Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
4th March 2020

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. Digital 4. Modern Healthcare 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 includes a summary of the report of a deep dive around readmissions considered at the November meeting of the Quality of Care Committee.
The Council is asked to:	Note and review the report
Submitted by:	Suzanne Rankin, Chief Executive
Date:	March 2020
Decision	For assurance

1 INTERNAL FOCUS

1.1 Quality of Care

Transforming Outpatient Physiotherapy

Back in July we made some changes to outpatient physiotherapy services by relocating gym based classes and hydrotherapy services from the St Peter's Hospital site to the River Bourne Club in Chertsey https://www.theriverbourneclub.co.uk/home/fitness.aspx . In December I went to visit the club with Associate Director of Therapies, Fred Watson, to find out how the changes had bedded in.

I was really impressed with everything I saw. The club is modern with state-of-the-art facilities and equipment, so immediately provides a better environment for exercise compared to the hospital-based physiotherapy gym. The old hydrotherapy pool at St Peter's was in great need of modernisation, so giving patients access to a proper swimming pool is much better.

However the biggest change comes from de-medicalising the exercise environment. Rehabilitation should not be about attending a few sessions and then stopping, it's about ongoing exercise and fitness. Helping people to feel comfortable in a public gym environment helps them sustain a fitness regime going forward.

The change has received a high volume of extremely positive patient and team feedback so I'd like to congratulate Fred and his team on a very successful transition. Implementing change that embeds healthcare delivery within a community setting is a very important part of the future strategy and this is a great example of just how powerful this approach can be. I feel increasing opportunities and innovations of this kind will follow with all the attendant benefits for patients and colleagues alike.

A Journey of Improvement in Urgent Care

January is a notoriously busy time of year in the NHS and we experienced that surge in demand at Ashford and St Peter's. There is no doubt that working in emergency care is difficult and challenging and I wanted to recognise the supreme efforts the Emergency Department (ED) team, supported by colleagues throughout the Trust, are making.

Early in December I wrote my weekly message about this topic, weekly message recognising some really positive improvements the team have made. This has led to some good results for the benefit of patients and colleagues, particularly a reduction in the amount of time taken for ambulances to hand patients over to the ED team which is so very important in supporting the delivery of safe and responsive care to the local community.

New Medical Thoracoscopy Procedure

I was pleased to attend the Endoscopy Unit in December to meet with colleagues from the respiratory and endoscopy teams and find out more about a new procedure they have introduced.

Medical thoracoscopy is a minimally-invasive procedure performed under local anaesthetic with sedation used to both diagnose and treat pleural effusions. Pleural effusions are excess fluid between the layers of the pleura outside the lungs – often referred to as 'water on the lungs'. It can be caused by conditions such as heart failure, lung infections such as pneumonia or cancer.

The new procedure means biopsies can be taken if required, the fluid can be drained and a special form of surgical 'talc' can be applied to help the layers of pleura stick together. It shortens the diagnostic and treatment process for patients, providing a better experience. The team were

full of enthusiasm for the new procedure and the benefits it brings which was great to see.

1.2 People

Chief Nurse Update

Sue Tranka left ASPH on 13th December 2019 to take up a secondment as Deputy Chief Nursing Officer for Innovation and Safety at NHS England. I joined many colleagues for a farewell lunch, thanking Sue for her very valued contribution to ASPH and wishing her well in her new role.

Following an internal recruitment process Andrea Lewis was appointed into the role of Interim Chief Nurse and I'd like to offer my congratulations. Andrea has worked at the Trust for over two years in different roles and brings over twenty years of experience from the Queen Alexandra's Royal Army Nursing Corps. I am confident Andrea will flourish in the role and pleased she has taken this opportunity to join the executive team.

Flu Vaccination Campaign

Almost 70% of frontline colleagues have now had their vaccine which is great progress, and at the time of writing this report, we are still working to achieve the target of 80% by the end of February. We continue to remind colleagues of the importance of the vaccine in protecting themselves, their patients and family. In addition to the normal vaccination options, we have held pop up flu clinics in the staff restaurant area to try and make the vaccination as accessible as possible.

1.3 Digital

Electronic Patient Record (ePR) Update – Contract Signed!

Together with the Royal Surrey Trust, we have now signed our respective contracts with Cerner Ltd. We have taken on a joint Programme Director and are now in mobilisation stage. This means gathering resources and defining our strategies for benefits, data migration, testing, communication and training among other elements.

The programme itself formally commences at the end of April and we have some high level dates

that we will share more widely as soon as they are formally agreed with our selected supplier and partners across Surrey Heartlands. I am personally delighted to have reached this stage and excited about getting even more involved as co-chair of the programme board and as a champion of the overall initiative both within our hospital and across Surrey Heartlands. My thanks to all those involved for bringing this essential transformation programme to this point as I know it was a huge amount of complex work. More to do of course but we are on track to deliver the very real patient and team safety and quality benefits of an EPR.

1.4 Modern Healthcare

System Partners Reset Week

At the start of January we saw a substantial surge in demand, as is expected post the Christmas and New Year break. As a result, we held a system partners 'Reset' week, with a focus on managing this demand and caring for our patients.

Through the hard work of colleagues we managed to achieve a high number of patient discharges at the start of the new year, enabling us to care for sick patients attending ED and respond to the ongoing emergency care need.

We worked very closely with our system partners - including Adult Social Care (ASC), Central Surrey Health (CSH), South Central Ambulance Service (SCAS) – Patient Transport Service, Surrey and Boarders Partnership Trust (SABP) - Psychiatric Liaison and the District & Boroughs. The emphasis was to improve patient flow while fully utilising system capacity to ensure that patients are cared for in the most clinically appropriate service and location.

Thank you to everyone involved for your support with this. Of course, the challenge will continue throughout the winter period but through this intense effort, we have put ourselves in a better position to cope with the pressures.

Developments at Ashford

I was delighted to attend the opening of the new children's nursery at Ashford Hospital, along with Chairman Andy Field. The new nursery is now part of the main hospital building, in the heart of everything and is a much improved and updated facility. The team and children are clearly

pleased with the move and settling into their new home.

It's also great news that the new Infusion Suite is now open. The new suite provides a much better facility and dedicated space for patients receiving chemotherapy and infusion treatments. This is a growing service and being able to provide these treatments closer to home for patients is really important.

The final development at Ashford is that the medical ward based on Chaucer Ward has relocated to Wordsworth Ward. This is a larger space with better facilities and the ward is a hive of activity, with dedicated onsite support of social services, pharmacists, physiotherapy, occupational therapists and discharge coordinators and consultant ward rounds through the week.

Developments at St Peter's

Work continues apace on the new car park at St Peter's. Over the past few weeks we have needed to make changes to the areas used for staff parking and whilst this causes inevitable disruption, colleagues have been very patient and amenable to the changes.

In the run up to Christmas we also made several changes to support the increase in demand over the winter period and the flow of emergency patients through the hospitals. In line with national best practice we have reduced elective operating during this busy period and this has enabled us to relocate Maple Ward to Falcon Ward temporarily. In doing so we have been able to use Maple Ward as extra capacity for medical inpatients and this, along with rearranging some other spaces, has helped us cope with demand better.

In Spring we have plans to open a new Acute Medical Unit and will shortly open a new Emergency Surgery Ambulatory Care facility to help provide more streamlined care for certain groups of surgical patients.

Renovation work is now complete, which is much improved and includes a new 'robot' for dispensing medicines automatically. We will be arranging an official opening of this facility shortly that I look forward to attending.

1.5 Collaborate

Appointment of first Independent Chair for North West Surrey ICP

I would like to congratulate Helen Petterson on her appointment as the first Independent Chair for North West Surrey Integrated Care Partnership (ICP). ASPH participated in the recruitment process, along with other system partners.

Helen brings over 20 years of experience in public service and system leadership. Most recently she was the Sustainability and Transformation Partnership lead for North Central London covering twelve acute, mental health, community and specialist NHS Provider Trusts and five local authorities. In her range of executive level roles in health and local government, Helen has successfully delivered change across complex systems by developing productive relationships with partners quickly.

Having an independent chair on board will challenge the partnership to deliver on what is promised and Helen's skills and experience will help to strengthen our approach of collaborative working.

Journey to become an Anchor Organisation

As reported last month, Team ASPH continues to work with Well North Enterprises to support developments to increase our positive impact on our local communities as an effective anchor organisation. Earlier in February the Well North team presented to the board their vision and potential options for areas of development that Team ASPH could embark upon, building on work

already underway, and also considering the potential of our hospital sites in the future. The Trust has appointed Lord Mawson as a specialist advisor to the Board in these developments with the next step to establish infrastructure to support estate and community developments going forwards.

The community projects cited at the last report continue to make exciting progress with our partners in the Stanwell community. The foodbank collection points are expanding for hygiene products as well as food for the Stanwell community; our Christmas collections contributed to the 253 food hampers that Stanwell Events distributed to local families in Christmas week. Our recent collections targeted tinned food and hotdogs contributing to the >40 lunches a day for children during half term who do not get a hot lunch when not at school.

In March we commence the IMAGINE project in partnership with Surrey County Council at our St Peter's site. IMAGINE is an EU funded project where unemployed young people are trained in horticultural skills by local horticultural employers to develop/maintain local publically owned land. We are providing the green space around the new patio outside the upgraded Post-Grad food hall, called the GrowZone to this venture. A co-design session is taking place in March where staff and some unemployed trainees with their mentors will collaboratively design the new area for growing food and flowers in 2020.

Surrey 2030 – Better Lives in Surrey

I was delighted to be asked to attend a two-day event this week with other leaders from key public and private sector organisations across Surrey. The event was to look at the decade ahead and think strategically as a group about the issues we face and priorities for people living in Surrey. There was a very interesting mix of colleagues in the room – from health and care organisations, Surrey Police, district and borough councils, higher and further education to large private businesses. Led by the Surrey Heartlands Integrated Care System Board we want to bring our broad range of expertise together and build relationships, so we can work as a team for the benefit of Surrey residents.

2 UPDATES REQUESTED BY GOVERNORS

2.1 ED staffing and recruitment

Our new ED Team microsite is now up and running on our external Trust website. The site provides helpful information around the types of roles available in ED, the career progression pathways available as well as the current vacancies in the department. This is part of our ongoing programme of recruitment and you can access the site using this link:

http://www.asph-careers.org/ONETEAM/INDEX.htm

2.2 Readmissions Deep Dive

In November the Quality of Care Committee received and discussed a detailed report of a deep dive into readmissions and the reasons for this. The minutes of the meeting are included at Annex 1.

3 PERFORMANCE

3.1 Details of our operational performance are included in Paper 7.2.

3.1 2019/20 Financial Position - Month 10

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) and £2.8m of MRET funding.

As at 31st January 2020 the Trust reported an overall YTD surplus of £0.1m. This includes Trust based PSF for all months year to date, 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 £8.1m behind the YTD NHSI Control Total set at the beginning of the financial year, of which £7.5m is an operational shortfall and £0.6m is lost in-year system based PSF.

Clearly, at this late stage of the year recovering the above £7.5m operational shortfall in full is not possible and hence we have held discussions with the Surrey Heartland ICS and with NHSI to manage this through reducing our Control Total target. This resulted in a £6.4m reduction with the balance to be sorted locally through further in-year actions. Hence the change in the Trust's forecast below to £1.0m surplus against a revised Control Total of £1.8m – the difference of £0.8m representing forecast lost system based PSF income. Delivery of the revised forecast remains dependent on internal recovery actions as well as additional income from system partners.

FINANCIAL PERFORMANCE	**Annual Plan**	**Mth 10 YTD Plan**	**Mth 10 YTD Actual**	**Mth 10 YTD Variance**	**EOY Forecast**
Income	318,096	266,110	270,108	3,997	325,488
Income - 2019/20 PSF and MRET	8,250	6,510	5,882	(628)	7,384
Pay	(198,830)	(165,709)	(171,120)	(5,411)	(205,733)
Non-Pay	(104,776)	(87,284)	(92,892)	(5,608)	(111,251)
EBITDA	22,740	19,628	11,978	(7,650)	15,887
EBITDA %	*7.1%*	*7.4%*	*4.4%*		*4.9%*
Below the Line	(14,490)	(11,992)	(12,418)	(426)	(14,903)
NHSI Control Total Surplus	**8,250**	**7,636**	**(440)**	**(8,076)**	**984**
Excluded from Control Total					
Impairments	(2,125)	0	0	0	(600)
Net Donated Assets	6	19	55	36	6
Additional 2018/19 PSF	0	0	495	495	495
Overall Surplus (deficit)	**6,131**	**7,655**	**110**	**(7,545)**	**885**

FINANCE SCORE RATING		**Mth 10 YTD Plan**		**Mth 10 YTD Actual**	**Forecast**
Capital Service Cover	2.83x	1	1.82x	2	2
Liquidity	44.3	1	52.4	1	1
I&E Margin	2.80%	1	-0.20%	3	2
I&E Margin Variance From Plan	0.00%	1	-3.00%	4	4
Agency	34.51%	3	59.33%	4	4
Finance Score Rating (FSR)		**1**		**3**	**3**

The reported YTD variances are:

(i) pay costs are £5.4m adverse to plan, predominantly within nursing costs due to increased demand requiring the opening of escalation areas, combined with recruitment issues;

(ii) non-pay budgets are £5.6m overspent due to Drugs (£1.3m), Clinical Supplies (£2.5m) and Purchase of Healthcare (£1.1m);

(iii) operational income, pre-PSF, £4.0m ahead of plan of which £0.6m is transformation funding; and

(iv) below the line costs are £0.4m adverse to plan following a change in useful lives for buildings impacting depreciation charges.

CIPs were £1.8m behind plan for the year to date, and currently forecasting a £1.8m underachievement for the year. This is a deterioration of £0.2m from last month.

Capital was underspent by £7.5m (31%) year to date. The rate of capital spend has increased significantly, however the overall forecast has been reduced by £3m following slippage in some large value schemes.

Cash balances were £1.0m above plan. The forecast cash position has reduced by c£13m due to (i) the reduction in our I&E forecast by £6.4m and (ii) the agreed delay in the next tranche of land sale cash until later in the calendar year £6.0m (caused by the delayed vacation of the West Site).

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. The forecast is also 3.

Annex 1 - Readmissions Deep Dive

Deep Dive into Readmission Numbers

EH [Erica Heppleston] presented the report for discussion.

The purpose was to review 28 day non-elective emergency readmissions. The Trust performed more favourably than its peers, based on HES data. The majority of patients readmitted were for a different condition than their original admission, although since October 2018 readmission with the same condition was rising. Patients most likely to be readmitted were those diagnosed with UTI, Pneumonia or COPD when they first arrived. UTI was the most common same condition readmission. No association was found between the day of the week the patient was initially admitted and readmission. The day of the week a patient went home was also not predictive of readmission.

The Trust readmission rate centres upon 7%. The graph showing 12% was because of different inclusion criteria such as day cases.

MB [Mike Baxter] observed the paper concluded that people readmitted with a different condition concluded that there was nothing more to be done at the initial admission, which he did not agree with.

MB also observed that the top ten admission diagnosis was the same as the top ten readmission diagnosis and did not understand why the data did not coincide. MB also pointed out that UTI is not a diagnosis and that there would usually be another underlying co-morbidity. EH explained that this could not have been drawn out for the purpose of the paper. MB advised that the cause generating the readmission needed further work.

MB also acknowledged that the top four readmission reasons were all related to infection and that later in the meeting the Committee would be hearing about the Trust's high usage of antibiotics and believed that there was a disconnect. EH explained that a limiting factor into the analysis was in not knowing what happened during the period the patient was not under the Trusts care.

CK [Chris Ketley] asked about the relationship between UTI and age. MIS [Melanie Irvin Sellers] explained the link of UTI to frailty and that the LACE assessment score being high increased the risk of readmission. EH explained that statistical analysis was underway to look at the correlation between LACE score and readmission. MB discussed patients with conditions such as COPD (among others) that had multiple admissions despite having community support. He felt that the paper did not address multiple admissions, patients on a route of decline and still attending the acute setting when community support would be appropriate.

SR [Suzanne Rankin] suggested that further analysis would be less helpful than understanding what more could be done in the community setting. Pathways for specific groups of patients such as those discussed are not robust, causing patients to feel that they only had one option, which was to attend the ED. It was suggested that the Trust needed to be more proactive around pathways to case manage patients believed to be susceptible. SR gave the example of the work completed and the case management approach used with mental health patients' frequent admissions.

MIS explained the evidence available for COPD patients and pulmonary rehab and how the current community situation meant that little support was available. DF [David Fluck] pointed out that the small groups of patients didn't affect the massive number, although it was the right thing to do in terms of managing those pathways.

The work on the paper was commended.