy work we started during our merger planning and has broadened opportunities to secure benefits by working at scale across an even larger footprint.

Now the plan has been submitted to NHS England workstreams are beginning to mobilise to start more detailed planning. As part of this, a widespread communication and engagement plan is being developed. The first stage of a piece of deliberative research with a sample of local citizens has been completed, which aims to understand more about what residents want from their local health and care services. Examples of early insight include:

- quality of care and speed of treatment matter most (rather than location or distance)
- education and better understanding of how health and care services work is important
- people feel comfortable sharing their records with health and care professionals.

The data generated from these sessions will inform a subsequent survey to gain a broader appreciation of residents' health and care priorities across Surrey Heartlands which will be fed

into our ongoing planning. The full plan is being published on 18<sup>th</sup> November at [www.surreyheartlands.uk](http://www.surreyheartlands.uk). Importantly we continue to work collectively to develop a robust governance framework for future decision making across our 11 partner organisations.

### **Electronic Medical Records (eMR)**

Since going live with the Breast Service in May this year, as an early adopter to test the system, the eMR team have made remarkable progress. They started scanning records in earnest from August and the system is now live. They've had some excellent feedback from clinicians about how the system is working and that it is much easier to access patient information. Our supplier, Kainos, have been so impressed with the way our team have rolled out the project, we are now their primary reference site. There is still some way to go with the project and, of course, there are issues to iron out – but so far I am really pleased to hear how well the roll-out has gone.