Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
30TH June 2011

TITLE	**Chief Executive's Report**
EXECUTIVE SUMMARY	General overview of issues/developments
BOARD ASSURANCE (RISK)/ IMPLICATIONS	n/a
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Car Parking consultation with staff and patient representatives, pathology services reconfiguration consultation.
EQUALITY AND DIVERSITY ISSUES	Any relevant issues to be taken into consideration within car parking and pathology services consultations.
LEGAL ISSUES	The Trust has a legal requirement under Section 106 with the local Council to put in place measures to control hospital parking and site congestion.
The Trust Board is asked to:	Note the report
Submitted by:	Andrew Liles, Chief Executive
Date:	21st June 2011
Decision:	For Noting

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Chief Executive's Report

Trust Overview

Following an extremely busy period when our hospitals have been under continuing capacity pressures, we have now managed to reduce the number of escalation beds open from around 70 during the winter to 14 at the current time. However, our hospitals are still under pressure and sustaining this position as well as improving our A&E performance is our current challenge. In addition, over the last 8 months we have also seen an increase in the average length of stay for our emergency patients by a day and we are working to understand the reasons for this.

In order to continue to improve the flow of patients through our hospitals we have introduced a number of new ways of working – for example we now have daily ward rounds in most areas and are working hard to make sure patients are admitted to the most appropriate area of the hospital wherever possible (for example medical patients being admitted to medical wards rather than surgical areas). We have also introduced a major programme of change focusing on how our patients move through A&E and our Medical Assessment Unit as well as looking in detail at how we manage and treat patients who do not need to be admitted. The situation is now improving and will mean we can continue to reduce the number of escalation beds we have open. We have also had a constructive meeting with the local Director of Social Services who spent half a day with the Trust meeting patients and staff and signing up to a 30 day improvement plan. This has resulted in a number of immediate improvements in the way we are discharging patients from hospital and we will continue to work together to address common issues.

However, these ongoing capacity pressures have meant that we have started the current financial year with an unplanned overspend across the first two months. We are now firmly focused on addressing this, both in terms of managing patient flow and also making sure we are meeting our savings targets for the rest of the year. Each of our divisions has clear objectives and plans in place and we will be monitoring our progress carefully and regularly over the coming weeks and months to keep us on track.

Key News and Developments

Car Parking

Following a range of improvements to our car parking facilities at both hospital sites, we have recently launched a consultation with staff and patient representatives on a new car parking policy, which above all seeks to ease the congestion that patients, visitors and staff face on a daily basis. As part of our responsibility as a public organisation, we are committed to reducing the number of cars coming onto our hospital sites and to encourage more green travel options. We also have to make sure our car parks break even financially and that they are not subsidised from money which should be spent on patient care.

The draft policy seeks to address these issues in a number of ways including the introduction of new parking charges for patients, visitors and staff and better parking controls. The draft policy also includes a 3km exclusion zone for staff which means most staff living within this

distance from their main base of work won't be eligible for a parking permit. The Trust is currently consulting widely with staff and has set up a special parking email address, a hotline and dedicated staff briefing sessions to capture as much feedback as possible to inform the final policy. The consultation closes on 7th July.

Pathology Service Reconfiguration
Consultation with pathology staff has now started on proposals to reconfigure pathology services across West Surrey, with Frimley Park Hospital and the Royal Surrey County Hospital NHS Foundation Trusts. The new organisation will support the needs of the three hospitals, serving a catchment population of 1.2 million patients and will report on some 16.4 million tests a year.

During the process of drawing up these proposals there has been widespread informal consultation with clinicians, nurses, GPs and other stakeholders about the principles behind the reconfiguration and their comments/views have been captured within the proposed service specification as appropriate. The consultation is in two stages; this first stage is consulting on the actual service changes so staff can be fully engaged in the process of service re-design, with the second, later stage to cover the employment implications of the service changes. This first stage of the consultation is due to close on 27th June, with the second stage of consultation planned to take place during September. All proposals are also being discussed with the Trust's formal Employee Partnership Forum.

Government Reforms
Earlier this month we heard that the government has accepted the core recommendations made by the NHS Future Forum following their extensive listening exercise. Within the Trust we are keeping a watchful eye on these developments and their potential impact on Ashford and St Peter's.

In summary the key themes are:

- **Wider involvement through clinical commissioning groups.** Commissioning consortia will continue to be groups of GP practices but to ensure wider clinical engagement, these will also include a wide range of doctors, nurses and other health professionals. To reflect this change, these groups will be known as 'clinical commissioning groups'.

- **Stronger safeguards against a market free-for-all.** The health care regulator Monitor's core duty will be to protect and promote patients' interests. It won't be required to promote competition as if it were an end in itself.

- **Additional safeguards against privatisation.** The Government has said it will never privatise the NHS, and will create a genuine level playing field to stop private companies 'cherry-picking' profitable NHS business. It will ensure that competition is on quality, not price.

- **Evolution, not revolution.** The plans will allow clinical commissioning groups to take charge of commissioning when they are ready and able. Where a group is not ready, the NHS Commissioning Board will commission on their behalf until a time when they are. There will also be a more phased approach to the introduction of Any Qualified Provider.

- **Greater information and choice for patients.** The Government will make clear that the people who make decisions about local services have a duty to promote patient choice. And following current pilots, it will make it a priority to extend personal health budgets including across health and social care.

- **Breaking down barriers within and beyond the NHS.** There will be a new duty for

clinical commissioning groups to promote joined up services both within the NHS and between health, social care and other local services.

- **Investing for the future of the NHS.** All providers should make a fair contribution to the costs of education and training of NHS staff.

In order to ensure that Parliament has sufficient opportunity to scrutinise the Government's changes, relevant parts of the Health and Social Care Bill will now be recommitted. In order to keep our staff up to date on these key reforms, particularly as more details are published over the coming weeks, we have set up a dedicated section on our internal intranet with key changes and developments regularly updated.

Business plan launch
Earlier this month the Trust held an internal business plan launch. This was an important event involving all seven of our clinical divisions and focused on setting out how the corporate plans and objectives for the year ahead will be delivered at divisional level. After some general introductions setting both the local and national context, the seven divisions each presented their key aims and challenges for the year ahead. It's clear our divisions all have a good grasp of how they intend to conduct their business over the year and that we have much stronger clinical leadership teams in place following recent changes to our structure; our new Heads of Nursing and Specialty Leads are making a real contribution and allowing us to have a much richer discussion when it comes to setting our priorities and responding to the challenges of the year ahead.

Epsom and St Helier transaction
Ashford and St Peter's has formally expressed an interest in acquiring Epsom General Hospital following invitations to tender made by Epsom and St Helier University Hospitals NHS Trust and it was announced last week that we had successfully passed through the first stage of the process.

Last year Epsom and St Helier made it clear that they wouldn't reach Foundation Trust status in their current format and set up a transaction board to oversee the dissolution of the trust. Following the successful submission of our Pre-Qualifying Questionnaire, announced last week, we welcome the opportunity of being invited to make a formal tender by the Transaction Board and look forward to entering the competitive process which will ultimately be judged on a range of criteria focusing on the interests of local patients and staff. We are now beginning a detailed piece of work to fully explore the benefits such a merger could bring to both patients and staff which will inform our bid.

Good to Great Leadership Programme
This month we launched our second Good to Great programme within the Trust with over 70 members of staff signing up to follow this leadership development programme over the next year. Candy Morris, Chief Executive of the South East Coast Strategic Health Authority introduced the event for the second year in a row. Commenting on it in her weekly email message to NHS organisations and stakeholders across the South East Coast she described it as an 'inspiring journey', a very positive external endorsement of the programme.

Meetings and visits

Earlier this month I opened the Trust's Business Plan launch with our Divisions, attended the next in our series of development sessions for our Clinical Specialty leads and went along to the Trust's Medical Staff Committee. I also attended a GP Spotlight Seminar where our Trauma and Orthopaedics Division presented to local GPs.

Along with many other Trust colleagues I joined Eileen Nolan, Associate Director of Maternity Services and General Manager for Women's Health for her retirement party from the Trust.

I held individual meetings with Jonathon Lord local MP for Woking, members of the Surrey

Health Scrutiny Committee and Professor John Hay from Surrey University. I also attended the Surrey Transformation Board meeting at NHS Surrey, the Surrey Pathology Network and had conversations with Anne Walker, Chief Executive at NHS Surrey. On a more regional level I attended the South East Coast Strategic Leadership and Talent Group.

Last month, along with Non-executive Director Sue Ells, I attended the CHKS awards event in London '*Learning from the Best'* where we received our Top 40 Hospital Award, and met researchers from Aston University about the teamwork project we are helping them with. I also presented prizes to the winners of a poster competition at the Trust's second Pride in Nursing day on 11th May.

Submitted by: Andrew Liles, Chief Executive

Date: 21st June 2011