

TRUST BOARD
27th November 2014

TITLE	Chief Executive's Report
EXECUTIVE SUMMARY	General overview of issues/developments
BOARD ASSURANCE (RISK)/ IMPLICATIONS	n/a
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Engaging staff in developing #RightCulture; engagement with staff and stakeholders in advance of CQC inspection; improving outcomes with Safer Surgical Checklist and improving post-operative infections; positive results in latest A&E patient experience survey; improving patient experience via Outpatients Transformation project.
EQUALITY AND DIVERSITY ISSUES	n/a
LEGAL ISSUES	n/a
The Trust Board is asked to:	Receive the report
Submitted by:	Suzanne Rankin, Chief Executive
Date:	19 th November 2014
Decision:	For Receiving

Chief Executive's Report

#Right Culture

Communications and engagement

We are continuing our work to support my vision to create the right culture in our organisation that supports the delivery of high quality patient care. From my perspective, staff are taking up the offer of more one-to-one communication, through my chat room, individual meetings with consultants, and also via email. Through these conversations I have also been invited to visit a variety of different departments which gives me the opportunity to talk directly with both individuals and teams. What I am seeing are some great examples of local teamwork and a real passion on continuing to improve patient care. I also put out my first video message to staff earlier this month, which was well received as a different medium of communication.

Further staff engagement has continued; David Fluck held another Junior Doctor's forum which generated constructive discussions – for example considering junior doctors wearing a uniform on the wards to make them more visible to patients. My Sounding Board also continues to meet, also generating positive ideas including introducing plasma screens in communal areas of the Trust – these are coming shortly.

However, with the constant capacity pressures we have been experiencing we remain very aware of the pressure that staff are under, particularly as we approach the winter period. Valerie Bartlett has been holding some drop-in sessions for staff to come and share recent experiences and these have been useful forums for sharing ideas and brainstorming solutions. We will continue to hold these regularly over the winter.

Last month I described the joint culture diagnostic which we have undertaken jointly with The Royal Surrey County Hospital as part of our merger work, to start to describe the target culture for the new organisation and what we would need to do to start developing that. The culture survey and focus groups have been a positive opportunity for us to engage with staff about the new organisation. The diagnostic is now complete and a full report will be coming to the Board once it has been finalised.

Recognition

We continue to be recognised on a number of national platforms including:

- Finalists in the annual Wow! Awards in the following categories (ceremony on Monday 24th November):
 - o WOW! What a team – Maple Ward
 - o WOW ! You changed my life – Angela Knapp, Midwife
 - o Best NHS Trust – Be The Change and Productive Ward projects
 - o Supporting the Front Line – Debbie Edwards, Financial Planning Accountant
- Winners of 3 awards on 10th November at the Annual DAPS Summit (Doctors Advancing Patient Safety) including winner of Most Innovative project with our *Be The Change* campaign.

Best Outcomes

How to WHO – Safer Surgical Checklist

Last week we re-launched the WHO (World Health Organisation) Surgical Safety checklist. There is clear evidence that this improves quality of patient care and safety, as well as building teamwork.

We have been using the checklist in Theatres since 2010 but were keen to reinvigorate staff to make sure they go through each step every time they are in theatre. Dr Richard George, Consultant Anaesthetist, led the work in reviewing the checklist and how it is used. Following this we have made some small changes to the checklist to make sure it is as effective as possible for our Trust. We have also asked Theatre teams to have a 'STOP' moment where they stop anything else they are doing as they work through the checklist as a team to make sure they are fully focused and not distracted and to do this for each and every case.

Patient Safety Workshop

An evening workshop taking a closer look at hospital 'never-events' and how we ensure the right learning takes place was held earlier this month. The event included a particularly interesting and informative presentation from the NHS England National Patient Safety Investigation team. The evening was well attended by around 60 members of staff from across the Trust, including colleagues from the CCG, with very positive feedback on how useful and informative the event was.

Reducing post-operative infections in colorectal surgery

A recent national survey by Public Health England has shown that patients who have operations on their large bowel at St Peter's Hospital have a lower than average risk of contracting an infection afterwards. The initial surgical site surveillance for large bowel was undertaken by our Infection Control team between April to June of this year before being submitted to Public Health England. Our results were excellent showing a marked improvement in the level of post-operative infections.

Out of 72 operations in the second quarter of this year, only six patients contracted post-operative infections – a rate of just 8.3 per cent compared to the national average of 12.1 percent and the best result since the Trust started to participate in the National Surveillance scheme in 2008. This is a result of the great efforts that have been made by Trust staff in recent years with changes in practice in colo-rectal surgery including introducing an innovative antibiotic prophylaxis regimen.

Excellent Experience

Care Quality Commission (CQC) Inspection

In preparation for our forthcoming CQC inspection in early December, we have now completed our own self-assessment. This has given us a clear view of what we are doing well, where we need to improve and where we still need to plan actions to achieve these improvements.

Staff have been involved in the process by providing data, updating policies and finding out more about the inspection through informal drop-ins to wards, attending scheduled information sessions and during briefings at team meetings. The Executive team are carrying out informal ward walkabouts at both hospitals to help to reassure staff, answer any questions they may have and to support staff in what is proving to be an exceptionally busy time in our hospitals.

We have also asked for feedback from a wide range of stakeholders. Although we have only had a small response to this, those comments we have received are extremely useful in better understanding where our patients and stakeholders feel we should be praised and where they feel there is room for improvement. We have also been assisting the CQC in publicising their listening events for Governors and members of the public which are both taking place on 27th November. Staff will be invited to attend focus groups during the inspection period.

Improving patient experience scores – A&E patient survey results

We have recently received this year's patient experience survey results for our A&E department, from patients who had been in the department earlier this year. These results show some really positive improvements since last year's survey across a range of indicators, particularly around communication, cleanliness, getting something to eat and drink and feeling safe. This is an excellent result, and reflects a lot of hard work from the A&E team on behalf of their patients, even more so

with the pressure they are continually under.

Skilled, Motivated Teams

We are continuing to develop our management and leadership programmes to support staff across our organisation, in particular:

- Resilience leadership training is being piloted in January.
- Management and Leadership development:
 - Launched the LIM level 3 & 5 programmes and level 7 starts in the New Year;
 - The third cohort of the New Consultant programme launched on 13 November, with 22 doctors, mainly new consultants recruited in the last 6 months. The next cohort will be a joint group with consultants from The Royal Surrey County Hospital, launching in early Spring.
 - A new study leave policy is being developed and a new online management development portal will be launched in the next few months.

Top Productivity

Trust activity and performance

A&E activity and performance

Reflecting the national picture, like many Trusts we continue to experience increasing pressure on our A&E department and as a result throughout our hospitals. There have been some exceptionally busy days recently which have meant a more frequent declaration of 'black escalation status'. All our escalation areas remain open with staff working really hard to keep our patients safe and appropriately cared for. Part of the reason for this continued pressure are the numbers of frail, elderly patients, many of whom need complex packages of care both in hospital but also on discharge which can cause delays in movement of patients through our hospitals.

As a result of these continuing pressures our A&E performance against the four hour target remains fragile. In response we are working hard to mitigate against this rising tide of demand as much as possible both by improving our internal processes and systems and by working in partnership with our commissioners and other health and social care colleagues to try and reduce demand for acute services. Earlier this month I hosted a visit to St Peter's Hospital from the CCG's new Director of Clinical Transformation, Henriette Coetzer, an emergency Doctor by background, and we are starting to work much more closely with her.

As a further part of this joint work I have joined the North West Surrey Strategic Change Board, who are overseeing the implementation of a locality hub model to proactively care for patients in the community, promoting independence and reducing hospital admission. The first hub is expected to open in Woking in December and the programme is being advised by one of the Trust's Consultant Ortho-geriatricians Dr Radcliffe Lisk. We are also working closely with Social Care and Virgin Care to consider how we implement recommendations that patients should be "discharged to assess", and rehabilitated at home where reasonable and safe to do so. We are aiming to have some of this plan in place by the end of the year.

Finance

There continues to be significant pressure on our financial situation, particularly as demand for acute services (notably through A&E and emergency hospital admissions) continues to rise. Across the Trust we are making sure we are applying increased levels of focus on making efficiencies to bring our savings plans back on track. Everyone has a role to play in this and every contribution counts, no matter how small.

Outpatients Transformation project

As part of the initiation of the 'Outpatient Transformation' project, I hosted a workshop on 12th November with over 50 attendees, including administration staff, clinicians, managers, governors and patient representatives.

The objective of the morning was to gather views and experiences from a broad cohort of individuals and gain an understanding of how our current administration processes operate and how these impact on patient care and patient experience. This information will then be used to inform our improvement work in the next few months

During the workshop attendees provided really valuable insight and feedback on how the current admin processes work and the issues/delays experienced by patients and staff. They also described the ideal future-state of our outpatient services, patient and staff experience and what admin process are required to support these, including the best examples of uses of technology from NHS organisations and elsewhere.

Some of the areas for improvement identified included:

- Improving the processes for receipt and grading of GP referrals and reducing the multiple points of entry
- How we can work with GPs to improve their knowledge and understanding of the referral processes
- Maximising the use of one-stop Outpatient attendances
- Improving the experience when attending clinics, reducing late-running clinics and improving communication of delays
- Reducing the number of outpatient appointment cancellations by the hospital
- Implementing training for front-line staff to ensure the best 'customer experience' in our Outpatient teams

All the outputs from the workshop are being collated along with analysis of areas for improvement within our elective care (18 week) pathways to form a project plan that will begin in the coming weeks.

Our Merger Plans with The Royal Surrey County Hospital

Our plans to merge Ashford and St Peter's with The Royal Surrey County Hospital are progressing well, with much detailed work taking place through the workstreams.

In particular we have now concluded the majority of a series of clinical workshops, bringing together clinical teams/specialties from both Trusts. The workshops have been in three phases:

Phase 1 – bringing teams together to start building relationships and understanding how each respective service works – we held 29 workshops bringing around 250 people together at this stage.

Phase 2 - exploring the future vision for each specialty within the merged Trust and associated patient benefits – 24 workshops were held at this stage across the specialties.

Phase 3 – focusing on short and long term priorities for each specialty (in the new merged organisation) and how we will bring each specialty together.

Overall the workshops have been well received and represent an important step in bringing our clinical services together.

Earlier this month a public meeting was held in Haslemere to discuss our merger plans with local people in that part of Surrey. The meeting was held in response to a specific local request and attracted around 160 attendees. The discussion was broadly positive about the merger plans and much of the discussion centred on other local health issues pertinent to the locality. Further meetings will take place across the wider catchment after the New Year. In the meantime, work continues to refine our wider communications and engagement campaign (with staff, local patients, stakeholders and the wider public) working with our stakeholder representatives via our Stakeholder

Panel.

In terms of regulatory process, we are expecting the Competition and Markets Authority to start their Phase One review of our plans shortly. This review is expected to conclude towards the end of January and if successful will mean submission of our Full Business Case to Boards at the end of January, followed by a detailed review by Monitor our formal regulator. The current timeline is still anticipating an earliest go-live date of 1st June 2015 but will be dependent on the regulatory process and our own detailed implementation plans.

Topics of Interest

Denmark Study Tour

Earlier this month I joined a tour of other health leaders from across the South East for a study trip to Southern Denmark. The trip was sponsored by Kent, Surrey & Sussex Health Science Network and was a short two day tour to see how the local health economy there has worked together on developing a really powerful improvement strategy.

As part of the tour we visited the Health Innovation Centre of Southern Denmark, Odense University Hospital (which they are planning to rebuild), Aertebjerghaven, a pioneering elderly care home looking at different assisted living systems, and the Maersk McKinney Moller Institute where they research robotics. However, what was most impressive was how the local health economy has taken a real step back and, instead of trying to run lots of different improvement projects, they have collectively focused on three key areas with really positive results. Clearly the Denmark health economy is very different from the NHS and I don't know yet how I will apply what I learnt, but it has certainly given me and my Executive colleagues much food for thought.