

TRUST BOARD
30 March 2017

AGENDA NUMBER	ITEM	4.2
TITLE OF PAPER	Chief Executive's Report	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	√	
Excellent experience	√	
Skilled & motivated teams	√	
Top productivity	√	
EXECUTIVE SUMMARY	Highlights from the month	
RECOMMENDATION:	To note	
SPECIFIC ISSUES CHECKLIST:		
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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PRESENTED BY DIRECTOR	Valerie Bartlett, Deputy Chief Executive	

DATE	20 March 2017
BOARD ACTION	Receive

#RightCulture

A really important visit from the Care Quality Commission (CQC) took place 28th February. This was a return visit, following their full inspection in December 2014, to review ten outstanding compliance actions. I'm delighted that the visit went really well and we were found to be fully compliant; making some significant improvements with just a few areas to continue working on.

This is great news for our patients and testament to the work TeamASPH had undertaken in responding to the areas for improvement identified by the CQC during their last inspection.

Talking to the CQC inspectors at the end of the day we felt a huge sense of pride; not only in being found compliant as an organisation but in some of the more bespoke feedback they gave where they had witnessed particularly good practice.

Specifically, they praised Helen Lawrence, Clinical Nurse Leader in our A&E department, for her highly professional, measured and compassionate approach to leadership and the delivery of patient care, despite the clear pressures the team were under. Secondly, in our ICU department, where they noted significant improvements in the strength of governance and learning amongst all members of the team and a very determined focus on securing patient feedback and using it to make targeted improvements.

The feedback from the CQC team is indicative of the positive culture we are building at ASPH and it was fantastic to have that recognised by an important regulatory team in the achievement of such a positive outcome.

Best Outcomes

West Surrey Stroke Consultation

A 12 week public consultation is now underway (6th February – 30th April) on proposals to improve stroke services across West Surrey. As a key provider of stroke services, we have been working with the CCGs to scope these proposals, which importantly include expanding and improving our specialist stroke unit at St. Peter's Hospital.

By consolidating hyper-acute and acute stroke services (specialist hospital care during the first week of someone suffering from a stroke) into larger units, we can save more lives and help reduce disability caused by stroke. Under these proposals there would be no stroke service at Royal Surrey County Hospital, and patients from the Guildford area would receive their specialist care at St. Peter's instead. (Patients from south of Guildford would go to Frimley Park Hospital).

Since 9th January we have been running an interim service, taking stroke patients from the Guildford area for the hyper-acute stage of their care (first three days) as the Royal Surrey County Hospital is currently not able to offer this part of the pathway.

The consultation is also proposing plans to consolidate specialist inpatient rehabilitation care which we currently provide at Ashford Hospital, and we are still working through the options for local patients. The full consultation material can be accessed on the Guildford and Waverley CCG website at: www.guildfordandwaverleyccg.nhs.uk or follow the link [here](#).

A number of public events have been held in North West Surrey which we are participating in, and we would encourage local people to come along and hear about the proposed improvements and to give their views. Forthcoming events are on:

- Weds 5th April, Hythe Centre, Thorpe Road, Staines, TW18 3HD, 7.00 – 9.00 pm
- Monday 10th April, Education Centre, Ashford Hospital, drop-in 2.00 – 4.00 pm

As part of the overall improvements, we have recently welcomed a number of new clinicians to our stroke team and look forward to continuing to develop our service over the coming months.

Supporting staff to speak up

As we often say, patient safety is one of our top priorities and we have recently launched a new initiative, designed to support staff with concerns about incidents they may wish to speak up about. We know that the fear of repercussion is a major factor that can influence a decision not to report a concern or serious incident and faced with a moral dilemma, people may ask 'how will it affect me?' However, the decision to report or not report an incident could result in very different outcomes and reflecting on stories such as those from Mid-Staffordshire, we simply cannot afford to be complacent.

We all have a duty of care to our patients and a role to play in ensuring they, along with our practices, are safe at all times. With that in mind, we have introduced a Freedom to Speak Up Guardian (FTSUG); a new, independent and impartial source of advice and support for staff who want to raise concerns. The Guardian will ensure any safety issue is addressed and provide feedback to the member of staff who raised it. Importantly, they will also safeguard the interests of the individual and ensure there are no consequences for them as a result.

Our Guardian is Jacqui Rees, who is a very experienced member of our team and she has already been busy visiting teams across the Trust to provide an overview of the support she can offer. Her role will be invaluable in helping people feel able to speak up freely, confidently and confidentially, without fear of reprisals.

Excellent Experience

Opening of new Multi-Faith Centre

I was delighted to attend the official opening event of the new Multi Faith Centre at St. Peter's Hospital on 6th March. It was a great event and a unique opportunity to meet some important local representatives from several different faiths – including Rt. Revd Jo Wells, Anglican Bishop of Dorking; Ven. Phramaha Suriyan Amaro representing Buddhism; Rt. Revd Richard Moth, Roman Catholic Bishop of Arundel and Brighton; Dr Abbas Naqvi, Resident Alim of Al-Asr Mosque in Woking; Rabbi David Zucker from North West Surrey Synagogue and Meeta Joshi, Hindu Chaplain for the University of Surrey.

During the event, Revd Laurence Gamlen was also licenced by Bishop Jo Wells, to officially appoint him as our new Lead Chaplain. Laurence will take up this position alongside his current role as Parish Priest at Holy Trinity Church, Lyne and Longcross.

We took the decision to move the Multi-Faith Centre at St. Peter's to create much needed space in our A&E department; which has been used to accommodate five extra beds in a second Clinical Decisions Unit. We wanted the new centre to provide a welcoming space for all – those of different faiths and those of none. I think we've achieved that, through the creation of three separate areas – a Chapel, Quiet Room and Prayer Room (with ritual washing facilities for Muslim visitors).

The centre is looking really good and I'd like to thank the estates, facilities and chaplaincy team for all their hard work in getting it up and running.

Bringing Critical Care Together

Work is underway to redesign the Intensive Care Unit (ICU) at St Peter's Hospital so that all seriously ill patients can be cared for in one area. Our ICU administrative team are moving out of the area next to the nine-bed Intensive Care Unit, so the four-bed High Dependency Unit can move from its current location next to Aspen Ward into the vacated space.

This is a positive change which will provide a safer environment for patients and staff and make a better use of resources. Bringing all the critical care beds together means that nursing staff will have more colleagues immediately available to call on in the event of an emergency. The changes should be completed by the end of March and I look forward to visiting the new unit and seeing how it all looks in due course.

The Courtyard Project

Works are now full steam ahead to infill the courtyard next to our endoscopy unit as part of a £2 million project to improve services for our patients at St. Peter's.

The new building will be used to expand our current endoscopy unit – adding an additional endoscopy room and enabling us to keep up with an increasing demand for endoscopy tests. It will also enable us to finally relocate our neurophysiology department from very old accommodation on the ramp. Many will know this has been a long time coming and the new building will provide a vastly improved environment for neurophysiology patients.

The works should be completed by the summer and I'd like to thank our estates and facilities team for their hard work and also all of my colleagues affected by these works for their patience and understanding – some have needed to relocate office space temporarily and will lose their external windows as the courtyard is blocked in.

Skilled, Motivated Teams

Staff Survey Results

The full results of the National Staff Survey, benchmarking us against other Trusts across the country, have recently been published and overall I have been pleased with the results. The survey is an important barometer of how things are going within Team ASPH; helping us to celebrate where we are doing well and identify where we can make improvements.

The areas the survey focused on were appraisal and development, health and wellbeing, staff engagement and involvement and raising concerns. We have improved across 21 scores, have seen no significant change for nine and have none scoring significantly worse than last year.

Most encouragingly, compared to other hospitals, we are now in the top 25% for the overall staff engagement score (ranked 31 out of 137 moving up circa 66 places on last year). This looks specifically at how motivated and satisfied colleagues feel at work, how much they feel able to get involved with things like decision-making and how willing they would be to recommend our hospitals as somewhere to come and work. So it's really positive result and we feel even more proud to be members of TeamASPH.

Other areas we've scored well in include staff feeling able to initiative ideas around quality improvement, communication between senior management and members of their team, the quality of our appraisals (which is great as we've done a lot of work to improve our appraisal process) and how motivated colleagues feel at work.

Areas where we haven't scored so well include the number of appraisals undertaken during the last 12 months, staff working additional (unpaid) hours and staff reporting some levels of harassment or discrimination. Clearly these are all areas of concern and we are already working with divisions and departments to understand where this happening and what we can do – working together – to reduce or eliminate these concerns.

Health & Wellbeing Week

I was so impressed with the effort our Health and Wellbeing Steering Group put into organising a special Health and Wellbeing Week (27th Feb – 4th March). Each day had a different theme, focusing on a way to improve personal wellbeing. These were:

Monday – 'be Active'

The benefits of exercise for physical and mental health, with a variety of activities taking place in the Postgraduate Centre at St. Peter's Hospital throughout the day such as table tennis and yoga.

Tuesday – 'give'

Doing something nice for a friend or stranger, with opportunities for staff to volunteer and join our 'Adopt-a-Grandparent' scheme.

Wednesday – 'take notice'

Taking notice of the beauty in the world around us and reflecting on our experiences. The winner of our photography competition was announced as Richard Funk, Darren Pirson as runner-up.

Thursday – 'keep learning'

Trying new things or rediscovering an old interest, which can increase confidence as well as being fun. Throughout the day there were several taster sessions for new hobbies, including, surgical drawing, Salsa dancing and crochet.

Friday – 'connect'

Building connections with family, friends, colleagues and neighbours and the support and enrichment this brings to our lives. 'Randomised coffee trials' – pairing members of staff who don't previously know each other for a coffee and chat – took place throughout the day.

The team put a lot of thought, planning and preparation into the week and it was a great success.

Visit from Cho-dang University

On 26th January we hosted a visit by 17 student nurses from Cho-dang University, one of the largest nurse training universities in South Korea. They came to find out more about the NHS and how healthcare works in the UK and it was a lovely opportunity to share knowledge, showcase Team ASPH and encourage new relationships.

Led by Divisional Chief Nurses Louise Fox and Sue Sexton, along with Lead Nurse for Recruitment and Development, Lisa Punter, the group spent time touring around and meeting members of the team, visiting Cedar Ward, Swan Ward, Falcon Ward and our A&E Department. Working through a translator, as many of the students didn't speak English, the group was able to have some interesting and positive discussions on the differences and similarities between our two systems. Some of our overseas nursing staff also came along to give insight on what it's like working in a new country.

This was great opportunity to build a new international relationship and also to gain some interesting insight into how different health systems around the world operate.

Top Productivity

VitalPAC and Careflow

VitalPAC has now been successfully implemented in maternity on Joan Booker and Labour Ward, after it was rolled out on all of our adult inpatient wards last year. The team have now moved onto the Emergency Department, which is naturally a challenging environment to introduce new technology. The team have been using the new system since the 15th March and implementation has gone well.

VitalPAC allows staff to electronically record patient observations on a small handheld device, which can automatically calculate Early Warning Scores to detect patients who may be deteriorating earlier.

The next step for VitalPAC is automatic alerts and escalations for the sickest patients and these will be delivered to clinicians using the Careflow mobile app, which will start to appear on iPads and iPods on the wards over the next few weeks. Careflow is currently live and on trial with some of the surgical teams and Critical Care Outreach. It is a powerful clinical communications tool and a roll-out plan is being developed with the goal of having Careflow as the standard system for all handovers for all clinicians, ready for the August intake of doctors.

Working together, VitalPAC and Careflow are making a significant contribution to improving safety and efficiency for our patients.

Surrey Heartlands STP (Sustainability & Transformation Plan)

We continue to be an active partner in the Surrey Heartlands Sustainability and Transformation Plan. Work is now ongoing to mobilise the clinical workstreams with recruitment taking place for Clinical Leads and, where appropriate, Programme Managers. The majority of these are expected to be internal secondments (from across the Surrey Heartlands system) so we can build on existing work and knowledge from within partner organisations.

Work is also ongoing with the national teams at NHS England and NHS Improvement to progress the Surrey Heartlands devolution proposal, with positive discussions taking place. This is about devolving more responsibilities and decision-making to local level to support fuller and

earlier integration between health and social care. Work has also been progressing on bidding for national transformation funding for the STP, particularly around cancer care to improve diagnostics and recovery, post cancer treatment, diabetes and mental health support.

Financial challenges

Whilst our priority is always to deliver high quality care and a positive patient and team experience, we must be mindful of our finances and ensuring financial stability – and this comes into sharper focus as we approach the end of our financial year.

The challenges of the NHS financial position have been well documented and while we have weathered the storm relatively well, we find ourselves in a difficult financial spot as year-end approaches. This has been compounded by operational pressures as we continue to manage high demand, with the knock-on effect of having to cancel many elective operations (with the associated loss of income) and the consequent and expensive need to seek temporary staffing.

As always, we have been looking very closely at our spending and ensuring that we use our resources wisely, working with divisional colleagues to reduce costs and be as efficient as possible.

One difficult decision we have taken to raise additional income, helping to maintain and protect patient care, is the introduction of parking charges for blue badge holders. This only applies to those who do not meet affordability criteria which qualifies them for free parking.

We considered the introduction charging two and a half years ago, and chose not to do so at that time. Unfortunately, the financial climate we now find ourselves in has become significantly more challenging and increasing our parking charges is just one of a number of measures we are introducing across our hospitals to support our savings plans and ensure that our central funding is focused on the delivery of patient care.

We have discussed this with a number of stakeholders, including our Disability Group, and whilst people didn't agree with the decision, we had a productive debate around the financial pressures we find ourselves in, with many good ideas and suggestions put forward to ease implementation. We have agreed to delay implementation whilst we look into some of these proposals and anticipate the charges will begin later in spring.

Other

Changes to Sexual Health Services

Something that has been highlighted through our local media is the changes being made to sexual health and HIV services in Surrey and the impact this will have on the Blanche Heriot Unit at St. Peter's Hospital.

The way these services are organised is quite complex, in that responsibility for public health commissioning, including sexual health, falls within the remit of Surrey County Council; whereas HIV services are the responsibility of specialised commissioning, which sits with NHS England.

During 2016 Surrey County Council and NHS England undertook an open procurement exercise to provide a single integrated Sexual Health and HIV Service across Surrey (currently provided by Ashford and St. Peter's Hospitals, Virgin Care and Frimley Health Foundation Trust). During

the procurement process, after evaluating the bid at length, we decided the Trust was unable to bid to retain the service due to the financial nature of the offer – which was naturally disappointing for us. This conclusion was also reached by all the other existing providers and the outcome was to award the contract to Central North West London NHS Trust (CNWL) from 1st April.

CNWL have advised us that they will not require the use of any of our current sites once they take over the service; these include the Blanche Heriot Unit at St. Peter's Hospital and also outreach clinics at Ashford Hospital and Royal Holloway, University of London. We understand the new service is expected to be a hub and spoke model and there are currently ongoing discussions with Surrey County Council, NHS England and CNWL about the exact location of these services. We have been asked to extend the services provided by the Blanche Heriot Unit for six months while these discussions take place.

Clearly this has put the Trust into a difficult position as, of course, we would have preferred to retain these services and continue to provide a high quality sexual health and HIV service to our local population. Nevertheless, in order to ensure the safest and least disruptive transition for our patients and colleagues we will continue to work closely in partnership with Surrey County Council, NHS England and CNWL. Our particular emphasis over the coming months will be to ensure the clinical team and colleagues directly affected are supported and the contribution they have made over many years to develop a high quality service for local residents is safeguarded and respected.