

**TRUST BOARD**  
**27 July 2017**

<b>AGENDA ITEM NUMBER</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>		
n/a		
<b>STRATEGIC OBJECTIVE(S):</b>		
Best outcomes	<input checked="" type="checkbox"/>	
Excellent experience	<input checked="" type="checkbox"/>	
Skilled & motivated teams	<input checked="" type="checkbox"/>	
Top productivity	<input checked="" type="checkbox"/>	
<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	
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<b>PRESENTED BY</b>	Suzanne Rankin, Chief Executive	
<b>DATE</b>	19 July 2017	
<b>BOARD ACTION</b>	Receive	

## **#RightCulture**

The devastating fire at Weybridge Community Hospital on Wednesday 12<sup>th</sup> July came as a huge shock to all and our thoughts have been with our healthcare colleagues based at the hospital and the wider Weybridge community.

Fortunately nobody was hurt but the hospital buildings, including a Walk-in Centre and two GP surgeries, have been destroyed. Out of adversity came a tremendous pulling together of all local emergency and health services; Surrey and Fire Rescue, Surrey Police and the local authority working alongside Central Surrey Health (CSH), North West Surrey Clinical Commissioning Group (CCG) and ourselves to deal with the situation and provide alternative arrangements for urgent patients.

The speed in getting some services back up and running and the communication with patients was particularly impressive – for example GP colleagues had pop-up surgeries operating within just hours of the fire so they could still see urgent patients.

We had members of our team on site at the control centre to help where possible and promptly ensured all services we ran from Weybridge were moved to other locations – in particular antenatal clinics and physiotherapy services. We also established 'business continuity' status in anticipation of increased attendances at our Urgent Care Centre, with the Weybridge Walk-in Centre closed. Going forward we are monitoring our attendances closely to ensure we can respond to any increases in demand.

Obviously the impact from this devastating fire will be felt for many weeks and months to come and it will take time to fully re-provide the services lost. We are committed to helping in any way we can and this really cements the need for our culture of increasing partnership working with local health partners and the important relationships we are developing.

For example we continue to do more work on our Joint Delivery Plan with North West Surrey CCG, which focuses on using our resources effectively to ensure best practice and outcomes across a range of clinical pathways. At a recent joint Clinical Forum with the CCG and CSH Surrey, the new provider of adult community services in North West Surrey, we were joined by the new Medical Director at CSH Surrey along with other colleagues from the CCG and local GPs. This feels like a real step-change in the way we work together, getting the right people around the table so we can work together to make a tangible difference for local patients.

Scaling this up, we continue to be an active partner in the Surrey Heartlands STP which is another opportunity for joint working across a wider area to make sure patients have access to the best care, eliminating clinical variation and working together to make best use of our collective resources across the system.

## **Best Outcomes**

### **Award from Government A&E Capital Fund**

We were delighted to receive £609,000 from the government's £100 million A&E capital fund, established to help ease pressure on emergency departments in time for winter. We plan to use the money to set up a new GP service within the Urgent Care Centre at St. Peter's Hospital – a system known as 'primary care streaming' – to help support the flow of emergency patients.

Patients will be triaged by an experienced nurse in the same way they are now and those who require less urgent attention and treatment can be directed (or 'streamed') to the hospital-based GP, ensuring our A&E doctors and nurses are available to care for other, more critical, patients.

Looking at how the model works in other Trusts we know the hospital-based GP is often able to provide reassurance and advice to patients who are worried, before then referring them back to

their usual GP for an appointment within a couple of days. In this way, the hospital-based GP is not a replacement for a patient's usual GP and is there to help prioritise patients and support flow through A&E.

This is an exciting development and will hopefully build on the success of the Urgent Care Centre in helping us manage the flow of emergency patients better. Works will begin in the Urgent Care Centre shortly to set up the GP service, which we anticipate launching in late autumn.

## **#endPJparalysis**

I am excited to see the national #endPJparalysis campaign introduced at ASPH by a group of enthusiastic colleagues. This is exactly the kind of 'grass roots' approach we want to encourage; with people feeling able to take the initiative and introduce new ideas to help our patients.

Started in Nottingham by a group of nurses, the campaign is about preventing deconditioning and encouraging independence in patients. Currently our group are looking at the potential barriers to patients not getting dressed whilst in hospital and devised a short survey to gather opinion. I look forward to seeing how this project evolves.

## **Greatix**

We introduced our Greatix system at the start of June as way of recording and sharing excellence in patient safety practice. We've put much effort into encouraging colleagues to report any concerns they have, which is a vital way of ensuring and improving safety, however it's also important to recognise positive practice. Greatix is a way of recording times when colleagues go the extra mile to provide excellent care and ensure the safety of our patients.

Those colleagues nominated through Greatix recently received certificates of recognition and they will be entered into a special Christmas draw, with a prize awarded to the best nominee as judged by our Chief Nurse and Medical Director.

## **Excellent Experience**

### **Launch of Better Births Programme**

At the end of June I had the privilege of chairing the Surrey Heartlands Better Births launch event. We were joined by Baroness Julia Cumberledge CBE, who led the national Better Births review – a five year forward view to develop new and innovative ways of delivering better maternity services to women and their families in England.

Our local programme is a great example of positive partnership working; colleagues across Surrey Heartlands were successful in bidding for funding to be an early adopter for the maternity transformation project. One area of focus is to create a shared community midwifery service model across the Surrey Heartlands area, enabling midwives to work across organisational boundaries, supported by mobile technology and electronic patient records.

The launch event was really interesting and triggered some passionate and interesting debate focused on the notion of strengthening and delivering real change through partnership working.

### **Virtual Reality for patients with dementia**

We know that our older patients with dementia often spend a long time in hospital whilst they are recovering from their acute illness and become well enough to be discharged.

The hospital environment has obvious constraints and during this time they may feel bored or unstimulated, which can have an impact on their memory impairment and lead to a greater risk of falling as they move around an unfamiliar ward. Being unable to engage in their normal daily activities can also lead to other behavioural and emotional changes and sometimes a feeling of isolation or distress.

Our medical division has recently purchased a virtual reality system, developed especially for patients with dementia, to hopefully improve their experience. The headset provides a three-dimensional, computer generated environment which the patient can interact with. It offers a variety of 'virtual worlds' for the patient to explore, such as a nostalgic beach scene, a forest full of animals and an underwater experience of the coral reef and dolphins. When used in other hospitals it has been shown to improve patients' moods and create a long lasting calming effect, sometimes hours after use.

### **Launch of Project Joey**

Earlier this month our maternity team, supported by QI colleagues, launched a new initiative to give every mother the opportunity of uninterrupted skin-to-skin time with their baby as soon after birth as possible.

The idea came from our Infant Feeding Team Leader Midwife, Jo Wilding-Hillcoat, who explained at the launch event how skin-to-skin contact in the first few hours after birth can benefit both mother and baby. It regulates the baby's temperature, provides early immunity against infection, supports maternal and new born well-being and provides an environment that encourages the baby to feed.

The launch, complete with a special 'Project Joey' cake was a great event and the team have been busy educating women and colleagues on the great benefits skin-to-skin time can bring.

### **Formula 1 comes to our children's ward**

Our young patients are now able to travel in style from our paediatric wards to theatres thanks to a generous donation from McLaren in the form of a mini P1 sports car. This is such a great idea and a brilliant way to alleviate some of the anxieties children and their families feel when coming in for surgery. Luckily the car only reaches top speeds of 3-4mph so our other patients and visitors will be safe in the corridor! Impressively the car comes with air conditioning, music, a horn and (perhaps most importantly) a remote control with a stop button.

### **Skilled, Motivated Teams**

#### **Appointment of new Chairman**

Following the decision taken by Aileen McLeish (our current Chairman) to step down from her role on the Board we are delighted to have appointed Andy Field as her replacement. Andy is currently a Non-Executive Director at Surrey and Borders Partnership NHS Foundation Trust and will join us in September, bringing a wealth of expertise from his private and public sector experience.

I would like to publicly thank Aileen for her twelve years of dedicated service at the Trust – the last eight years as Chairman. She has been an absolute privilege to work with and supported so many colleagues across the Trust with her time and expertise. She will be missed by us all but I know the time is right for her to move onto other interests and projects and I wish her all the very best for her future endeavours.

## **Let's Work Together online summit**

At the end of June we joined forces with our partners in Kent, Surrey and Sussex to launch a new online summit. The recruitment and retention of staff is a challenge faced by organisations across the NHS and we want to gain a clearer vision of what our workforce believe to be the issues underlying these challenges; why do people leave and what could we do to better support people in their careers and make them want to stay.

There has been a great response so far and Ashford and St. Peter's are currently 'top of the leader board' in the number of responses. It's great to see our staff engaged with this and we look forward to receiving the detailed feedback to guide our recruitment and retention strategies going forward.

## **Congratulations to Dr Haddad**

Congratulations to Consultant Paediatrician, Dr Diab Haddad, who has won the 'Excellent Teacher Award' from St. George's Hospital Medical School for the second time. Dr Haddad received a letter thanking him for 'exceptional commitment to the teaching of the medical undergraduates over the past academic year'.

Dr Haddad was quick to say that much of the credit should go to his colleagues in the undergraduate office and paediatric department and that is a sentiment I echo. Organising rotations for our medical students and supporting them during their time at the Trust takes great effort and I know the whole team take great pride in making this a success. So I'd like to say 'well done' to both Dr Haddad and the wider team for this achievement.

## **Top Productivity**

### **"What good looks like"**

Earlier in July we hosted an important visit from two key national figures; Professor Tim Briggs from the ['Get it Right First Time' programme](#), focused on improving clinical quality and efficiency by reducing unwarranted variations in care and Lord Carter, who led a recent review on hospital efficiency resulting in recommendations on how to become a [Model Hospital](#).

These national programmes are important elements of helping the NHS respond to the financial challenge with which we are all familiar. At the core of this work is the belief that the delivery of evidence based, high quality, care with utter reliability and consistency avoids poor patient outcomes, harms, cost and waste.

We have done a lot of work following the Get it Right First Time programme and have also been reported as one of the most efficient hospital Trusts in the country – which is great news for both our patients and staff.

During their visit it was clear that Professor Briggs and Lord Carter were both enormously impressed by the work we are doing and it was good to receive this praise and also confirmation we are on the right path.

### **'Everyone is an improver'**

I was delighted to attend our second annual Quality Improvement event on 28<sup>th</sup> June, along with over 120 colleagues from across the Trust. The theme for the day was 'Everyone is an improver' and that concept runs right through our quality improvement (QI) strategy; this was evident during the day as we heard from a variety of colleagues across all levels of the organisation, clinical and non-clinical, about the improvement work they are doing.

We had a surprise message from Jim Mackey, Chief Executive of NHS Improvement, endorsing our QI efforts, which was a nice boost for the team. We welcomed two keynote speakers; John Harden, National Clinical Lead for Quality and Safety at the Scottish Government, who spoke about the work of the national programme for healthcare quality and improvement in Scotland; and Professor Tom Downes, Consultant Geriatrician and Honorary Senior Lecturer at Sheffield Teaching Hospitals NHS Foundation Trust, who described his personal journey and experiences around QI.

It was a very positive and inspiring day and proof that we have made huge progress in the last year; in both improvements in patient experience and safety and in working together and supporting each other in our culture of curiosity and creativity. In their recent report, *Driving Improvement*, the CQC draws on a number of case studies to evidence that effective leadership and a positive, open culture are important drivers of change. In particular the report states that in hospitals rated as good or outstanding, Trust boards had worked hard to create a culture where staff felt valued and empowered to suggest improvements and question poor practice. This is clear demonstration that our QI strategy is following the right direction and is further evidenced by improving staff engagement scores through our most recent staff survey.

### **Stroke**

A 12 week public consultation on improving stroke services across West Surrey, including a proposal to expand and improve our specialist stroke unit at St. Peter's Hospital, closed at the end of April and a 'Committees in Common' meeting - hosted by Guildford and Waverley and North West Surrey Clinical Commissioning Groups – was due to take place on 4<sup>th</sup> July. However, following the consultation a wealth of feedback was received and more time is needed to ensure a considered response. The independent consultation outcome report is available on Guildford and Waverley CCG's website [here](#) and the Committees in Common meeting is now due to take place in September.

### **Other Items of Interest**

#### **The Blanche Heriot Unit**

Following the decision last year by Surrey County Council Public Health and NHS England to commission a new integrated sexual health and HIV service for Surrey, a new contract was awarded to Central North West London NHS Trust (CNWL). Services were moved over to CNWL in several phases beginning from 1<sup>st</sup> April 2017. As mentioned in my previous report, CNWL advised us that they will not require the use of any of our current sites, meaning the Blanche Heriot Unit will no longer be used for its current purpose. It is expected to move over from 1<sup>st</sup> October 2017.

This has, understandably, caused concern among patients who have used services at the Blanche Heriot Unit some of whom have been coming to appointments there for many years. There is a local campaign to keep the unit open and whilst we understand the strength of feeling involved, the decision to transfer the service to another provider has been taken by Surrey County Council and NHS England.

We continue to work with commissioners, and with CNWL, to ensure a smooth and safe transition for both our patients and those staff who are expected to transfer to CNWL under TUPE regulations. A number of patient information and discussion meetings are being arranged with commissioners and CNWL, which will be hosted by the Trust, to allow patients to hear more about the rationale for change, details of the new service and for them to have further opportunity to share their concerns and ask questions. We are also intending to hold a meeting with representatives from the Blanche Heriot campaign group with all parties, to facilitate further discussion.