Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
4th December 2019

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 achievement of the Trust vision and mission as well as the achievement of the constitutional standards. This report also provides an update on Stroke Performance, the Emerge Project and progress on recruitment.
The Council is asked to:	Note and review the report
Submitted by:	Suzanne Rankin, Chief Executive
Date:	December 2019
Decision	For assurance

1 INTERNAL FOCUS

1.1 Quality of Care

Bliss Charter

Congratulations to all colleagues in the Neonatal Intensive Care Unit (NICU) for being awarded the prestigious Bliss Baby Charter – only the sixth NICU in the UK to receive this accolade. This recognises months of hard work and the teams' commitment to provide the highest quality intensive care to sick and premature babies, whilst intertwining a truly multidisciplinary, family-centre approach at every stage.

Bliss is the leading UK charity for babies who need intensive care so are a very well established and respected organisation. I look forward to their visit in December to officially present the Baby Charter Plaque.

New Patient Menus

I am pleased to learn that new patient catering menus have been introduced. The menus include new dishes in addition to old favourites, with an extended choice at both lunch and supper. The menus are also now available in braille, pictorial, and in several languages.

Other additional items being trialled as part of the new patient catering contract include high energy snacks, finger foods, smaller appetite options, theme days, and a range of dishes for specific patient groups, which will include dysphagia and cystic fibrosis food options.

This is a fantastic development as the importance of providing a varied, interesting and nutritional range of meals for patients, and the positive contribution this makes to their experience in hospital and recovery, is well recognised.

1.2 People

Launch of body worn cameras

As part of a plan to prevent and reduce incidents of violence and aggression against staff we will trial the use of body worn cameras with the Ashford Hospital security team and St Peter's A&E, intensive care, patient experience and security teams over the next three months.

This supports the national NHS Violence Reduction Strategy and 'zero tolerance' approach against incidents of this nature. Body worn cameras were first used by the Police Force, who experienced a significant reduction in violent and aggressive incidents.

Keeping our colleagues safe and enabling them to deliver care and treatment without fear of abuse or harm is an absolute priority. We are optimistic the cameras will support this and I'll report back after the three month trial is completed.

Flu Vaccination Campaign

We continue to make good progress with our flu vaccination campaign and have currently vaccinated almost 55% of colleagues, which is slightly higher than the same time last year. The challenge now will be to keep the momentum going and encourage significantly more colleagues to take up the vaccine. We have a good network of peer vaccinators supported ably by Occupational Health who are doing a fantastic job at encouraging colleagues to realise the benefits of vaccination. Leading by example, members of the Board were some of the first to

receive the vaccination this year…

1.3 Modern Healthcare

Autumn Action

Between 7th and 13th November we held a Trust-wide 'Autumn Action Reset Week'. This was an opportunity for all colleagues and our partners to focus on improving patient care by challenging ourselves to remove every possible delay in care and treatment. Ultimately the aim was to improve the flow of patients from the Emergency Department and assessment areas through the hospitals.

Our specific aims were to ensure no patient stays overnight in the Emergency Department, reduce bed occupancy to help manage flow, improve achievement of the four hour A&E target, increase the number of patients being placed in beds of the correct speciality and improve the number of timely discharges.

I'm pleased to report the week was successful and we made some good progress, particularly in A&E performance. The challenge is, of course, to maintain this and implement the changes made during the week to 'business as usual'. We have also planned a second week of focus in January to assist us in managing the expected surge in demand at this time.

ASPH
Transformation
Programme

Catering update

A lot of work is taking place across both Ashford and St Peter's to improve the restaurant and café facilities. At Ashford both the main entrance and outpatient cafes have been refreshed and rebranded. At St Peter's the Abbey Wing café has been completely refurbished and rebranded as 'Proud to Serve Costa Coffee'. Works are underway in the Postgraduate Centre restaurant to provide additional serving and dining space in preparation for the closure of Aspects Restaurant later this month. Finally works will shortly begin to improve the Retreat Café in the main entrance of St Peter's.

This is all part of a new and exciting catering and retail contract with OCS and the first step in an exciting journey to improve the environment and offering to patients, visitors and colleagues at the Trust.

Transport update

I was pleased to learn that the transport team have now procured larger capacity buses and one wheelchair accessible vehicle to service the inter-site Hospital Hopper service between Ashford and St Peter's. This enables more colleagues to use this popular service. The team have also introduced some extra passenger services at peak times between the sites. This is a really positive development and supports our campaign to encourage colleagues to consider alternative transport options, particularly whilst car parking is challenging at St Peter's.

1.4 Digital

Electronic Patient Record (ePR) Update

The finalised contract documentation has been reviewed by our lawyers and we now have a target contract signature date of early December. We have created a draft governance structure and the joint resource plan is taking shape. A strategy for communications and engagement to facilitate a successful launch and roll-out is under development, and we are in the process of inviting colleagues across both Trusts to propose a name for the new system. It is currently called Cerner Millennium, but we would like to follow the lead of other trusts and conduct a rebranding exercise. We would like this simple engagement piece to be the start of building a sense of ownership of the overall digital transformation programme, beginning with the deployment of a modern ePR.

The Art of the Possible

I recently invited a vendor to our Trust Executive Committee to explore some of their ideas for using artificial intelligence. We learned of other hospitals using machine learning to automate scheduling and of conversational assistants who can answer phone calls or handle queries via the web (chatbot). We know that we have a busy couple of years ahead implementing the ePR, but we also need to continue horizon scanning, bringing in new technologies where the business case stacks up and we have the resource capacity. It is becoming clear that exploiting some of these emerging technologies could help us address some of our workforce challenges.

1.5 Collaborate

Becoming an Anchor Organisation

On 12th – 13th November I attended a two day immersion to support the work we are doing with Well North Enterprises in developing our role as an anchor organisation in the local community.

This was a very interesting and insightful event, involving us in a series of creative tasks to explore the possibilities for our estate and our communities into the future. We purposefully took a view from 40,000 ft to allow us to see the full range of opportunities. We also spent time discussing what makes a strong, sustainable community and the role we can play in that.

On the second day there was a strong focus on developing our design principles for new buildings. With the planning of the new urgent and emergency care facility at St Peter's in the early stages, this was very timely. The day was facilitated by professional architects who gave us a masterclass in health building design, with some wonderful examples from across the country. It really brought a new and fresh perspective the potential for both St Peter's and Ashford sites into the future, and some broad brush approaches as to how this could be achieved over time. Suffice to say that this was really just the start of this long term planning process, and we came away with a wealth of ideas and options to explore. A series of key next steps was outlined during the event and I look forward to continuing this journey.

Filming with the Leadership Academy

On 4th November I was delighted to participate in a NHS Leadership Academy filming project to support the ambitions of the NHS People Plan and develop a career coaching and support service

for those aspiring to senior leadership roles.

The team came to interview me about my career journey and transition from clinician to executive role. I talked about challenges and barriers along the way, the benefit of my clinical background in my current role and any advice I'd give to others.

The film will form part of an online career portal for coaches and coachees to access, supporting and developing the leaders of the future.

2 UPDATES REQUESTED BY GOVERNORS

2.1 Stroke Performance

All Stroke services are required to enter detailed clinical information into a national system known as SSNAP (Sentinel Stroke National Audit Programme). SSNAP analyses each stroke service's performance on a quarterly basis and awards a rating. In July/September 2018 the St Peter's team scored a D rating. This prompted an improvement programme which accumulated in an A rating for April/June 2019. The 2nd Quarter rating has yet to be released but we continue to concentrate efforts in maintaining improvements.

The actions taken to improve performance since 2018 fall into two areas:

1. Improvements to the quality and timeliness of data entered into SSNAP
2. Making changes to clinical practice to improve the care experienced by our patients

1. Nearly 40% of possible strokes arrivals are in fact stroke mimics and not all strokes are initially known to the stroke team. Staff refresher training was put in place to improve real time coding which is then cross referenced with the finance data to ensure any patient who was coded as a confirmed stroke patient matches the records for whom SSNAP data is recorded on the database. Data entry of 80 questions on the previous year's documentation had contributed to some of the difficulties in data completion during 2018. The introduction of a proforma has led to accurate and timely data collection and ultimately in the improvement in performance of the SNAPP data set. On a monthly basis a complete review of all data entered is undertaken to provide assurance of the quality of data which is provided to the stroke board.

2. A number of leadership roles were introduced, such as a Lead Nurse for Stroke, a Senior Specialist Stroke Nurse and a Therapy Lead for the Stroke Pathway. The staffing structure was remodelled to allow for an increase in specialist stroke nurses and trust grade doctors to support the initial admission to hospital. There was a drive to increase team awareness about the need to complete SSNAP data, making sure everyone feels responsible. Lastly, the stroke pathway was changed. Over 50% of patients are now directly admitted into our hyper acute stroke assessment bay (HASU). This means patients miss out our often crowded A&E, receiving specialised stroke care faster. The closure of Wordsworth has also meant that rehab patients are now kept on the stroke ward until the end of their care, ensuring they receive specialised stroke care for the whole of their admission.

2.2 Emerge Project Update

Emerge' brings together two local charities; Emerge Advocacy and The east to west Trust, to support vulnerable young people during an attendance in the ASPH ED or paediatric ward and can offer on-going support in the community.

The team of volunteers have been working in the Emergency Department since 28th April this year and are around on a Sunday and Monday evening 7pm-11pm. So far, they have seen 52 young people. In January 2020 they will be expanding the service to include an additional evening, following the recruitment of 7 more volunteers.

Since the beginning of November, the team have been able to offer follow-up in the community

and one young person has accepted this offer already. This follow-up can be for up to three months, following their hospital attendance. The east to west team also has a trained counsellor working with them who will accept appropriate referrals.

On the 3rd October, Dave Hill, Surrey County Council Executive Director for Children and Families and Anthony Horton, East to West Chief Executive, visited SPH to see and hear about the Emerge service and the difference that it has made to both patients and staff. Dave Hill was very impressed with what he heard and was very supportive of the service and its expansion in the future.

2.3 Recruitment Update

In October we had our busiest recruitment month ever with 180 staff joining us on Day 1 of our Corporate induction programme on 4 November. We decided to hold the event at the HG Wells centre in Woking to ensure we could provide a comfortable and professional welcome to such a large group. The feedback was positive and the support from the venue was excellent. Clinical staff continued their induction at Ashford.

This is the second year we have recruited students from Royal Holloway University to register with the Trust's bank to work as Healthcare Assistants. They were able to join our November induction as it falls in their reading week and they continued the week to ensure receive a full clinical induction before starting work on our wards.

	Staff Group	**Number joining**
Permanent	Medical (including 2 for ED) Nursing (16 Adaptation nurses) HCA/MA Pathology/ AHP/Pharmacy Admin / Management /Estates	4 29 21 25 16
Bank Staff	Nursing & Midwifery HCA (including 43 Royal Holloway students) Pathology Admin / Estates	6 53 3 11
Volunteers		12

Our second medical recruitment trip to Kerala will take place in November, to recruit Medical staff onto our Clinical Attachment Programme (6 week training programme to support UK registration) and to recruit into substantive posts.

3 PERFORMANCE

3.1 2019/20 Financial Position - Month 7

The 2019/20 budget was set to meet the NHSI Control Total of an £8.25m surplus. Within this the operational budget was set at a breakeven position with Provider Sustainability Funding of £5.5m earned based on our in year financial performance.

As at 31st October 2019 the Trust reported an overall YTD surplus of £2.6m. This includes PSF for quarters 1 and 2, but not month 7, and also an additional allocation for 2018/19 PSF of £0.5m. This unplanned £0.5m gain is being treated as outside of the 2019/20 control total by NHSI. When adjusted for non-control total items the Trust was £2.4m behind the YTD NHSI control total, of which £1.6m is operational and £0.8m in-year PSF.

FINANCIAL PERFORMANCE	**Annual Plan**	**Mth 7 YTD Plan**	**Mth 7 YTD Actual**	**Mth 7 YTD Variance**	**EOY Forecast**
Income	318,096	185,860	190,918	5,058	331,170
Income - 2019/20 PSF and MRET	8,250	4,083	3,332	(752)	7,384
Pay	(198,830)	(116,048)	(118,839)	(2,791)	(205,305)
Non-Pay	(104,776)	(60,978)	(64,561)	(3,583)	(110,966)
EBITDA	22,740	12,917	10,850	(2,067)	22,283
EBITDA %	*7.1%*	*7.0%*	*5.7%*		*6.7%*
Below the Line	(14,490)	(8,324)	(8,658)	(335)	(14,899)
NHSI Control Total Surplus	**8,250**	**4,594**	**2,192**	**(2,402)**	**7,384**
Excluded from Control Total					
Impairments	(2,125)	0	0	0	(600)
Net Donated Assets	6	(17)	(41)	(24)	6
Additional 2018/19 PSF	0	0	495	495	495
Overall Surplus (deficit)	**6,131**	**4,577**	**2,646**	**(1,931)**	**7,285**

FINANCE SCORE RATING		**Mth 7 YTD Plan**		**Mth 7 YTD Actual**	**Forecast**
Capital Service Cover	2.67x	1	2.36x	2	1
Liquidity	49.7	1	63.0	1	1
I&E Margin	2.40%	1	1.10%	1	1
I&E Margin Variance From Plan	0.00%	1	-1.30%	3	2
Agency	32.48%	3	61.60%	4	4
Finance Score Rating (FSR)		**1**		**3**	**3**

The reported YTD variances are:

a) pay costs are £2.8m adverse to plan, despite quarter 1 benefitting from a higher budget set aside for Agenda for Change contracted staff, for which costs had been accrued in the prior year;
b) non-pay budgets are £3.6m overspent due to Drugs (£0.8m), Clinical Supplies (£1.7m) and Purchase of Healthcare (£0.5m);
c) operational income, pre-PSF, £5.1m ahead of plan, which includes assumed system support; and
d) below the line costs are £0.3m adverse to plan following a change in useful lives for buildings impacting depreciation charges.

CIPs were £1.1m behind plan for the year to date, and currently forecasting a £1.6m underachievement for the year. This is a deterioration following a review of the Medicine Division

CIP forecast.

Capital was underspent by £6.5m (43%) year to date, with the overall forecast outturn in line with the original plan. Cash balances were £3.1m above plan.

The Finance Score Rating score YTD was a 3 against a plan of 1. This is due to the Trust score for agency usage this month, as a score of 4 on an individual metric caps the overall score at a 3.

Excluding one-off benefits in quarters 1 and 2, the underlying position YTD at month 7 is considered to be adverse to budget by c£4.1m pre PSF and MRET. The in-month performance at £1.6m adverse to budget, excluding PSF, is a significant acceleration of previous months overspends and falls across all of income, pay and non-pay.

As the Trust Board has not yet had the chance to fully debate the latest financial position, and following guidance from NHSI, at the present time the forecast has been held at the NHSI Control Total and plan level in the month 7 submission to NHSI. Forecast PSF has been reduced by £0.9m being the STP system based PSF for quarters 2 to 4. Discussions over additional system support continue and are expected to conclude during quarter 3.