Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
6th March 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 responds to the Governors' query in relation to Winter Pressures/Escalation.
The Council is asked to:	Note and review the report
Submitted by:	Suzanne Rankin, Chief Executive
Date:	March 2019
Decision	For assurance

1 INTERNAL FOCUS

1.1 #Right Culture

An Open and Transparent Culture

Demonstrations of excellent patient care and positive developments in the services we provide are evident every day across the hospitals and I like to use this report to reflect upon those achievements. However it's important to recognise that the hospitals remain under great pressure, particularly during the winter period, and meeting the four hour A&E target and managing patient flow is a daily challenge.

Despite this sustained pressure it is important that we continue to foster a culture of openness and transparency, one where colleagues feel able to speak up when things go wrong and learn from mistakes. Colleagues are doing some really good work around this and I wanted to share a few recent examples

The patient safety team has initiated a regular programme of multi-disciplinary collaborative learning events for colleagues to come together and learn from serious incidents. Working closely with the Medical and Emergency Services Division the most recent one had a theme of 'Communication', following a review of ASPH Serious Incident reports submitted over the last year, which found that communication issues were a significant contributory factor. The session looked at diagnostic errors and how human factors, such as poor communication and team cohesiveness, can contribute to these. I hear it was a really interesting session with lots of good discussion and important messages to take away.

The team have also done some excellent work following the publication of the 'National Guidance on Learning from Deaths' in 2017. They have introduced the new 'Structured Judgement Review' tool to investigate "in-scope" inpatient deaths and host regular 'Learning from Deaths' events – where clinical colleagues at all levels gather to discuss cases and share the learning from these reviews.

Whilst the vast majority of care we provide is excellent there are themes identified where we could do better. One such theme identified was the management of anticoagulation therapy and this has led to an improved focus on how we prescribe and administer the drug heparin. A mortality learning event took place at the end of January which allowed the sharing of recent findings and learning from the retrospective audit of sepsis-related mortality.

A willingness to be open to new and different viewpoints is another important part of the journey to becoming a learning organisation and on the day of writing this report we were delighted to be joined by members of the Emergency Care Intensive Support (ECIST) team from NHS Improvement. They are supporting us to improve the flow of emergency patients and have been speaking with senior leaders, doctors and nurses in emergency care to hear their views on the current challenges we face. A set of 'fresh eyes' is always welcome and can bring a new perspective on the current situation and what we can do to improve.

Finally, when things do go wrong we need to ensure they are dealt with in a timely, compassionate and efficient way. We know the current complaints process can feel prolonged and difficult to navigate for patients, relatives and the team and we've recently explored new and better ways of working. Importantly we held a successful Experienced Based Co-design (EBCD) interactive workshop in December, where members of the public who had experienced our complaints service in the past year or so collaboratively worked with staff to identify priority areas for improvement. I look forward to seeing this project develop, with follow-up events planned for the future.

1.2 Quality of Care

Hyper-Acute Stroke Unit & Direct Access

I was pleased to see the Hyper-Acute Stroke Unit (HASU) beds be moved to the Acute Medical Unit (AMU) to create a dedicated area for emergency stroke patients. These operate alongside the 23 Acute Stroke Unit (ASU) and Rehab beds on Cedar Ward and expanded the total stroke bed base at St Peter's to 32 beds.

More recently in January we launched Direct Access for stroke patients, meaning that ambulances go straight to HASU rather than A&E. To enable this we have created a dedicated 'HASU Assessment' area on AMU where the specialist stroke team can rapidly assess patients presenting with symptoms of stroke.

Direct Access bypasses the busy A&E department and means patients are receiving specialist care and intervention more quickly. The team of stroke nurses, doctors and therapists support a round the clock stroke service to ensure patients are receiving the specialist treatment and care needed to optimise their recovery.

This change is in line with national best practice for stroke care and an exciting development for the service and patients. We await the further national review of stroke services and will, of course, be closely involved with this process and consider any implications for the stroke service.

Coping with Winter Demand

As is predicted this time of year, we've been under consistent pressure during the winter months. We are commonly seeing 300 attendances per day in the Urgent Treatment Centre and A&E and we anticipate this demand will continue. We have seen patients admitted with Flu and Norovirus, which present challenges around infection control and the use of isolation rooms. Working under this pressure is hard and I am proud of the way Team ASPH has risen to the challenge and shown tremendous team spirit.

One of things we have to do increasingly at this time of year is redeploy colleagues from one clinical area to another and when you are used to working on a particular ward with a particular cohort of patients this can feel challenging. I personally went back to the floor over the New Year period to support A&E and although it's been a while since I worked in that environment, I thoroughly enjoyed working directly with the patients and the experience of doing something different. I'm grateful to all of the team for putting their personal preferences aside and showing such great flexibility for the benefit of the patients.

I've also been appreciative of the way we are working as a wider healthcare system this year and the support provided by our Surrey Heartlands colleagues to cope with spikes in demand.

Congratulations to the Patient Catering Team

I was pleased to learn that the OCS Patient Catering Team have retained their 5* rating following food hygiene inspections by Environmental Health Officers. The inspections play close attention to food hygiene compliance (how food is handled, prepared, cooked, reheated, cooled and stored), structural compliance (the general cleanliness and condition of the building and facilities such as lighting and ventilation) and confidence in management around training, policies and record keeping. The team performed strongly in all areas of the assessment, so well done all for this achievement!

1.3 People

Team Member of the Month

The new Team Member of the Month award scheme began in November and it's been lovely to see colleagues who go above and beyond receive special recognition. Nominations are made by members of the team and patients and each month there is one winner and two runners-up, who receive a surprise visit in their workplace from Louise McKenzie, Director of Workforce and Transformation, with their certificates. They will also receive a gift of e-points, the new recognition and reward system, which can be used with multiple high street and online retailers. Congratulations to all the fantastic winners so far, who are:

November

Winner
Steve Hill, Health & Safety and Risk Manager

Runners Up
Jolly Saculles (pictured left), Emergency Services Technician, A&E,
&
Kelly Irvine, Interim Divisional Chief Nurse, DTTO.

December

Winner
Louise Maltby, Practice Development Nurse, ICU

Runners Up
Shelley Nunes, (pictured left) HCA, Falcon Ward
&
Lucy Salmon, OT, Early Supported Discharge, Milford Hospital

January

Winner
Mohammed Zacky, Porter, from the Estates Team

Runners Up
Ryan Mackie, Physiotherapist, (pictured left) and Lynn English, Outpatient Co-ordinator

Launch of new Staff Networks

The Equality and Diversity leads have done a lot of work recently in refreshing and establishing new staff networks. Networks have a vital role in transforming the workplace culture and help to create an environment where colleagues feel able to be open and bring their 'whole self' to work.

Within organisations such as the NHS networks can help develop organisational empathy in what some members of staff and patients are experiencing. Creating a safe space where people can come together and share different experiences provides insight and helps to constructively challenge the status quo in organisational development. Importantly this can also help to identify and mitigate gaps in the workforce representation and in processes and systems that may unintentionally favour certain groups.

At ASPH four networks have been established. The Black, Asian, Minority Ethnic (BAME) and Lesbian, Gay, Bi and Trans (LGBT+) networks have been recently relaunched. The Disability Staff Action and Women Leaders Networks will be launching soon.

I look forward to seeing these networks develop and am wholly supportive of what they are trying to achieve.

1.4 Modern Healthcare

Publication of NHS Long Term Plan

As you will likely have seen through the media coverage, the NHS Long Term plan was published on 7th January 2018, setting out the vision for delivering high quality 21st century care for all generations over the next ten years, as well as investing, supporting and developing the current and future NHS workforce.

As you would expect the plan is detailed and wide ranging. It's divided into seven chapters which cover:

- A new service model for the 21st century
- More NHS action on prevention and health inequalities
- Further progress on care quality and outcomes
- NHS staff will get the backing they need
- Digitally enabled care will go mainstream across the NHS
- Taxpayers' investment will be used to maximum effect
- Next steps

You can read a very good summary of the plan on the NHS Confederation website https://www.nhsconfed.org/resources/2019/01/long-term-plan-briefing and also my interpretation of it and what it means for ASPH on the weekly message I sent to colleagues http://trustnet/news/cebulletin11-01-19.html

The Board Strategic Change Committee has also conducted a high level review of the Long Term Plan considering any particular implications for ASPH. The sense we formed was that in the round the 'Together we Care' strategy, the North West Surrey Integrated Care Partnership (ICP) plan and the Surrey Heartlands Integrated Care System (ICS) plan are largely consistent with it and much of the work we are already doing is heading in the right direction. The NHS Long Term Plan and implications for Ashford and St Peter's will feature separately on the agenda.

Transforming Outpatients

In January we launched a very exciting project to transform the way we deliver outpatient services. This, again, ties in with the NHS Long Term Plan where the need to re-design outpatient

services is well documented. Nationally, the aim is to reduce the number of face-to-face appointments and the need for up to 30 million visits over the next five years.

Some of the facts and figures around outpatient activity are startling:

- In 2017/18 the NHS spent £11 billion on 93.5 million outpatient appointments and treatments.
- There is a 6% growth in outpatient activity each year, mostly due to an increase in new referrals.
- At the same time Did not Attend (DNA) rates are at 9% (partly due to patients not being offered a choice of appointment location, day, time etc. and the inconvenience travelling to hospital presents).
- Nationally 25% of doctors say that up to 20% of their patients do not need to come to an outpatient clinic at all and studies have shown that 20% of pensioners reported feeling worse after attending an outpatient clinic because of the stress involved!

The reality is that the current model of outpatients no longer serves the needs of patients, nor is it cost effective or sustainable for the NHS in the long term. The case for change is clear and at ASPH we will be using an analytical tool to look at four aspects of outpatient activity – productivity, capacity, digital transformation (e.g. virtual and none face-to-face clinics) and improving patient satisfaction.

As a Trust this transformation project is one of our biggest priorities and will involve colleagues across the multi-disciplinary team from all specialties. It's an exciting piece of work with enormous scope to make positive changes.

Da Vinci Robot

On 7th December I was pleased to attend a demonstration session of the da Vinci Surgical System – a robotic surgical system designed to facilitate complex surgery using a minimally invasive approach and controlled by a surgeon from a console. This was organised by the colorectal team, as part of the prestigious 7th Winter Colorectal Meeting, hosted at St Peter's Hospital.

This is innovative and cutting edge technology used in hospitals world-wide and the colorectal team gave a very good presentation on the significant quality benefits offered to patients and the team. Purchasing a robot is a very significant investment so I have asked the team to consider a business case and how its use would help us deliver against the 'Together we Care' strategy.

1.5 Digital

Unsurprisingly, digitally enabled care features prominently in the NHS Long Term Plan. The digital section describes a vision for a health service that reflects the technological gains made elsewhere in society and champions digital interventions at different levels – patients, clinician, system and national - as the catalyst for improved care and outcomes.

It describes many detailed ambitions – the development of an NHS app providing a single gateway for people to access the NHS digitally, ensuring patients are able to access a GP digitally, developing mobile digital services for clinicians working in the community and the expansion of virtual clinics to name just a few.

I feel many of these ambitions are encapsulated and mirrored in the ASPH five year Digital strategy – the objective of which is to 'use technology and innovations to improve clinical pathways, safety and efficiency and to empower patients'. In some areas we are ahead of the game – such as the use of BadgerNet in maternity, where women hold their maternity notes digitally. Yet there is still much to do and the next five to ten years present a very exciting

opportunity to really change the way we do things.

On a personal note, I am looking forward to attending a Digital Health Leadership Summit later this year. Digital Health is an independent news, analysis and networking forum which brings together digital leaders across the NHS and in light of the ambition outlined in the Long Term Plan, I'm sure will provide some fascinating insight.

Electronic Patient Record

The bids are now in for the new electronic patient record (EPR), and many colleagues across the Trust are currently involved in evaluating the bids. It is encouraging to hear that already over a hundred members of staff have volunteered to be part of the evaluation, and this is before offering it out to the wider Trust. Engagement with staff is always a key ingredient for the success of any project, and digital projects in particular are often challenged by lack of ownership. We are determined to give colleagues the opportunity to input into the selection of the winning software supplier, and then build on that engagement to ease the implementation of the new software.

At the time of writing this report, I look forward to taking part in a Board Masterclass overview of the business case and the bids in February. Following this, once the final figures have been ascertained, the business case will receive its final reviews and recommendations before being brought to Trust Board for final critique and potential approval in March.

1.6 Collaborate

Together with the launch of the Long Term Plan, work to progress the Surrey Heartlands ICS and North West Surrey ICP continues apace and I've attended several meetings and workshops over the past two months in support of this.

The focus is now on Surrey Heartlands partners to co-design approaches to governance and ways of working efficiently as a system. This is guided by the Vision for Surrey to 2030 - https://www.surreycc.gov.uk/council-and-democracy/finance-and-performance/our-performance/our-organisation-strategy/community-vision-for-surrey-in-2030 and the Surrey Heartlands 10 year strategic plan for Health and Wellbeing which we have been closely involved with drafting. This is nearing completion and in light of the publication of the NHS Long Term Plan we are checking that our local aims and ambitions are in line with the national objectives.

Older Adults Pathway Workshop

On 10th January I was pleased to attend a workshop with colleagues from Surrey and Borders Partnership about integrating physical and mental health services for older adults. As the sale of West Site progresses – we hope to have some news on this in the next couple of months – opportunities lie ahead to shape the provision of these services and improve the experience for patients and the team. There was lots of lively discussion on what the future could look like and we left with a positive sense of close working and a plan for further events.

2 PERFORMANCE

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

2.2 2018/19 Financial Position - Month 10 Position

Plan

NHSI approached the Trust in October regarding a 2:1 Provider Sustainability Fund (PSF) 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 was 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 10 YTD Performance

The month 10 financial position showed that the Trust was £2.7m behind plan, with the table below setting out the key metrics. As set out in the report, the Trust is £0.3m behind its pre-PSF Control Total, with the balance of the overall shortfall being A&E performance related PSF (£2.0m) and non-Control Total items (£0.4m).

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	£325,362	£269,147	£272,959	£3,812
Total expenditure (£000)	£282,641	£291,689	£235,512	£241,867	(£6,355)
EBITDA (£000)	£40,757	£33,673	£33,635	£31,092	(£2,542)
I&E net operational surplus/Deficit (£000)	£37,043	£34,292	£22,510	£19,768	(£2,742)
Month end cash balance (£000)	£55,095	£45,237	£41,521	£26,767	£14,754)
Capital Expenditure Purchased (£000)	£19,360	£12,751	£16,613	£5,746	£10,867)
CIP Savings achieved (£000)	£10,500	£9,469	£8,675	£7,947	(£727)
PSF Funding within income £000)	£26,789	£24,038	£20,538	£18,543	(£1,995)
CQUINs (£000)	£4,424	£4,807	£3,686	£4,006	£319

NHS Improvement "Finance Score Rating "					
	Weighting	Current	Current Score	Forecast (incl PSF)	Forecast Score (incl PSF)
Capital Service Cover	20%	5.03x	1	4.50x	1
Liquidity	20%	43.7	1	58.7	1
I&E Margin	20%	7.30%	1	10.60%	1
I&E Margin Variance From Plan	20%	-0.90%	2	-1.00%	2
Agency	20%	43.53%	3	44.10%	3
Finance Score Rating			**2**		**2**

The key points are: -

- Clinical income from CCG's and NHS England activity was £5.2m (2.3%) ahead of plan mainly in emergencies, day cases, outpatients and drugs. Other income streams (non-NHS activity and other income) were £1.4m behind plan, all due to the loss of the PSF allocation for A&E performance in quarters 2 and 3 and month 10 (£2.0m);

- 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 quarters 2 and 3 and month 10 A&E performance trajectories were not achieved;

- Pay costs are £1.5m (1.0%) over plan at month 10 with temporary staffing costs (bank, locum and agency) at £26.8m, which is £6.1m 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 £3.3m increase in agency costs and the Trust is now £3.6m (46.4%) over the agency spend cap set by NHSI for 2018/19;

- Non-pay costs were £4.9m (6.2%) above plan, mainly in outsourcing (£2.4m); drugs (£1.2m) and premises (£1.3m), partially offset by underspends on clinical supplies (£0.2m). Most of the drugs overspend is recovered as pass through income;

- Cost improvement plans are currently behind plan by £0.7m with delays to the start of some schemes;

- Capital (purchased) is currently behind plan by £10.9m (65.4%) mainly due to delays in scheme business cases and approvals and slippage in other schemes;

- Cash balances were £14.8m lower than planned but sat at £26.8m at the end of January. The gap mainly relates to the planning of PSF receipts (£12.3m) as well as over-performance not having been paid yet;

- Overall performance shows that a surplus of £19.8m has been delivered to date with £1.3m being operational delivery and £18.5m of earned and accrued PSF income. This is £2.7m behind plan of which £2.0m is due to the loss of quarters 2 and 3 and month 10 A&E PSF income. Omitting excluded items, the Trust is £0.3m behind 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 10, 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 £1.0m 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 shortfall relates to the deferral of the new decked car park into 2019/20.

At the end of month 10 the Trust is forecasting a surplus of £34.3m which includes £24.0m of PSF income. This is £2.8m below plan due to the forecast loss of quarters 2, 3 and 4 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 achievement of the forecast relies on the delivery of land disposals in March 2019.