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

COUNCIL OF GOVERNORS
17th May 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:- ▪ Innovations Fund ▪ Catering Services ▪ Award Winning Surgeon ▪ 2012/13 Contract with PCT ▪ Annual Plan 2012/13 ▪ Epsom and St Helier Transaction ▪ Surrey Pathology Services ▪ Our Workforce ▪ Trust Board Meetings ▪ The Health and Social Care Act 2012 ▪ Stakeholder meetings .
The Council is asked to:	Discuss the report
Submitted by:	Andrew Liles Chief Executive
Date:	9th May 2012
Decision:	▪ To note and ▪ Agree three nominations for a joint working group on drafting changes to the Constitution.

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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;

1.1 Innovations Fund

At the last Council of Governors meeting I highlighted the Innovations Fund recently set up by the Trust. For 2012/13 we have created a £500,000 innovation fund to invest in good ideas to improve the quality and productivity of our services. We are looking for innovations that need initial investment to be implemented in 2012/13, that:

- Improve quality – with measures to identify this
- Improve productivity and/or reduce costs – (aim – double the value of the pump priming in a full year

We had 26 applications and these have been reviewed by the Trust's lead expert for that subject matter. The following 5 have already been funded under the title of "Quality of Care", a total investment of £45.5k:

- Reducing catheter associated infections –2 handheld ultrasound units
- Blanche Heriot Patient Survey (sexual health service)
- Patient Controlled Epidural Anaesthesia (PCEA) to Labour Ward
- 2 Transcutaneous bilirubinometers (measures jaundice)
- Goal Directed Therapy for High Risk Surgical Patients –(2 monitors and consumables for 1 year)

Four further submissions are having full business cases developed.

1.2 Catering Services

Our new catering contract came into effect from 1st April, which covers both inpatient food and staff and visitor retail and dining facilities. As part of the new contract, a new 'Essential Goodness' brand for patient food was launched on 16th April, with tasting events held at both Ashford and St Peter's Hospitals. The new brand offers a wider choice of nutritious, appetising meals with new menus giving detailed nutritional information and special diet choices.

The events at both hospitals were well attended by staff and visitors who were able to take the opportunity to taste the food, choosing from a number of different main dishes, vegetables and desserts, with mainly positive feedback.

The new look Retreat Café at St Peter's also opened on 16th April, and will now operate seven days a week, from 7am – 7.30 pm, offering a wide range of meal and drink choices. These include fresh brewed coffee and portable healthy options including fresh juices, filled wraps, salad pots and paninis. The shop will be closing shortly for a short period for refurbishment, before launching as a W.H. Smith Outlet. Once this is completed the Trust will be able to achieve the introduction of a 7 day a week trolley service- a significant benefit for patients.

The tea bar at the front of Ashford Hospital has also been refurbished and is now up and running, selling snacks and drinks. The Trust's longer term plans include bringing all visitor and staff restaurants together into the main building at St. Peter's, while at Ashford there will be new improved catering facilities in the main entrance and a new cafe in the outpatient department.

We are also very pleased that the Friends of Ashford Hospital will be able to have a gift shop on the hospital site.

1.3 Award Winning Surgeon

Consultant colorectal surgeon at Ashford and St Peter's Hospitals NHS Foundation Trust, Mr Humphrey Scott, has received the prestigious Silver Scalpel award for excellence in surgical training. Given annually by The Association of Surgeons in Training (ASiT), the award is presented to inspirational surgical consultants who go the extra mile for their trainees.

This year, ASiT received 29 nominations for trainers working in hospitals across the United Kingdom and after a thorough assessment process, they shortlisted six finalists. Nominations are made by surgical trainees, who can put forward consultants they believe have shown exemplary standards and have a genuine commitment to training.

2 STRATEGY AND PLANNING

2.1 2012/13 Contract with PCT

The Trust has agreed its main contracts with its Commissioners. It has four main contracts:

- Acute services with the PCTs
- Three specialised commissioning contracts

The contracts are legally binding and cover all of the clinical services that the Trust provides. The contracts set out the activity plan and the rules by which the Trust is paid. The activity plan is based on previous year's activity levels, but is varied to take account of known changes in demand and new service developments. The Trust is not constrained by this activity plan and activity drives payment. Therefore if the Trust has more referrals it is paid more and alternatively if there are less referrals then we will be paid less. The contracts also contain over 200 quality standards the Trust is expected to meet. A number of these relate to national standards, but over half relate to the standards that NHS Surrey wish the Trust to provide.

Our commissioners have agreed to fund a number of additional services at ASPH, these include a Wet AMD service (an ophthalmology treatment), a Fracture Liaison Service and a home ventilation service. NHS Surrey has also invested further funds in our vascular service as a result of increases in demand and the transfer of services from Epsom.

2.2 Annual Plan 2012/13

The March 2012 Board meeting approved the Corporate Plan for 2012/13, including the annual budget and capital plan.

We had previously had two seminars with the Governors during which many constructive comments and suggestions were made, the majority of which have been incorporated into the final document which has been made available separately.

This Plan will now be used by Divisions and corporate functions and will be monitored regularly by the Board. It is available on the Trust web site, and we are preparing a short user friendly guide for staff and a wider readership.

At the end of April I attended the launch of our Business Plan for 2012/13 which is an important event with leads from all Divisions and Directorates, and is where we set out our direction for the next 12 months. 2011/12 was a difficult and challenging year, and we need to consolidate our position as a Foundation Trust and get ourselves on track so we can continue to provide the very best possible care for our patients.

At the launch, I talked about four key components for a successful year, and the first is having a clear and ambitious plan. Now we've agreed this, our divisions and departments have to translate the bigger plan and understand how this relates to the work they are doing, in teams and right down to individuals' objectives so we can work together with the same ambitions and goals in mind.

In the year ahead we have two clear priorities; the first is to 'fix' the emergency care pathway and get back on track with the four hour waiting target. This isn't just an A&E target; this is about getting the whole hospital working well, from arrival to discharge and avoiding bottlenecks in our emergency department. Governors will see from a later report that there are initial signs that all the hard work of staff in this area is starting to pay off.

The second priority is to have a good financial year. By the summer I would like us to be well on track to achieving our surplus.

Achieving these two priorities will liberate us to do the rest of our business plan, putting in good improvements for our patients and developing our services in the way we want to, without being overshadowed by these bigger issues.

The second component for a successful year is to lead and develop our teams. We know we need to do more to support our staff and the wellbeing of our staff is really important and will be a key theme in the forthcoming year.

The third component is to be the 'best' at resilience. It is tough for all sectors at the moment, and to respond to this we need to be resilient in a way we have not needed to be before. In this environment the risks are greater, we are under a lot of scrutiny from our regulators and success is much harder to come by. By having self and team belief and motivation, a strong focus and being resilient to pressure, we can be successful and make the improvements we need for patients and staff.

The final component is to start being more joined up. A key theme in our Plan this year is about 'delivering joined up healthcare'. Talking to GPs, members and patients we know they want services to be more joined up, talking to one another and working together on behalf of the patient. This is not about pushing the problems onto others, but about recognising that we will get success by joining things together.

A successful year for Ashford and St Peter's means a good and improved patient experience. Achieving our priorities will also mean our regulators, like Monitor and the CQC, will not be concerned about us and we will on track, possibly in a year's time as a three site hospital trust.

Some highlights from the 2012/13 Capital Plan:

The capital plan has a strong clinical focus this year as we have now completed some

substantial infrastructure projects, such as the demolition of the lower part of The Ramp. From the £12 million capital we have available we will start the major refurbishment of the Ashford Hospital Outpatient Department with £1.3 million of the total £2.5 million budget being committed in 2012/13 and we also aim to complete the first phase of a Midwifery-Led Unit development.

The Midwifery Led Unit is an exciting development. Currently the maternity service at ASPH provides a range of low risk midwifery care and high risk obstetric care. The birth rate is increasing and the rise in births is putting pressure on the bed capacity within the labour ward, demonstrated by the Trust turning away complex mothers referred from units which do not have the level 3 Neonatal support which we do.

A Midwifery Led Unit is a facility run by midwives supported by maternity assistants. Women who give birth in a Midwifery Led Unit will be low risk women and have no anticipated risk factors for labour. The co-location of the Midwifery Led Unit within the Abbey Wing is a safe option. The Unit will be located in the facility currently housing the Women's Health Ultrasound department which has the advantage of being located at the entrance of Abbey Wing enabling women to have direct access into the unit. It is adjacent to the lifts serving the labour ward and the neonatal unit thus providing a rapid and safe transfer route in an emergency.

Other capital developments will include the creation of a hybrid theatre to support the development of Vascular Services, and the potential to increase space for Paediatric A&E Services.

At the end of May the Board will also be submitting a three year plan to Monitor, with the first year based on the approved Corporate Plan.

2.3 **Epsom and St Helier Transaction**

Our plans to acquire Epsom Hospital have been evaluated and supported by both Trust Boards at Ashford and St Peter's Hospitals and Epsom and St Helier Hospitals, the Transaction Team and by their stakeholder and clinical reference panels. Discussions are still taking place regarding some of the detail, and in particular issues around finance.

First stage business approvals from London and South of England Strategic Health Authorities are now expected by the end of May 2012, with a potential announcement of Ashford and St Peter's as 'preferred partner' for Epsom by 1st June and then all necessary regulatory approvals, including the Co-operation and Competition Commission and Monitor, to be completed by early 2013.

Acknowledging the slight delay in the approval process, the potential 'go-live' date of a new organisation has moved from 1 January 2013 to 1 April 2013. If Ashford and St Peter's becomes the named bidder this will ensure ample time to make all the necessary arrangements.

A short presentation on the Epsom transaction will be given by Ian McNuff, Integration Director

2.4 **Surrey Pathology Services**

The April 2012 Board meeting reviewed the progress achieved in delivering the agreed implementation plan for a new Surrey Pathology Services (SPS) network. From 1 April 2012 Surrey Pathology Services (SPS) has been operating as a single partnership organisation with a single budget and management system, bringing together the

services and staff from Ashford & St Peter's (ASPH), Frimley Park (FPH) and Royal Surrey County (RSCH) Hospitals.

The national programme for the reconfiguration and consolidation of Pathology services in the UK, led by Lord Carter following his 2008 Independent Review of NHS Pathology in England, has resulted in challenging change programmes throughout the country; the changes we are currently undertaking in Surrey are our response to this agenda.

The reconfiguration programme is progressing steadily and key dates of note include:

- March - April 2012 – Centralisation at Frimley Park Hospital of sample processing and testing of GP direct access tests for Haematology and Biochemistry and of both community and hospital Bacteriology testing
- March – April 2012 – Phase 1 Centralisation of Cytology at St Peter's Hospital
- May 2012 – Centralisation of Virology at St Peter's Hospital, Histology processing at Royal Surrey County Hospital
- June 2012 – Centralisation of Immunology at St Peter's Hospital
- Sept 2012 – Centralisation of Histology processing and subsequently reporting at Royal Surrey County Hospital

The Board received a summary report which reviewed progress of the overall reconfiguration. The GP Blood Sciences work has now moved to Frimley Park Hospital from ASPH, with Out Patient Blood Sciences work expected to follow in the coming weeks. The Bacteriology service has just completed moving to the Frimley Park Hospital site and Virology and Immunology are in the advanced planning stage for their relocation to ASPH in May. Refurbishment is underway to enable centralisation of Virology, Immunology and Cytology on the ASPH site. Construction of a new purpose built integrated Blood Sciences laboratory is nearing completion at St Peter's to provide 24/7 Haematology, Biochemistry and Blood Transfusion services to support the acute needs of the Trust.

The reconfiguration involves many stages and therefore the transfer of staff and equipment is not complete. This means that the service is not yet running as effectively as it will. Training and familiarisation of staff working at new sites and with new technology is underway. The first two or three weeks following the move of GP direct access tests in blood sciences saw a significant delay to turnaround times caused by a number of factors.

Performance is now improving substantially as the planned revised and additional transport runs are being put in place, staff training is progressing well, some analyser moves and equipment changes have been completed, and the IT links with practices are being refreshed. We are now routinely meeting our target of 100% GP samples booked in within 3 hours of receipt and usually much quicker; the majority of blood science testing is completed by 6am the following day and much of the time we are now again meeting our internal target of 95% completion within 6 hours. Daily monitoring of these and many other key performance and quality measures is in place. There is certainly still more to do to improve resilience and to iron out remaining issues but additional staff are being recruited to strengthen the overnight shifts particularly and within the next 6 – 8 weeks the planned roll out of further new transport runs and

additional processing capacity will be completed. Over the summer there will be expansion of the electronic requesting service to practices and a project manager has recently been liaising directly with practice staff to support this improvement.

Bacteriology is in an earlier phase of transition but is also being closely monitored with performance measures being reviewed daily. The Bacteriology reconfiguration entailed a more significant change as many staff moved from a traditional manual laboratory to a highly automated laboratory including state of the art robotics. Staff are currently undergoing training on the automated system, once settled this will provide a significantly improved service than before. The initial problem of a backlog of data entry is being cleared and should be completely resolved within the next two weeks. We expect to see major benefits in bacteriology performance once the virology move to St Peter's has taken place later this month as this will release much needed additional laboratory space for bacteriology at Frimley.

The first success of forming SPS is that the new organisation is one of the first in the country to support the introduction of Human Papillomavirus (HPV) testing. From 1 May 2012 SPS Virology will begin HPV testing to the Surrey area. This represents a significant change in the management of women with low grade abnormalities and means we will be able to significantly reduce the number of repeat cytology tests required and to target our colposcopy services more effectively. More importantly, women will be screened more effectively and efficiently, reducing unnecessary procedures and minimising any associated anxiety. The NHS Cancer Screening Programme is to provide funding over next 2 years.

The Board acknowledged the challenges in undertaking such a complex reconfiguration but agreed that the issues experienced are part of the transition and temporary. The Board was reassured that issues raised by users are being managed and dealt with effectively. Measures to mitigate issues are in place and performance is closely monitored and the Board will continue to receive regular updates

The formation of SPS is part of the national programme of Pathology. The new working environment requires a change in culture and a more commercial mindset. The vision is to establish SPS as a leader for Pathology in the UK. SPS puts the three Trusts in a strong position ahead of other NHS organisations who are yet to undertake this national change programme.

3 OUR WORKFORCE

3.1 Finance Director

We have appointed of Simon Marshall as our new Executive Director of Finance & Information. We were delighted that there was a strong field post with a very high calibre of applicants keen to join Ashford & St Peter's. Simon emerged as the clear first choice, with strategic foresight and commercial skills, capable of leading our Trust through tough financial times.

Simon was the Finance Director at West Middlesex from 2005, and has more recently been working at NHS North West London, leading Strategic Finance and Planning. He has experience from a number of NHS organisations in both acute and community settings at Director level. Simon's background in financial, strategic and business leadership will be important to secure our success in the future and to build on the good foundations that John has already laid. He joins us on 14 May .

John Headley is leaving us to move onto a new position at Maidstone & Tunbridge Wells

NHS Trust and we are sorry to see him go. I wish him well in his new post.

4 TRUST BOARD MEETINGS

We have met twice since the last Council of Governors meeting and my report focuses on the April meeting. Our first priority is always to focus on the quality of our services and as usual we discussed the detailed Quality Report and the current position in respect to the CQC action plan- dealt with in a separate paper for the Council.

The Quality Report included an update on Organ Donation Committee. This Committee was formed in February 2010 and is chaired by Diana Manthorpe, a Staff Governor. The report gave an overview of the Committee Members' vision for the service, some key achievements for 2011 and objectives which have been set for 2012. The Board was pleased to note that with an increased focus on organ and tissue donation, 7 patients had received kidney transplants, 3 liver transplants, 24 patients had had the gift of sight and 40 patients had had tissue donated.

The Health and Safety Report is looked at on a quarterly basis by the Board. Reducing the risk of violence towards our staff is an important issue for us. Assaults against staff are completely unacceptable and the Trust has a duty of care to protect staff from such acts. The number of assaults per 1000 staff at Ashford and St Peter's benchmarked well against other local acute Trusts, and the Board heard about the A&E group which is working with Surrey Police to implement the guidelines published in *Tackling violence and antisocial behaviour in the NHS – Joint Working Agreement between the Association of Chief Police Officers, the Crown Prosecution Service and NHS Protect.* This should ensure that intoxicated or mentally ill persons are dealt with appropriately and our staff are safer from assaults.

The Staff Survey results have been published and were considered by the Board. There is a separate agenda item covering this in more detail.

As we start the new financial year the Board also considered how well we delivered against our plans for 2011/12. The Board discussed the major areas which had not been completed:

- Emergency Care pathways
- Theatre utilisation
- All staff receiving a 360º appraisal
- Delivering the Workforce Plan

All of which will continue within the 2012/13 Plan.

5 WHAT IS HAPPENING EXTERNALLY

5.1 The Health and Social Care Act 2012

The Health and Social Care Act received Royal Assent on 27th March 2012. It is not yet clear exactly when the provisions in the Act will be brought into operation. In the main this will be done by the Secretary of State issuing Commencement Orders. A summary of the main features of the Act is attached.

We have been in contact with both Beachcrofts (Trust legal advisors) and Monitor (Regulator) who have no intelligence on when the provisions will start from. In addition, Monitor is unable to say yet whether they will be issuing an updated model Constitution. Nevertheless it is clear that some important provisions are likely to come into force soon,

probably in June/July. These may include the provisions on Private Health Care and Transactions.

The Trust already complies with a number of the provisions – for example we hold our Board meetings in public. Nevertheless we need to do some joint work on the Constitution, and consider whether this should be done in two stages, some immediate changes and then further changes linked to the Epsom transaction.

The Board suggests we have a joint working group with a number of Governors and Board Directors and we would like to ask for 3 Governor volunteers. No decisions will be taken without agreement of the Board and Council.

5.2 **Stakeholder meetings**

We have started a programme of meetings with key stakeholders. The aim is to keep the stakeholders up to date with how we are coping with winter pressures, making various improvements across the 2 hospital sites and our plans to acquire Epsom hospital. The Woking Governors, Keith Bradley and Maurice Cohen, joined us at the meeting with Woking Borough Council representatives.

We met Runnymede Council on 19th April and Judi Linney was able to come. We are also arranging to meet Spelthorne Council.

Attachment

Health and Social Care Act 2012
Implementation timeline

The table below gives a timeline of the key dates relating to the implementation of the Health and Social Care Act. At this stage some timings are still provisional,

Date	Health and Social Care Act milestones
2012	
April to September 2012	Consultations expected on: • Licensing exemptions (April – June) • Risk pooling provisions (April – June) • Pricing methodology – disputes (April – June) • Health Special Administration for companies (May – July) • Commissioner regulations – good practice and risk pooling (July – September)
c. 27 June/July 2012	The majority of the provisions of the Act come into force, two months following Royal Assent, except where separate provision / regulation is made. ***The appendix below gives the detail of these provisions.***
July 2012	Monitor as sector regulator to be established, expected to commence licensing functions from 1 January 2013. Overarching duties and general powers commence as do its new FT duties, outwith the formal licensing regime.
	Monitor commences pricing functions with the NHS Commissioning Board for 201 4/15 tariff.
October 2012	Monitor starts to take on its new regulatory functions. HealthWatch England and local Health Watch are established NHS Commissioning Board becomes an executive non-departmental public body, responsible for planning 2013-4. Authorisation of Clinical Commissioning Groups (CCGs) begins. There will be three phases of CCG development – shadow CCGs; those authorised with conditions; and fully authorised (established without conditions).
2013	
1 January 2013	Monitor licensing regime expected to commence for NHS Foundation Trusts. Foundation trust continuity of service regime commences. Competition Act 1998 powers concurrent with OFT are commenced.

1 April 2013	Monitor starts to license non-FT providers. Regulations (including exemption) to support the provider licensing regime come into force. Regulations: ▪ for NHS commissioners protecting patient choice, procurement, and preventing anti-competitive behaviour come into force. ▪ to specify threshold for referring disputes to the pricing methodology to the Competition Commission come into force. ▪ to specify threshold for referring disputes to provider levies to the Competition Commission and commissioner charges regulations come into force. SHAs and PCTs are abolished and the NHS Commissioning Board takes on its full functions. All of England will be covered by established CCGs, with the vast majority of these being fully authorised.
2014	
2014	Joint Monitor and CQC licensing regime not expected until 2014.
April 2014	The remaining NHS trusts are expected to largely be authorised as foundation trusts by April 2014 or as soon as possible afterwards to 2016. 2014-15 the first year of NHS Commissioning Board and Monitor working together on pricing methodology and tariff. Financial mechanisms (risk pool) to go live. Health special administration (companies), including regulations and rules, comes into force.
2016	
April 2016	Monitor's transitional powers of oversight over foundation trusts will be reviewed (except for newly authorised FTs, where Monitor's oversight will continue until two years after the authorisation date if that is later) – presumption now that FTs will remain in the compliance regime unless they pass an "exit text" to leave; for this to be possible, a test will need to be devised and a future for the PDC steward function will need to be confirmed.

Appendix

NHS foundation trusts

Provisions relating to governors

- Governor bodies are renamed 'Councils of Governors'.
- FTs will no longer need to appoint a PCT governor.
- FTs can appoint one **or more** governors from any organisation specified in the
- constitution.
- Governors have two new general duties:
    - To hold of the non-executive directors individually and collectively to account for the performance of the board;
    - To represent the interests of members as a whole and of the public.
- FTs must equip governors with the skills and knowledge they need to carry out the role.
- Governors have a new power to require one or more directors to attend a meeting (of the council) to obtain information on the performance of the FT and to help them to decide whether to propose a vote on the performance of the FT. FTs must report on the number of times this power was used each year in their annual report.

Directors

- Directors have a new duty to promote the success of the FT so as to maximise the benefits for members and for the public.
- Directors have a duty to avoid conflicts of interest and to declare any that should arise
- Directors have a duty not to accept benefits from a third party by virtue of their being a director or for doing or not doing anything in this regard.
- Directors must send a copy of the agenda of the board meeting to the council of governors prior to the meeting taking place and a copy of the minutes of a board meeting to the council of governors as soon as is practicable after a meeting of the board.
- The constitution must make provision for meetings of the board of directors to be open to the public.
- The constitution may make provision for parts of the meeting to be held in closed session for special reasons.

Members

In deciding on constituencies and on whether to have a patient/service user constituency FTs need to take account of the need for those eligible for membership to be representative of those to whom the trust provides services.

Meetings

FTs are required to hold annual members meetings to receive the annual report, accounts and any report of the auditor.

Amendment of the constitution

- A majority of both the board of directors and the council of governors needs to approve amendments to the constitution.
- Monitor no longer has a role in approving constitutions.
- Any amendments regarding the powers or duties of governors must be approved by the annual members meeting or they will cease to remain in force.

Panel for advising governors

- Monitor has the power to establish a panel to advise governors in the event that a

council passes a resolution and complains to Monitor that the FT has failed to act in
- accordance with its constitution or with the provisions of Part 4 of the Health and Social Care Act 2012.
- The panel will have the power to decide whether or not to investigate, but must publish the report of any investigation.
- The panel does not have the power to compel attendance but may comment on any refusal.
- The recommendations of the panel are not binding.

Finance

- Removal of the prudential borrowing code.
- New criteria and transparency for the secretary of state to provide financial assistance in the forms of loans or public dividend capital.

Goods and services (containing provisions relating to the private patient income cap)

- The principal purpose of FTs is defined in the Act as the provision of goods and services for the purposes of the health service in England.
- An FT may provide any services relating to treatment of individuals or in connection with the diagnosis, treatment or prevention of illness or for the promotion of public health.
- An FT does not fulfil its purpose unless its total income from the provision goods and services for the purpose of health services in England is greater than its income from all other provision.
- Each annual report must include a section on the impact of non-NHS funded income on the provision of NHS funded services.
- Each forward plan must contain a section on non-NHS funded services and the income that is likely to be generated from it.
- Where a proposal is included in a forward plan for non-NHS funded services the council of governors must consider whether it is satisfied that it will not, to any
- significant extent, interfere with the fulfilment of the FTs primary purpose and inform the board of directors of its decision.
- Where an FT proposes to increase income from non-NHS funded sources by more than 5% of its total income it may implement the proposal only if more than half of the council of governors voting approve the proposal.

Significant transactions

- FTs can only enter into significant transactions with the approval of half of those members of the council of governors voting. Significant transactions must be defined in the FT's constitution or the constitution must specify that it contains no such description.