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

COUNCIL OF GOVERNORS
13th September 2011

TITLE	**Chief Executive's report**
EXECUTIVE SUMMARY	The report gives an overview of issues being addressed by the Trust over the coming months, together with a perspective on the external environment. .
The Council is asked to:	Discuss the report
Submitted by:	Andrew Liles Chief Executive
Date:	23rd August 2011
Decision:	To note

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Chief Executive's report to the Council of Governors

1 WHAT'S HAPPENING IN THE TRUST?

There are some real, practical examples of the ways we are improving the care and experience of our patients which I would like to share with you;

New Appointment Confirmation Service

Many of our patients tell us its hard to get through to the right department to change or cancel an appointment, and we also find we have a very high rate of DNA (Did Not Attend) which wastes valuable resources in our clinics. So, we have recently introduced a new Appointment Confirmation Service.

This involves making an advance telephone call to our patients to remind them of their upcoming outpatient appointments.

By providing a reminder, we can help those patients who may have forgotten their appointment and make it easier for patients who wish to cancel or rearrange their appointment to do so.

Reminders are made using a combination of automated telephone calls (an "Interactive Voice Response" call) and calls made by call centre staff. Patients will not be charged for the call.

Infection Control

Over the last year we have put considerable effort into highlighting the importance of good practice and hygiene and this has clearly paid off. With tougher targets for infection control year on year (this year our threshold is to have no more than 4 cases of MRSA) this is particularly significant.

We had some excellent news on 4th August when we were able to confirm that it had now been 365 days (1 year) since we had a hospital acquired MRSA bacteraemia infection in the Trust. This is a tremendous achievement and one we are very proud of. It was therefore disappointing that at the end of August we had our first case of MRSA.

Volunteer Guides

Finding your way around the hospital can be confusing and certainly St Peter's Hospital is large and spread out and not the easiest building to get around. So, a new Hospital Guide service began earlier this month at St Peter's Hospital, staffed by volunteers, to help patients find their way around the hospital.

The service consists of two volunteers working in the main reception area every day to direct or escort people to where they need to go, working alongside and helping the receptionists on duty.

National Hip Fracture Database Report 2011

In the National Hip Fracture Database (NHFD) Report for 2011 Ashford and St Peter's comes out as one of the top performing Trusts in the country for hip fracture treatment and care.

The database is a national audit tool to help facilitate improvements in the quality and cost effectiveness of hip fracture care and was launched in 2007 - a joint venture of the British Geriatrics Society and the British Orthopaedic Association. Care is audited against six standards: prompt admission to orthopaedic care; surgery within 48 hours and within normal working hours; nursing care aimed at minimising pressure ulcer incidence; routine access to orthogeriatric medical care; assessment and appropriate treatment to promote bone health; and falls assessment.

Out of the 176 participating hospitals Ashford and St Peter's is listed as 1st nationally for:

- Mortality rates (i.e. lowest) within 30 days;
- Achieving 100% for falls assessment (with 18 others)
- Achieving 100% for bone health assessment 100% (with 14 others)

The Trust was also in the top 15% for getting patients to a specialist ward within 4 hours, in the top 20% of hospitals for getting patients to surgery within 36 hours and 1st within the South East Coast SHA region for specialist assessment of patients by a geriatrician. The length of stay for our hip fracture patients has also reduced from 25 to 23 days, giving better quality of care whilst achieving significant cost savings.

This is a tremendous achievement for the department.

Unscheduled Care Project

We have launched a really important project across the Trust to get our hospitals working better.

Known as the 'Unscheduled care project', this is being led by Valerie Bartlett and our new Associate Director for Performance Improvement, Claire Braithwaite, and is a really important piece of work to improve the way our patients flow through our two hospitals.

The project's overall vision is to:

- have a good winter with calm, ordered care
- prevent (elective) patients having their surgery cancelled on the day
- make sure patients are not in hospital for any longer than necessary
- ensure patients are in the right bed, first time (i.e. no unnecessary moves)

We want our hospitals to feel less pressured for patients and staff, and to get to a place where we can carry on working as normal all the way through the winter without getting into crisis.

However, in order to do this we will have to change the way we do many things right through the organisation. But, the benefits in getting this right will be considerable both for our staff and, most importantly, for our patients.

The project centres around four main areas of work:

1. Making sure we get patients flowing well between A&E and other areas of the

hospital, particularly our Medical and Surgical Assessment Units;
2. Making sure people who present at A&E for a number of certain conditions (e.g. COPD (chronic obstructive pulmonary disease), DVT (deep vein thrombosis) follow a consistent pathway for their condition, with a named clinical lead for each pathway;
3. Ensuring patients who come to A&E have a really rapid assessment helping us meet our new A&E targets, and;
4. Making sure we discharge our patients in a timely and appropriate way, working closely with social services and our other local partners.

Living Our Values

Our objective is to provide a caring, safe, high quality experience for all our patients. This year, we have introduced a hospital-wide programme called *Living Our Values* to inspire, support and develop every one of our teams to consistently deliver the very best experience.

Patient feedback is the most important indicator of how we are doing as a Trust and, through the *Living Our Values* programme, staff have the opportunity to hear first hand from patients and carers what it feels like to be treated at Ashford and St. Peter's.

Governors and members of the public who would like to participate in the programme by sharing their own experience as patients or carers, are asked to contact project managers, Lynn Robinson and Jules Arnould on 01932 722815 or email: lynn.robinson@asph.nhs.uk or jules.arnould@asph.nhs.uk

Car parking update

The draft Policy, which had been substantially reviewed and changed as a result of comments received in the consultation period, was agreed at the Trust Executive Committee on 22nd July. The Trust was legally required to reduce the number of people parking on its site. The only way to raise money to provide alternatives for car parking was through charging.

Many of the comments received during the consultation related to the fairness of a 1% ceiling, the application to part-time staff, and the lack of guaranteed spaces. As a result the draft Policy changed considerably and the agreed Policy now includes:-

- Reductions in the visitor charges for both the first hour and daily periods
- A pay-as-you go scratch card system for staff based on salary bandings, all to be set at less than 1% of base salary.
- Changes to the exclusion zone for staff.

The barriers in the main Outpatients and Abbey wing car parks (both upper and lower decks) came into operation on Tuesday 9th August and we have already seen a substantial improvement in the availability of car parking for patients and visitors. Comments on the operation of the scheme are being reviewed through the car parking group.

We are working on proposed car parking charges for staff in line with plans to introduce a pay as you go scheme and these will be finalised at the Trust Executive Committee in September.

2 EFFICIENCY

We ended the Quarter in a good position financially, but know we have more to do on improving efficiency and identifying and delivering Cost Improvements. One exciting project which will generate substantial savings to the local health economy, whilst maintaining clinical standards is the pathology services reconfiguration:

Surrey Pathology Service Network

The creation of the Network involves the merger of pathology services across Ashford & St. Peter's Hospitals NHS Foundation Trust (ASPH), Frimley Park Hospital NHS Foundation Trust (FPH) and Royal Surrey County Hospital NHS Foundation Trust (RSCH). The development of the Network is in line with national policy but was driven by the clinicians.

The new shared service model will differentiate itself from 'factory processing' competitors, particularly those in the independent sector. It will do this by maintaining a fully integrated laboratory including the clinical pathology staff (medical and scientific) whose specialist expertise provides a clinically-focused service capable of delivering the quality and diversity required by service users, whether patients or healthcare professionals. Additional benefits for the Acute Trusts, GPs, other service users, patients, clinicians and staff include:

- Strengthening relationships with commissioners, with the integrated Pathology service being identified as the preferred provider for Surrey and surrounding areas;
- Meeting the requirements of the QIPP agenda and staying at the forefront of cost-competitiveness nationally;
- Improving customer service, with more frequent collections of samples and better access to results and specialist clinical advice;
- Improving patient experience, including greater availability of point of care testing (POCT) and health screening, and more rapid availability of results.

Each of the three partner hospital sites will keep a 'hot' laboratory on site to process samples which are time critical. Consultation with pathology staff is in two phases. The first stage entailed consulting on the proposed service model (now agreed) with a second consultation phase - to cover the employment implications of the service changes – scheduled to take place in September.

As a result of this first stage of consultation, the service model and individual locations have been confirmed as well as the leadership and senior management arrangements, with a Clinical Director now appointed.

Winter planning

Our hospitals are busy all year round, but we know that over winter there will be even more pressure on all elements of health care, from the GP consulting room, to Local Authority services and of course on the hospitals. Therefore we start planning early to try and ensure that services continue smoothly over this period.

What do we already know?

- Emergency admissions are slightly down year on year but peak September to December.

- A&E attendances peak in December and March (up by 5% and 12% respectively).

- The busiest day in A&E is Wednesday, and attendances peak at 09.00-11.00, 15.00 and 17.00-19.00.

We had our first planning meeting in August involving senior medical, nursing and managerial staff. We will now continue to develop our plans during the latter part of August.

3 STRATEGY

Epsom and St Helier transaction

The Transaction Board responsible for the Epsom and St Helier University Hospitals transaction has formally published its Invitation to Tender document. The deadline for submission of tenders was 16th September, but during early August formal requests were made by other bidders for a delay in the process. These requests for delay centred on the need for greater stakeholder engagement particularly around the potential acquisition of St Helier Hospital by St George's Hospital.

After due consideration the Transaction Board has agreed to a delay in the ITT process of 8 weeks. The Trust is actively engaged in preparing our bid for acquiring Epsom General Hospital and, at the same time, exploring the potential benefits and risks – for patients and staff - of becoming a larger organisation.

Catering Services

Governors have received a separate briefing on our proposal for catering services. In summary, as part of continuing improvements to services for patients, visitors and staff we will shortly be re-tendering our catering contract for inpatient food services and our retail catering outlets. This is part of a major development plan for catering services on both hospital sites and offers us an opportunity to significantly improve and modernise our current facilities.

Some of the potential development opportunities we would like to pursue include:

1. Moving the main Aspects restaurant at St Peter's into the main hospital building, creating one large restaurant for visitors and staff in a much more central and accessible location (retaining a catering outlet in the Postgraduate centre);
2. A new catering outlet in the main entrance at Ashford Hospital, with a tea and snack bar located in the outpatient area (as part of the new refurbishment of the Ashford outpatient department).

We are out to tender for our catering contract. This is for both patient and visitor food and we will be evaluating bids in the Autumn with a recommendation to the Board, probably in December.

4 OUR WORKFORCE

We welcomed a total of 91 new junior doctors to the Trust in August and I went and met most of them during the intensive induction programme that we put on for them in the Postgraduate Centre. After graduation at university, all new doctors join a Foundation School and undertake a 2 year programme to bridge the gap between medical school and practice. Junior doctors in their first year are known as F1s (Foundation 1) and those in the second year as F2s. While they are with us they will complete a one year training

programme at the Trust in three specialties in areas such as medicine, surgery, A&E, intensive care, paediatrics, maternity, anaesthetics, radiology and psychiatry.

In this new cohort of trainees, we also welcomed 21 GP trainees and 27 core trainees and specialty doctors; these are all in their third year of postgraduate training and are setting off on their chosen career pathways.

New starters

During August we also welcomed two new senior members of staff- Stephen Hepworth joined us as Associate Director of Business Development, and Claire Braithwaite as Associate Director of Performance Improvement.

5 TRUST BOARD MEETINGS

In July the Trust Board welcomed Anne Walker, Chief Executive of NHS Surrey to discuss the **'One Plan'**. This is how the NHS in Surrey will ensure that there is a coordinated approach to the delivery of the £360m productivity challenge that has to be tackled by the NHS in Surrey over the next four years.

The recommendations for clinical services within the Clinical Strategy are set within resource envelopes (both money and staff) which in turn feed into the Commissioning Intentions and the QIPP Plans. The QIPP plan becomes the annual operating plan for 2011/12 and sets out what has to be done to deliver the savings for next financial year and the following three years.

Along with the other acute Trusts and key stakeholders in Surrey, we have now become signatories to the Plan and will work with NHS Surrey on the operational aspects.

The Board approved an important business case proposing the remodelling of the Outpatients Department at **Ashford Hospital**.

The case for investment centred on the following goals:

- Improving the patient experience
- Develop a profitable outpatient department
- Protect market share across the north catchment
- Improved working environment for our staff

Patients now have more choice as to where they are treated, and also have increasing expectations about the level of service they receive. In order to retain and preserve the current market share of existing activity, (from which we also generate our elective activity), it is essential that we offer patients an excellent Outpatient experience when visiting the Trust.

The original building was constructed in the early 1970s with a purpose built A&E and Day Surgery Unit at ground floor level and an Outpatients Department on the first floor. This building was originally built as a stand alone building. During the mid 1990s, as part of a major rebuild of Ashford Hospital, this building was connected to the new buildings. At that time an extension to the Outpatients Department was also constructed and the courtyard developed to form the Atrium café. Since being built in the 1970s, the basic infrastructure of this building has not modernised.

As the Outpatients Department is often the first experience that patients have within a hospital setting there is a strong case, based on verbal comments, PALS and written

complaints made by our patients that a remodeling programme is necessary to bring the unit to a standard fit for the future.

The Outpatient Department currently provides routine, diagnostic and minor ops (see and treat) services across a number of specialties for adults and children. The majority of patients are seen from the Surrey, Hounslow and Berkshire catchment areas.

The Board approved the option for a major re modeling and upgrade to the facilities, and the Project Team are now hard at work on the final plans and detail with the expectation that work will start on the site in the new year. This is a signal of the Board's intention to maintain, and indeed develop, the Ashford hospital site.

The July Board was briefed on progress in Quarter 1 on our **Corporate Business Plan**. All elements were being progressed although some parts had got off to a slower start than anticipated. However, Directors were confident that the speed of delivery on these areas would improve.

(A copy of the Board briefing can be obtained from Jane Gear, Head of Corporate Affairs or from http://www.ashfordstpeters.nhs.uk/about-us/about-the-trust/meetings-and-minutes.)

6 WHAT IS HAPPENING EXTERNALLY

North West Surrey *Future Leaders Programme* 2011.

The Trust continues to work closely with our local partners. Through the NW Surrey Transformation Board we have identified the benefits to come from a North West Surrey *Future Leaders Programme* 2011. This is being sponsored by South East Coast Health Authority and has the following aims

- Identify qualities & behaviours of future system leaders
- Provide a tailored development programme
- Build relationships across the system
- Build capacity and capability of future leaders to transform the health and social care system
-

The Programmed will start in September and Professor Steve Field, Future Forum chair, will launch it.

Latest News On The Health And Social Care Bill

The Bill is intended to give effect to the reforms proposed in the NHS White Paper which need primary legislation. *The White Paper: Equity and excellence: Liberating the NHS*, published in July 2010, set out the Government's aims to reduce the central direction of the NHS, to engage doctors in the commissioning of health services, and to give patients greater choice.

The process of a Bill through Parliament is:

On 14 June 2011 the Health Secretary announced changes to the Health and Social Care Bill based on the recommendations from the NHS Future Forum. Parliament then agreed to re-examine certain clauses of the Bill including calling for written evidence which had to be submitted to the Public Bill Committee by 14 July.

The Bill is due to have its report stage and third reading in the House of Commons on 6 and 7 September 2011.

In mid August the Government asked the NHS Future Forum to continue a new phase of conversations with patients, service users and professionals following its listening exercise on the proposals to modernise the NHS. This will be along 4 themes:-

information: how to make information improve health, care and wellbeing

education and training: how to develop the healthcare workforce to deliver world-class healthcare

integrated care: how to ensure the Government's modernisation programme leads to better integration of services around people's needs

the public's health: how to ensure the public's health remains at the heart of the NHS.

In the mean time work on setting up the shadow NHS Commissioning Board is progressing, and an announcement has been made on clustering the SHAs which will remain formally in place until April 2013. 4 Clusters will come into effect from 3 October 2011.

7 LOCAL AND NATIONAL MEDIA

Some highlights from national and local press coverage included:

Maternity services: A story ran in July's News online linking to BBC's Panorama programme into maternity staffing levels, and claiming that: *"Staff shortages mean the number of births that midwives have to deal with exceeds recommended levels in most areas of the UK, a Panorama investigation has found."* A full copy of the Trust media response was circulated to Governors at the time.

Pioneering of cutting-edge technique at St Peter's is an all-round success
The vascular team at St Peter's Hospital, led by consultant surgeon Tahir Ali, performed the trust's first keyhole aneurysm repair. The patient was rushed into hospital with a life-threatening, leaking abdominal aortic aneurysm but was able to leave hospital after 48 hours. St Peter's is the first hospital in the Surrey Vascular Network to be developing a 24/7 emergency endovascular service for aneurysm repair.

Ashford and St Peter's trust goes one year MRSA free

New hospital appointment reminder service