Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
5th December 2018

TITLE	**Assurance Report**
EXECUTIVE SUMMARY	The Assurance report gives an overview of some of the key areas of internal focus for the Trust and areas of performance in terms of its five strategic objectives: 1. Quality of Care 2. People 3. Modern Healthcare 4. Digital 5. Collaborate As well as operations and finance. The report seeks to provide assurance that activities within the Trust are focused on the delivery of excellent care and achievement of the constitutional standards. This report also responds to Governors' queries in relation to the Complaints Procedure and the Freedom to Speak Up initiative.
The Council is asked to:	Note and review the report
Submitted by:	Suzanne Rankin, Chief Executive
Date:	December 2018
Decision	For assurance

1 INTERNAL FOCUS

1.1 #Right Culture

ASPH Transformation

Many patients, visitors and colleagues passing through the St Peter's Hospital site will notice the building works underway. We have begun the demolition of the old ramp which will eventually become a new road and car park to facilitate the build of the new Emergency Department.

This is the start of an exciting long term 'ASPH Transformation' plan to modernise the hospital sites and a lot will change over the next two years. Much of the infrastructure we are currently working with is very old and creating modern, purpose built facilities will provide a much better environment for patients and make colleagues working lives easier.

For the team, one of the most important things we are doing is making a large investment in a new Team ASPH Wellbeing Centre, a space for colleagues to take some time out, have a proper break, eat, chat or surf the web. Everyone is doing a fantastic job under huge pressure, yet many of our current 'staff room' areas are very tired so creating a protected and modern space for the team is very important and will be a real improvement.

Improving the estate is all part of developing #RightCulture. The environment we work in is really important and poor working environments can give the team the sense that they are not valued and foster negativity. Whereas modern attractive space built to enable effective and efficient working will just feel so much better and both the impression and feeling will be an important part of our recruitment strategy; doing everything possible to make ASPH an attractive place to work especially those seeking new opportunities.

The ASPH Transformation plan will certainly assist this and if you are interested in finding out more look at my recent video message to the team, where I talk with the Director of Estates and Facilities, Chris Bell.

1.2 Quality of Care

Transition to Urgent Treatment Centre

From 1st November the urgent care facilities at St Peter's Hospital transitioned from an Urgent Care Centre to an Urgent Treatment Centre (UTC). The UTC model is being introduced nationally and we are pleased that St Peter's Hospital is in the first wave of this rollout.

The UTC is GP led and moving to this model offers many benefits to patients, including extending opening times (8am–2am, 365 days a year), the ability to see paediatric patients as well as adults, pre-booked appointments through NHS 111 and a walk-in service for minor injuries and illness.

It also enables us to manage demand on emergency services more effectively. The UTC is run by GPs and Emergency Nurse Practitioners, meaning A&E colleagues can focus in the main department; caring for the most unwell patients.

It's early days in terms of implementation but so far despite some minor operational challenges, the UTC is proving to be a great addition to the services and is providing urgent treatment to a significant proportion of patients attending the St Peter's site.

#hellomynameis – the "Play"

On 29th October I was privileged to attend a special play with Sue Tranka, Chief Nurse. The play is all about the life of Kate Grainger and her husband, Chris and their campaign for more compassionate care. Kate was a doctor who died in 2016 after a long battle with cancer. During a hospital stay in August 2013 with post-operative sepsis she made the stark observation that many of the staff looking after her did not introduce themselves before delivering care.

This prompted Kate and Chris to launch the #hellomynameis campaign (https://www.hellomynameis.org.uk/), initially through social media, which has now made over 2 billion impressions and resonates throughout health and social care organisations internationally.

The play was fantastic – a very moving tale of personal heartbreak, resolve and determination to make the world of healthcare a better place. It got me thinking about the importance of arts in healthcare and how we can use new and creative mediums to share important messages. It's something myself and other executive and non-executive colleagues are keen to explore further, so watch this space.

1.3 People

Remembrance Service

Along with Chairman Andy Field and many other colleagues I was honoured to attend a Remembrance Service in the St Peter's Hospital Multi-Faith Centre on 7th November. This was organised by our Lead Chaplain, Laurence Gamlen, with the assistance of Richard Wooley who has recently joined us to head up our Step into Health Programme (connecting armed forces veterans personnel to opportunities in the NHS) and Sargent Worley from Staines Army Cadets.

Andy led the Act of Remembrance followed by a two minute silence and we also had the opportunity to lay poppy crosses under the wreath. This, of course, felt particularly poignant this year on the centenary of the First World War and always means a great deal to me personally as I reflect on my service time with the Royal Navy. Thank you to Laurence, Richard and the team for their efforts.

Flu Vaccinations

The campaign to encourage all members of staff to receive the flu vaccination is ongoing and the table below shows how many staff in different divisions we have vaccinated as of 23 November.

I have personally run two flu clinics and vaccinated a good number of colleagues. It's been nice to be involved with this directly and able to contribute to protecting colleagues, their families and patients against the influenza virus.

The total of 57% is good but we have much more to do throughout December and January and will be having another big push on this before Christmas to encourage uptake.

Estates & Facilities	**52%**
Medicine & Emergency Services	**56%**
Quality Medical Nursing & Midwifery	**69%**
Theatres, Anaesthetics, Surgery and Critical Care	**47%**
Trauma & Orthopaedics, Diagnostics & Therapies	**55%**
Women's Health and Paediatrics	**66%**
Workforce & Organisational Development	**69%**
Overall % of Frontline Workforce	**57%**

1.4 Modern Healthcare

Planning approval for West Site

We were delighted to learn that Runnymede Borough Council gave the go-ahead for the redevelopment of surplus land at St Peter's Hospital earlier this month. The planning committee passed the resolution to approve the application after various matters such as traffic impacts and affordable housing provision were successfully resolved.

This paves the way for the previously described ASPH Transformation including a new urgent and

emergency care department, main entrance to the hospital with new retail and catering outlets, multi-storey car park and restaurant for staff and visitors. It will also enable the creation of 147 modern and affordable homes on site for NHS keyworkers and improvements to other staff accommodation. As described earlier in this report, there are clearly some very exciting developments ahead which will be of huge benefit to patients and the team.

Making Every Day Count 2

From 22nd October we launched an initiative called 'Making Every Day Count 2' and used simple data to track our progress over a two week period. It's about making every day, every minute even, count so that time on a ward or in the Emergency Department is not wasted and the experience of patients and the team is improved. Ultimately we all want to get patients home safely as quickly as possible and make their time spent in hospital as productive and beneficial as it can be.

Colleagues really got behind this, focusing on early discharge and reviewing any delays each day and we saw some fantastic results. Over the two weeks we released over 3,000 hours of patient time and reduced our bed occupancy from 92% to 85%. We saw and treated patients more quickly in A&E and prevented ambulance crews being delayed there. This is great for patients but colleagues also shared how much better it feels to work in the hospitals when things are just a little less pressured.

Of course, the challenge is to sustain the good work of this initiative so it becomes business as usual, especially as we move firmly into winter. Through a short survey we gathered some valuable feedback from the ward teams about what they thought worked well throughout the two week period and are using this to put new ways of working into practice.

Breaking Barriers Innovations – HOMES

On 15th November I attended a really interesting and thought provoking event in London with the Medical Director, Dr David Fluck. The Breaking Barriers Innovations Health and Social Care Summit 2018: Healthier Outcomes for Making Environments Safer (HOMES) was a national summit on the impact of housing on health and wellbeing.

It explored the links between housing and health and particularly how poor housing and an inability to maintain homes can lead to poor health and a higher likelihood of needing NHS care and admission to hospital.

Whilst issues such as housing may traditionally be thought of outside the realm of healthcare, more collaborative working between the NHS and local authorities and charities will clearly be beneficial all round. We have some great work underway locally through Surrey Heartlands and the North West Surrey Health and Care Partnership but this summit really made me think about the future and what else may be possible if we just think a little differently.

1.5 Digital

New Balanced Scorecard

With the new Trust Strategy (2018-2023) now firmly in place, the Board asked the digital team to carry out a review of the existing Balanced Scorecard in order to reflect our change in focus. The Balanced Scorecard is a monthly summary of key performance indicators across the Trust and provides an overall picture of how we are performing.

The various metrics have been changed to be more aligned with the five strategic objectives, Quality of Care, People, Modern Healthcare, Digital and Collaborate. The team also took the opportunity to freshen up the look of the report and build in extra functionality which has been

really useful.

Electronic Patient Record

I have previously talked about the new digital strategy, a major component of which is to replace the patient administration system with an electronic patient record (ePR). We have now published the tender documentation for this, inviting suppliers to bid for the contract via a framework procurement exercise.

We are doing this large piece of work in conjunction with Royal Surrey County Hospital and the bids are due to be returned to us in January, ready for a considerable period of evaluation before agreeing the contract. As part of the Team ASPH ethos, we are keen to involve everyone in the decision-making process, because it's important to get this right, and because we know we will have this new system for a very long time.

All colleagues (from both trusts) and other key stakeholders are invited to participate in the evaluation process, and the digital team have taken a new approach by asking the suppliers to provide us with video demonstrations of their solution rather than live demonstration sessions. This will provide colleagues who can't get away from their workplace the opportunity to evaluate at a time that suits them and enable everyone a say in choosing the supplier that fits us best.

1.6 Collaborate

Surrey Partners Event

On 29th October I attended an event in Leatherhead bringing together partners from health and social care organisations across Surrey.

This followed a piece of work undertaken by Surrey County Council over the summer, working with stakeholders to identify a 'Vision for Surrey to 2030'. Over 3000 people who live and work across the county shared their views and some strong themes emerged around issues such as housing, infrastructure, transport, health and social care, schools, leisure facilities and green spaces.

One of the key messages that came out of this was partnership working being essential to unlocking our shared ambitions for Surrey. This is equally true with the Surrey Heartlands work we are doing and at a more local level, the North West Surrey Health and Care Partnership. As a system we have begun a piece of work to align these various strategies so we are all moving in the same direction.

NHS Long Term Plan Event

On 22nd October I attended an event for Chief Executives, Nursing and Medical Directors in London to discuss the long term plan for the NHS, which was an opportunity to hear from Health Secretary Matt Hancock MP, Chief Executive of NHS England, Simon Stevens and Chief Executive of NHS Improvement, Ian Dalton.

It was an interesting event with lots of good discussion and insight in the room and a clear commitment from all organisations involved to create a comprehensive and sustainable plan for the future NHS.

Surrey Allied Health Professionals Event

On 14th November I was pleased to attend and speak at a Surrey Heartlands conference in Woking to celebrate the contribution of Allied Health Professionals (AHP) in the NHS and discuss the vital role they play in developing strong partnership working.

I gave a short speech as part of the welcome to the day and my main reflections were around the

huge number of AHP roles, at least 14, and how important it is for this large and diverse group to find their 'voice' within the multi-professional team and to fully realise their contribution.

In healthcare we have a tendency to describe AHPs as a homogenous group, almost as if they all fulfil the same role. Yet that is far from the truth and if we are to successfully develop new ways of working in the future, particularly to provide seamless care across all the different healthcare environments and help people maintain their independence, the contribution of every type of AHP is vital.

Through the conference I encouraged them to find that essential voice and increase their visibility, ensuring they are 'at the table' when those conversations take place and able to contribute their very valued expertise.

Donation from Lunch4Life Committee

It was an honour to receive a very generous donation from the Lunch4Life committee, who hosted their annual Glitter Ball last month. As described in last month's report I was able to attend the ball this year, enjoy the festivities and chat to members of the committee. They have supported our breast services extensively over the years and I'd like to thank them very much for their latest donation of £15,000.

2 COMPLAINTS PROCEDURE

2.1 Governors will be aware that the Trust is in the process of working to improve the complaints procedure and in response to the queries that have been raised by our Governors; I can provide the following update.

The complaints improvement plan has not met the delivery timescale of Q2 this year owing to a combination of factors including capacity gaps in teams, staff turnover and particular challenges upskilling people in complaints writing which has not been effective despite a 6 month multi-professional training programme. This has meant our performance against timescale agreed with the complainant remains too low and is variable.

Complaints performance for October was 76% against timescale agreed with the complainant and 67% (Sept. 42%) against the Trust's internal 25 day target response time.

Performance is significantly better than prior months. We are focussing on ensuring patients are communicated with early regarding whether they want their complaint handled formally as a complaint or informally as a concern. There is wide Divisional variation on performance to timescale agreed with complainant as TASCC achieved 100% in September 2018.

What we have achieved is much stronger complaints administration systems with tight documentation so it is much clearer how each complaint is being handled and actions to complete the complaint response are clear to staff.

A key next step is involving staff and service users in the re-design of key touchpoints in the complaints pathway where communication and experience of service users is poor currently. This evidence based co-design (EBCD) event is set for 30 November 2018. We have invited all Governors and Patient Panel members to attend this event. *We will be focussing on key touchpoints in the complaints process from the perspective of patients/families and staff to explore how we can improve communication in particular.*

The PALS system has been considerably strengthened recently with close tracking of cases against timescale, and active monitoring of overdue cases. Short-term temporary resource of 1 more officer for the PALS and complaints service is being recruited for currently. Outpatients is the key focus area for PALS concerns and an Outpatients improvement programme is being

progressed to address this, which is reflected in the CQC improvement plan also.

We are a good performer compared with our peers when considering the percentage of cases upheld by the PHSO. Latest national data showed that the Trust had just 25% of cases upheld was much more favourable than 36% nationally which means that the complainant's concerns about the complaint responses were not found to be supported in the majority of cases reviewed by the PHSO.

Top 3 complaint themes nationally were clinical care and treatment, poor communication and diagnosis concerns. These themes are common to incidents, claims and complaints learning within ASPH.

We have made significant progress with making improvements from complainant feedback and sharing what we have done to demonstrate this learning from complaints:

Divisions are focussing on demonstrating the changes they have put in place as a result of patient complaints. A Trust-wide learning leaflet demonstrating actions taken as a result of incidents and complaints was issued mid-year. This received favourable feedback from staff as it was personalised to particular clinical areas. We report learning in a range of publications including the Patient Experience Monitoring Group Reports and the Patient Experience Annual Report.

3 FREEDOM TO SPEAK UP

3.1 Through the Freedom to Speak Up Guardian initiative, we are also supporting staff to speak up about their concerns. It is important to distinguish that Freedom to Speak Up relates to staff feedback rather than patient feedback via complaints and PALS concerns.

We have a joined up approach to triangulating intelligence from complaints and Freedom to Speak Up (FTSU) initiatives – as outlined in the FTSU Guardian Annual Report to Board January 2018 so that we use learning from common themes.

In the 12 months to September 2017 3 common themes were triangulated across incidents, complaints from patients, and FTSU concerns from staff:

1. Discharge medication
2. Post-operative pain relief
3. Annual leave workload cover

We have a dedicated improvement programme for medication which is our top quality priority.

Ensuring prompt adequate pain relief is fed back to clinical teams where this is identified.

Annual leave workload cover, we appreciate, is an ongoing challenge we face at the moment.

Some of the ways patients, and staff, have recently benefitted from the Freedom to Speak Up programme have included improvements made in these areas:

- a review of patient flow pathways in diagnostics
- a refresh of how we do our WHO surgical safety checklist so this is practically effective as a means of improving safety
- a review of how community nurses are available to take bloods for patients

One of the questions raised by Governors relates to what level of assurance we can provide that

carers are supported when contacting staff around their relative and loved one's care, in a way that also safeguards patient confidentiality. We can advise that we are continuing to focus on communicating effectively with patients' carers and family members when a patient is not able to advocate for themselves.

Feedback from complaints, in particular, has demonstrated that we need to communicate better regarding *arrangements surrounding discharge* of patients back to home/community placements. This is an ongoing improvement area across the organisation.

Our Discharge Co-ordinator is currently working to strengthen and streamline information held at ward level about the discharge process to ensure this better meets the needs of all parties. Improvement work is focussing on *providing a single set of reference information* for Wards to use with information to be given to family members - so the families get *timely and consistent of information* about what can be a quite complex process.

4 PERFORMANCE

4.1 Details of our operational performance including A&E are included in the separate report – Paper 7.2.

4.2 2018/19 Financial Position - Month 7 Position

Plan

NHSI approached the Trust in October regarding a 2:1 Provider Sustainability Fund (PSF)[i] incentive scheme. As a result the Trust Board approved a change to the Trust's overall financial plan for 2018/19. The Trust's operational surplus has been increased by £8.0m for increased land sale profits for which £16.0m of additional PSF would be received if that target was met (100% is based on financial performance alone). The Trust will receive a pro-rata PSF incentive payment if the additional surplus delivered is lower than £8.0m. The core PSF is still available based on delivery of the original plan targets.

Month 7 YTD Performance

The month 7 financial position showed that the Trust was £0.6m behind plan, with Table 1 overleaf setting out the key metrics. However, as set out in the report, the Trust is £0.5m ahead of its pre-PSF Control Total.

Table 1

Finance Scorecard					
	Annual Plan (Incl PSF)	Forecast (Incl PSF)	YTD Plan (Incl PSF)	YTD Actual (Incl PSF)	YTD Variance (Incl PSF)
NHSI Finance Score Rating	1	2	1	2	
Total income excluding interest (£000)	£323,398	£330,234	£182,261	£185,056	£2,794
Total expenditure (£000)	£282,641	£290,432	£164,868	£168,006	(£3,138)
EBITDA (£000)	£40,757	£39,802	£17,394	£17,050	(£344)
I&E net operational surplus/Deficit (£000)	£37,043	£36,396	£9,806	£9,227	(£579)
Month end cash balance (£000)	£55,095	£61,745	£36,618	£30,072	(£6,546)
Capital Expenditure Purchased (£000)	£19,360	£12,751	£7,687	£3,504	(£4,183)
CIP Savings achieved (£000)	£10,500	£9,273	£5,940	£5,417	(£524)
PSF Funding within income (£000)	£26,789	£26,142	£8,322	£7,675	(£647)
CQUINs (£000)	£4,424	£4,951	£2,581	£2,888	£307

NHS Improvement "Finance Score Rating "					
	Weighting	Current	Current Score	Forecast (incl PSF)	Forecast Score (incl PSF)
Capital Service Cover	20%	4.22x	1	5.00x	1
Liquidity	20%	31.8	1	60.8	1
I&E Margin	20%	5.00%	1	11.10%	1
I&E Margin Variance From Plan	20%	-0.10%	2	-0.50%	2
Agency	20%	44.50%	3	40.47%	3
Finance Score Rating			**2**		**2**

The key points are: -

- Clinical income from CCG's and NHS England activity was £3.1m (1.9%) ahead of plan mainly in day cases and elective surgery, critical care and drugs. Other income streams (non-NHS activity and other income) were £0.3m behind plan, mainly due the loss of the quarter 2 PSF allocation for A&E performance (£0.6m);

- Other income also includes the PSF income. The original full year allocation for 2018/19 was £10.8m which is again on a phased quarterly basis. The trigger to accessing the funds is by meeting the year to date financial Control Total each quarter which generates a 70% payment. The remaining 30% is attributable to A&E performance against agreed quarterly trajectories. As above the quarter 2 A&E performance allocation was not achieved;

- Pay costs are £0.5m (0.4%) over plan at month 7 with temporary staffing costs (bank, locum and agency) at £18.4m, which is £4.1m higher than at the same point last year. There are significant vacancies within the Trust that is driving the temporary staffing spend. Year-on-year there has been a £2.1m increase in agency costs and the Trust is now £2.5m (44.5%) over the agency spend cap set by NHSI for 2018/19;

- Non-pay costs were £2.7m (4.8%) above plan, mainly in outsourcing (£1.2m); drugs (£1.0m) and premises (£0.8m), partially offset by underspends on clinical supplies (£0.3m). Most of the drugs overspend is recovered through pass through income;

- Cost improvement plans are currently behind plan by £0.5m with delays to the start of some schemes. Whilst not uncommon at the start of the new financial year, there is focus on recovering this position;

- Capital (purchased) is currently behind plan by £4.2m (54.4%) mainly due to delays in scheme business cases and approvals and slippage in other schemes;

- Cash balances were £6.5m lower than planned but sat at £30.1m at the end of November. The gap mainly relates to the planning of PSF receipts;

- Overall performance shows that a surplus of £9.2m has been delivered to date with £1.5m being operational delivery and £7.7m of earned and accrued PSF income. This is £0.6m behind plan of which £0.6m is due to the loss of quarter 2 A&E PSF income. Omitting excluded items, the Trust is £0.5m ahead of its pre-PSF Control Total; and

- As a result of the I&E variance and the excess agency expenditure, this performance delivered a Finance Score Rating (FSR) metric of 2 at month 7, against a plan of 1.

Forecast

Cost saving targets, which are budgeted at £10.5m for the full year, are currently projected to come in £1.2m behind plan with additional savings being sought to meet projected shortfalls.

The capital programme (purchased) has been reviewed in depth and the forecast is now for expenditure of £12.8m against the original £19.4m plan. The bulk of this relates to the deferral of the new decked car park into 2019/20.

At the end of month 7 the Trust is forecasting a surplus of £36.4m which includes £26.1m of PSF income. This is £0.6m below plan due to the forecast loss of quarter 2 A&E PSF income. This forecast would deliver an FSR of 2 as the Trust is exceeding its agency cap (20% of the FSR weighting) by a considerable margin.

When the Trust set its budget for 2018/19 it was recognised that it was a challenging target. The plan now includes a breakeven operational position, £10.4m of profits on asset disposal and £26.8m of PSF. The breakeven operational delivery remains the case and the Trust is doing what it can to ensure that it achieves this for the full year.

[i] The Provider Sustainability Funding (PSF) is a £2.45bn national fund focused explicitly on sustainability and eliminating deficits. It is a reward based system with each organisation allocated an annual sum that they can strive to earn. Entitlement is:
(a) 70% based on an organisation meeting its quarterly financial control totals and
(b) 30% on delivery of quarterly A&E performance trajectories.

The A&E element for a quarter cannot be allocated if that quarter's finance position has not been met. Individual quarters can still be earned even if the full year's targets are not met.