Annual Members Meeting

Tuesday 18th July 2017

WELCOME
Introduction

Aileen McLeish, Chairman
Introducing our Board of Directors
Some highlights from the last 9 years …

- 2009 – extensive ward refurbishments at Ashford Hospital
- 2010 – we became a Foundation Trust
- 2010 – opened the new Stephanie Marks Diabetes Centre
- 2012 – Queen’s Award for our volunteers
- 2012 – Surrey Pathology Services (now Berkshire & Surrey Pathology Services established)
Some highlights from the last 9 years …

- 2013 – Ashford Hospital Outpatients £2.8m redevelopment
- 2013 – contract with Philips Healthcare to upgrade our radiology equipment
- 2013 – opening of £2.5m Cardiac Unit at St Peter’s
- 2014 – Abbey Birth Centre opening at St Peter’s
- 2016 – shortlisted for HSJ Provider of the Year Award
- 2016 – Electronic Medical Record (EMR) implemented
Overview of 2017

- Working hard to maintain high standards of care despite increasing pressures
- Shortlisted as Provider of the Year at HSJ Awards, and shortlisted (again) for CHKS Quality of Care Award and Healthcare Efficiency Award
- Unlike many other Trusts, we ended the year well financially with a total surplus of £8.7m
- And importantly continue to develop positive relationships with our commissioners and wider partners
FT and governance

- We continue to work well with our Council of Governors, ensuring they are well supported in their role
- Highly rated following independent external review of our governance by Deloitte last year
- I’d like to thank all those who have stepped down this year and to welcome our new Governors who have joined during the past year:
  - John Collins
  - Roberta Swan
  - Cllr Mark Maddox
  - Cllr David Bittleston
  - Melanie Coward
  - John Sermon
  - Matthew Stevenson
Working together across our local system

- Partnership working is becoming increasingly important across the local system
- Recent incidents illustrate the importance of working collectively – particularly the recent devastating fire at Weybridge Hospital
- I’d like to publicly record my admiration at how brilliantly partners, including ASPH, worked together to ensure continuity of patient services
- Strength of our developing partnerships is also demonstrated in our planning work, particularly via our Joint Delivery Plan across NW Surrey, and across the wider Surrey Heartlands through the Sustainability and Transformation Plan
Council of Governors

Andrew Ryland
Public Governor for Runnymede, Windsor and Maidenhead
and
Lead Governor
Our Governors

Public Governors and their constituencies:

Elmbridge:
Barbara Mogensen, Steve McCarthy and Bertie Swan

Hounslow, Richmond upon Thames and Kingston upon Thames:
Godfrey Freemantle and Bhagat Singh Rupal

Runnymede and Windsor & Maidenhead:
Andrew Ryland, Danny Sparkes and Dr Lilly Evans

Spelthorne:
Simon Bhadye, Brian Catt and Denise Saliagopoulos

Surrey Heath:
John Collins

Woking and Guildford:
Keith Bradley, Dr Maurice Cohen and Judith Moore
Our Governors

Staff Governors and who they represent:

Allied Health Professionals: Matthew Stevenson
Ancillary/Admin and Clerical/Managerial: John Sermon
Hospital Volunteers: Richard Docketty
Medical and Dental: Arun Gupta
Nursing and Midwifery: Sue Harris

Appointed Governors:

Royal Holloway, University of London: Chris Howorth
Runnymede Borough Council: Councillor Mark Maddox
Spelthorne Borough Council: Councillor Maureen Attewell
Woking Borough Council: Councillor David Bittleston
University of Surrey: Dr Melaine Coward
What we have done to fulfil our role

- Appointed the Trust’s new Chairman with many Governors being involved in the many stages of the interview process
- Re-appointed the Trust’s Auditor
- Held the Non-Executive Directors to account via Governor/NED meetings
- Approved remuneration for the Chairman and Non Executive Directors
- Contributed to the priorities in the Trust’s Quality Account
- Helped to develop the Trust’s Annual Business Plan 2017/18
Involvement of the Council of Governors

As well as the usual meetings of the Council and the groups and Committees beneath it the Governors have been involved in many different aspects of the Trust in 2016/17. Some of the highlights include:

- Being part of the ‘Patient-Led Assessments of the Care Environment’ (PLACE) inspection team.
- Attending the Pride in Nursing Day, St Peter’s Day, Research and Development Day, Quality Account Workshops and the Staff Awards Ceremony.
- Attending openings of the dementia bays and the new Multi-Faith Centre.
- Attending a comprehensive induction and training day.
- Taking part in tours of several hospital departments.
- Attending Members’ Health Events.
Governor Elections and Terms

2016 Elections
In October 2016 the Trust held elections for 16 seats which resulted in most Governors retaining their positions but we also have 4 new Governors:

Public:  Elmbridge – Bertie Swan  
Surrey Heath – John Collins

Staff: Allied Health Professionals – Matthew Stevenson  
Ancillary, Admin, Clerical and Managerial – John Sermon

We wish to express our gratitude for those Governors leaving the Council:
Roderick Archer (Elmbridge)  
David Frank (Surrey Heath)  
Paul Darling-Wills (Staff: Allied Health Professionals)  
Samantha Lamb (Staff: Ancillary, Admin, Clerical and Managerial)  
Prof Jill Shawe (Appointed: University of Surrey)  We welcome  
Dr Melaine Coward as her successor
Goodbye!
Revisions to the Constitution

The Council of Governors approved:

- To include a ‘Rest of Surrey’ constituency
- To include Kingston upon Thames in the existing constituency of Hounslow and Richmond upon Thames
Last but not least…..

On behalf of the Council of Governors we would like to say a fond “Farewell” to Aileen McLeish our Chairman for almost 9 years. We wish to thank her for her dedication, diligence and support during the many challenges faced by the Trust over the years.
Financial Review of 2016/17

Simon Marshall, Director of Finance & Information
Financial headlines.

- The Trust improved its underlying position, reporting an underlying surplus of £1.1m before STF funding of £6.3m (£2.1m below plan) and Revaluations of £1.3m. The total surplus posted was £8.7m.

- We delivered £10.3m of efficiencies taking our total during the last 5 years to over £60m.

- The Trust’s financial margins improved in the year due to the increased in underlying surplus and the receipt of 3 of 4 quarters of STF funding.
Where does our money come from?

2016/17 Income = £288.3m

- Income from activities CCG’s & NHS England: £254.5m
- Income from activities Other: £27.5m
- Other Income Education & Training: £8.7m
- Other Income STF Funding: £6.3m
- Other Income Other: £12.5m

2016/17 NHS Clinical Income = £254.5m

- Emergency inpatients: £59.8m
- Planned care: £53.2m
- Outpatients: £58.7m
- Drugs and devices: £18.9m
- Accident & Emergency: £17.7m
- Critical care: £13.8m
- Maternity pathway: £13.1m
- Other: £19.4m
What do we spend this on?

- Total spend £279.6m
- Majority 63% is spent on staffing
- 20% spent on our clinical supplies and drugs
- Just under 3% is spent with partner organisations
- The £11.3m of Depn, financing & impairments includes a £1.3m revaluation gain.
Efficient but harder to deliver cost savings

As per the latest NHSI Model Hospital data (15/16)
- We were 1<sup>st</sup> in the country against the lowest potential productive opportunity metric with a remaining 4.1% opportunity
- We are also well placed being 12<sup>th</sup> nationally on the Carter % surplus metric; and
- 15<sup>th</sup> nationally on lowest costs per unit of activity metric.

…. hence we remain as one of the most efficient of all providers and highlighted as successfully balancing this with quality, safety and outcomes.
Which means we can invest for the future

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<tr>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
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<tbody>
<tr>
<td>Electronic Medical Records Vitalpack, Careflow</td>
<td>Maternity Order Comms Patient Knows Best</td>
<td>E-prescribing</td>
</tr>
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<td>A&amp;E, NICU</td>
<td>Endoscopy expansion</td>
<td>Ward &amp; Urgent Care Upgrades</td>
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<tr>
<td>Critical Care</td>
<td>A&amp;E</td>
<td>Power Supply Upgrades</td>
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Backlog Maintenance
Health and Safety / Fire
Rolling Equipment Replacements
Imaging Managed Equipment Service
Suzanne Rankin, Chief Executive
Continuing to deliver great care

- CQC found us fully compliant on their return visit in February
- Low levels of hospital acquired infections
- Meeting our overall 18 week referral to treatment target
- Meeting majority of our cancer access targets, despite significant increases in referrals and improving patient experience scores
- Sustained improvement in patient experience surveys, also reflected in Friends and Family scores (for inpatients), and for staff
With areas of ongoing challenge

- A&E performance
- Continued pressure on workforce
- Continuing financial pressure
- Maintaining a quality focus
The importance of our people

- Significantly improved staff survey results, with a particular focus on engagement
- Focus on health and wellbeing and developing resilience
- Increasingly creative recruitment and retention strategies
Refreshing our strategy - our focus on improvement

Developing our aims:
We want every patient to say…
• I was treated with compassion
• We developed a plan for my care together, which was understood and followed
• My care was provided in a safe way, without delay
  …by everyone, first time, all of the time.

- CQC *Driving Improvement* report – evidence that positive culture is behind the most high performing Trusts
- Our Quality Improvement strategy – *Be the Change*
- Engaging colleagues positively across our organisation
- With patient experience as our North Star measure
Becoming a model hospital

- What is a model hospital?
- Good news – we are on our way, already one of the most efficient hospitals, already cited as national exemplar
- Combining top quality care with efficient financial management
- It’s not rocket science – *Get it Right First Time*
- By delivering best care, first time, every time, with absolute reliability, we will avoid the complications of poor care:
  - Waste, cost, infection, harm, litigation, long lengths of stay
- Recent visit by Lord Carter and Prof Briggs – we are well on our way
- Using *Be the Change* to build will, build capability to enable and empower colleagues in a bottom-up approach to Quality Improvement
- And rigorous governance with a zero tolerance for inefficiency, poor productivity or unwarranted variation from agreed practice
Longer-term sustainability and transformation

- Ensuring sustainable services within ASPH
- Maximising our resources – future West Site land sale and redevelopment plans
- Developing our partnership working across North West Surrey:
  - Provider Alliance
  - GP Federation
  - Journey to Accountable Care Organisation
- Working with our wider partners across Surrey Heartlands
And finally …
Becoming a model hospital – our approach

- Using *Be the Change* to build will, build capability to enable and empower colleagues in a bottom-up approach to Quality Improvement
- Our refreshed strategy
- Taking a systematic and comprehensive approach
- A focus on delivering the very highest quality care with absolute reliability
- With clear and specific models of care which include definitive but flexible workforce models
- And rigorous governance with a zero tolerance for inefficiency, poor productivity or unwarranted variation from agreed practice
Some positive signs so far…

ASPH Staff Survey Responses 2011 to 2016

- "I am able to make suggestions to improve the work of my team / department":
  - 2011: 43%
  - 2012: 58%
  - 2013: 64%
  - 2014: 75%
  - 2015: 76%

- "There are frequent opportunities for me to show initiative in my role":
  - 2011: 51%
  - 2012: 58%
  - 2013: 61%
  - 2014: 56%

- "I am able to make improvements happen in my area of work":
  - 2011: 61%
  - 2012: 64%
  - 2013: 61%
  - 2014: 61%
  - 2015: 61%

- "I am involved in deciding on changes introduced that affect my work area / team / department":
  - 2011: 43%
  - 2012: 58%
  - 2013: 64%
  - 2014: 75%
  - 2015: 76%