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

COUNCIL OF GOVERNORS
20th February 2012

TITLE	**Chief Executive's report**
EXECUTIVE SUMMARY	The report gives an overview of issues being addressed by the Trust, together with a perspective on the external environment. Topics include:- ▪ Opening of Clinical Simulation Suite at Ashford Hospital ▪ National award for Living Our Values Programme ▪ Managing Winter Pressures ▪ Care Rounding ▪ Catering Services ▪ Epsom and St Helier transaction ▪ Board update ▪ The Health and Social Care Bill ▪ National Operating Framework for 2012/13 .
The Council is asked to:	Discuss the report
Submitted by:	Andrew Liles Chief Executive
Date:	27th January 2012
Decision:	To note

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Chief Executive's report to the Council of Governors

1 WHAT'S HAPPENING IN THE TRUST?

We continue to develop approaches to improving the care and experience of our patients, a number of which I summarise below;

Opening of Clinical Simulation Suite at Ashford Hospital

Early in December the Trust officially opened the new Clinical Simulation Suite at Ashford Hospital. This new state of the art clinical training centre features a life-like mannequin which, via a high tech computer and other pieces of medical equipment, gives staff the most realistic training scenarios possible without using a 'real' patient. The 'high fidelity' mannequin can simulate a number of different conditions and reactions, putting students through 'real' situations which allow them to test and develop their clinical skills in a completely safe and controlled environment. Initially the suite will primarily be used for our junior doctors, as part of their ongoing training, but we hope to be able to expand to others – ward and theatre staff for example, to give them the opportunity to learn together, as a team.

The Simulation Suite was made possible thanks to funding from the Kent, Surrey and Sussex Deanery (responsible for the provision of medical training across the area) and from the Leagues of Friends from both Ashford and St Peter's Hospitals

Opening of Wren Bariatric Unit at St Peter's Hospital

Earlier this month the Mayor of Runnymede, Councillor David Parr, joined Trust Chairman Aileen McLeish, patients and staff from the Trust's multi-disciplinary bariatric team, to officially open Wren, a new dedicated bariatric unit at St Peter's Hospital.

Wren (**W**eight **R**eduction, **E**ndocrine and **N**utrition) is a 2 bedded unit situated on Falcon ward, managed by the Surgical Dependency Unit, and has been purpose built to accommodate post-operative bariatric patients following the significant development of this specialist service at the Trust. Under the leadership of Upper Gastrointestinal and Bariatric Surgeon, Mr Samer Humadi, the Trust's bariatric service has expanded from offering gastric banding and intragastric ballon procedures to the full range of specialist weight loss surgery including gastric bypass surgery and gastric sleeves. Since the first gastric bypass in September 2011, the Trust has now carried out around 30 of these specialist procedures covering a wide catchment area including Sussex, Hounslow, Berkshire and Hampshire.

Wren has been purpose built for bariatric patients ensuring that appropriate space and equipment is in place to aid with post-operative recovery. Patients are admitted to the unit on a Friday afternoon and discharged home on the following Monday with an average length of stay of just three days.

National award for Living Our Values Programme

The Trust's Living Our Values programme was nominated as a finalist in this year's Patient Experience Network National Awards.

At a ceremony in January, a team of staff accepted the award at the Birmingham & Midland Institute (BMI) in the 'Setting the Stage – Strengthening the Foundation' category in the second annual awards ceremony of its kind. In subsequent feedback comments from the judges described the entry (which scored well above the benchmark levels) as a 'fantastic project' which was 'highly innovative'.

The Patient Experience Network is a not-for-profit membership based network for organisations involved in delivering patient experience and aims to provide a valuable, practical resource and service for all healthcare organisations wishing to improve the patient experience. A key to the network is learning from each other and sharing best practice. These national awards recognise healthcare organisations, which are working to improve patient experience.

Ruth Evans, PEN Chair, introduced the award as having the toughest competition out of all six award categories and the most submissions. On the day, NHS Leicester City, Leicestershire County and Rutland won the award with their *Let the Children be Heard* initiative.

The Trust was really proud to be shortlisted, particularly as the Programme has not yet completed its first year. This programme is the centre piece of changing values and improving the patient experience at Ashford and St Peter's.

Managing Winter Pressures

Leading up to Christmas, along with other hospitals in Surrey, the Trust experienced several weeks of significant pressure, particularly in terms of emergency admissions and pressure on beds. Right across the local health economy the situation was similar, with all hospitals reporting very full A&E departments, all escalation (additional beds) open and at times queuing ambulances. Since then, the Trust has put in place a number of urgent actions to manage the situation, both internally and jointly with partners across our local area. As a result, we experienced a much less pressured Christmas holiday period and although our hospitals continue to be busy, the situation has much improved.

Immediate actions before Christmas included:

- the opening of our Clinical Decisions Unit in A&E – a new area for patients who need longer than 4 hours to be seen, assessed and treated which has freed up our ambulance drop-off area, significantly improving local ambulance turnaround times as well (by 50% in December)
- the reinforcement of the criteria for ambulances to transfer patients directly to walk-in centres, rather than always bringing them to hospital
- the introduction of clear pathways for healthcare professionals dialling 999 from a nursing home.

An additional 40 beds have now opened across our local health area, including our own escalation ward, Swift, as well as community beds. We are also creating 'hot' outpatient slots for patients coming to A&E and our Medical Admissions Unit so they can be seen urgently without needing to stay in hospital, and are promoting the use of our Rapid Access Centres for urgent GP referrals. We are working increasingly closely with our colleagues in community services, exploring longer term options such as developing a joint geriatrician team to focus on the long-term care of our older patients.

The Trust also has a number of medium term developments under way, including the creation of a new Infusions Unit at Ashford Hospital for those patients requiring day treatment for a medical infusion.

As a result of these urgent measures and the improvements we continue to put in place,

we have now closed our Day Surgery Unit as an escalation area which we know was not an ideal environment for patients staying overnight, and will continue to ensure patients are accommodated in the most appropriate environment on their admission.

Going forward we are now focused on significantly improving our A&E performance to make sure we meet the 4 hour waiting target.

Care Rounding

David Cameron recently emphasised the importance of NHS care 'going back to basics', particularly through the introduction of hourly nurse ward rounds.

Ashford and St Peter's hospitals introduced hourly care rounding earlier last year. Checking on basic elements of patient care regularly in this structured way is making significant improvements to patient care and to their overall experience; asking patients regularly if they have had enough to eat and drink, if they are in pain or need the bathroom and so on. As a result the Trust has seen quite significant reductions in the number of patient falls on the wards and a big improvement in the way pain is being managed.

Catering Services

Last month the Board agreed the preferred bidder for our new catering contract that will bring positive benefits to catering services across both hospitals. The preferred bidder is OCS, the Trust's current suppliers; their bid – which was evaluated via a robust tendering process involving a number of staff, patients and other stakeholders – offers a much enhanced service for patients, visitors and staff.

These will include a much wider and healthier choice of food for patients staying in hospital, with additional choices for maternity, paediatrics and dementia patients. There will also be a full ward trolley service 7 days a week. For staff and visitors the new contract will mean the café and shop at St Peter's Hospital will be open 7 days a week, offering a wider selection of meals and snacks including good value options. The shop is likely to be franchised to a well know brand, giving staff and visitors a wider range of products on sale. In time the caterers will be bringing all the restaurant facilities together into the main hospital building. At Ashford Hospital the new contract will mean a smaller, better located food and drink outlet in the main entrance, with a new tea and snack bar in the outpatient department as part of the major refurbishment of outpatients later this year.

From now until the start of the new contract on 1st April, there will be widespread communication to market the new service and further opportunities, for staff in particular, to be engaged in its development.

Over the last two months there have been a number of meetings with the Friends of St Peter's Hospital clarifying the Board's position on the new contract. The Board is very keen to work with the Friends in carving out a new role in the future. One of the attractions of the OCS bid is that they would like to work with the Friends Associations of both hospitals It is now hoped that all parties can work together to enable a smooth transition to the new contract.

Responding to the Care Quality Commission Report

Following the visit by the Care Quality Commission to St Peter's Hospital on 1st December 2011 their report has now been published on the CQC website. Whilst this highlights many positive areas there are a number of concerns raised to which the Trust has swiftly responded with a comprehensive action plan.

The CQC inspected six of the sixteen core standards, with the following outcomes:

- Outcome 1. Respect and involvement - Moderate Concern/not Compliant
- Outcome 2. Consent – Minor Concern/Compliant
- Outcome 4. Care and welfare – Major Concern/not Compliant
- Outcome 7. Safeguarding – Minor Concern/Compliant
- Outcome 14. Supporting staff – Moderate Concern/not Compliant
- Outcome 16. Governance - Compliant

The key concerns were around the use of our Day Surgery Unit as an escalation area (which has now stopped), lack of evidence around full compliance with mandatory training and the recording of (some) care records.

Most of these were areas the Trust was already working to improve and these actions will now be taken forward as a matter of urgency.

3 STRATEGY

Epsom and St Helier transaction

Our plans to acquire Epsom Hospital continue to be scrutinised and evaluated by the Transaction Team and by their stakeholder and clinical reference panels. We already know that our plans meet the criteria set by the Transaction Team, but discussions are still taking place regarding some of the detail, and in particular issues around finance.

Following the recent decision by St George's Healthcare NHS Trust not to pursue their bid for Epsom and Sutton hospitals, the position for Ashford and St Peter's remains the same and we will continue to progress our plans according to the process set out by the Transaction Team.

As a Foundation Trust already Ashford and St Peter's is in a strong position strategically with plans including new and innovative partnerships - with The Royal Marsden NHS Foundation Trust, Central Surrey Health and Surrey and Sussex Healthcare NHS Trust - to create an integrated healthcare campus at Epsom Hospital, bringing additional services and added benefits to local patients and staff. Our plans are also made more straightforward by the fact that Epsom hospital is not part of the *Better Services Better Value* review in South West London.

This Board also has to ensure that acquiring Epsom would be in the best interests of both the Epsom and Ashford and St Peter's hospitals catchment populations, and in particular agreeing a period of financial support to protect our Trust from the deficit in Epsom. The Board will be meeting in closed session in the next few weeks, after which a final announcement is expected in March.

Surrey Pathology Services

Following the decisions taken last year to reconfigure pathology services across West Surrey to form a new organisation, Surrey Pathology Services, the planned moves of staff and services across the sites are now beginning to take place between now and 1st April.

A consolidated service will be able to increase its opportunities for investment in new technology as well as being able to repatriate work such as drug screening and paediatric tests. Staff will see the benefits in terms of improved training within specialties and greater

opportunities for sub-specialisation. Finally, the new organisation will have greater ability to be competitive with private competitors when attracting new business from outside the existing catchment area.

Each hospital will act as the principle hub for certain specialties as follows:

St Peter's hospital – cytology, virology and immunology
Frimley Park hospital – blood sciences and microbiology
Royal Surrey County hospital – histopathology and molecular biology

Equally each hospital will maintain a local lab for urgent diagnostics to ensure that emergency patient care is not compromised in any way.

The new service will support the needs of all three hospitals and neighbouring GP practices, serving a catchment population of 1.2 million patients and reporting on some 16.4 million tests per year.

4 OUR WORKFORCE

Finance Director
John Headley, our current Director of Finance and Information, has announced that he will be leaving the Trust in July to take up another position at Maidstone and Tunbridge Wells NHS Trust. Over the last three years John has made a significant contribution to the Trust, including our successful application to become a Foundation Trust in 2010.

The official recruitment process for John's successor is now underway with an initial ad appearing in the Sunday Times on 5th February.

5 TRUST BOARD MEETINGS

The Board has previously agreed not to hold a meeting in December. However due to the timescales a special closed meeting (due to the confidential nature of awarding a contract) was held to consider the catering tender. The result of the Board decision is described earlier in my report.

The January 2012 Board meeting was briefed on progress in Quarter 3 on our **Corporate Business** Plan. They also discussed the CQC Compliance Report and the Trust's response, which again is addressed elsewhere on the papers for the Council of Governors. The Board has statutory responsibility for Health and Safety and we looked at the quarterly data on incidents and other aspects of staff safety.

6 WHAT IS HAPPENING EXTERNALLY

The Health and Social Care Bill Moves Forward

The Health and Social Care Bill is now going through the final stages before Royal Assent in the Spring. Stages left in the parliamentary process are:

- Report Stage (provisionally 8 February)
- Third reading in the House of Lords
- Consideration of amendments (House of Commons and House of Lords)
- Royal assent

It is thought that peers may return to topics raised before Christmas including the role for

competition within the health sector and how Monitor may handle potential conflicts between its foundation trust and sector regulator roles.

In the meanwhile Monitor has issued seven 'engagement' documents relating to developing the **new NHS provider licence.**

The Bill requires Monitor to develop a licence for all providers wishing to offer NHS funded services, except those that are exempted. The licence would contain conditions with which licence holders will be required to comply.

The current timetable indicates that the licensing regime must be developed by December 2012 when the first licences are expected to be granted to Foundation Trusts. The licences will replace the Terms of Authorisation with which Foundation Trusts are currently required to comply.

The licensing regime proposed in the Bill is not a replacement for the requirement for providers of Regulated Activities to be registered with the Care Quality Commission (CQC). The CQC will remain responsible for the regulation of quality and safety in the sector.

All existing Foundation Trusts will automatically be granted a licence as they are already held to standards that are comparable to those that will be included in the licence.

National Operating Framework for 2012/13

The new National Operating Framework for 2012/13, which was published in December, sets out the guidance and financial regulations for the NHS for the next financial year. For 2012/13 there are three key themes:

- Getting the basics right, in particular more emphasis on caring for our elderly and most vulnerable patients, particularly those with dementia
- Setting the scene for the new structure of NHS (preparing for GP commissioning and more devolved decision making)
- Confirms another tough financial year.

Specifically for Ashford and St Peter's this means a 1.8% reduction in the national tariff (the price we are paid for our services), and a continuation of current financial penalties – no payment for re-admissions (within 30 days) of patients following planned surgery, no payment for emergency admissions over and above 2008/09 levels, with a target of reducing our emergency re-admissions by 25%. This will mean continued focus on reducing emergency admissions (work we are already undertaking with our partners), and a further tough financial year which means an overall savings plan for next year of around 5% of our income.

Added to this, the new NHS South SHA has recently set out its operating framework for next year, with a firm focus on efficiency, quality and health and wellbeing. The framework includes a much tougher penalty regime for Trusts and higher expectations of our contribution to improving quality and efficiency in the system.

Focus on Innovation

The NHS has a long and proud track record of innovation right across its 63 year history. However, while the NHS is recognised as a world leader in invention, the spread of those inventions across the NHS has often been too slow and sometimes even the best of them fail to achieve widespread use. Today more than ever, with an ever tougher financial climate, innovation has a vital role to play by improving the quality of care for patients and releasing savings through productivity.

In December the Department of Health published the findings and recommendations of a Review on Innovation to help accelerate and spread innovation and good practice across the NHS. The report was prepared in consultation with industry, academia, clinicians and a wide range of stakeholders and will inform the strategic approach to innovation across the NHS.

Taking this theme on board, we are in the process of establishing a new innovation fund for Ashford and St Peter's staff to bid for in support of their good ideas to improve quality and efficiency.