

**TRUST BOARD**  
**24<sup>th</sup> February 2011**

<b>TITLE</b>	<b>Chief Executive's Report</b>
<b>EXECUTIVE SUMMARY</b>	General overview of issues/developments
<b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>	n/a
<b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b>	Health Ombudsman's report into patient complaints to NHS. Impact of improved parking for patients at St Peter's Working with key stakeholders on Future Model of Care for NW Surrey
<b>EQUALITY AND DIVERSITY ISSUES</b>	n/a
<b>LEGAL ISSUES</b>	n/a
<b>The Trust Board is asked to:</b>	Note the report
<b>Submitted by:</b>	Andrew Liles, Chief Executive
<b>Date:</b>	15 <sup>th</sup> February 2011
<b>Decision:</b>	For Noting

**TRUST BOARD**  
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**Chief Executive's Report**

**Trust Overview**

In the last couple of weeks, the Trust has once again been under considerable pressure in terms of capacity and admissions through A&E as the weather has become colder. Our response has followed a similar pattern to before, concentrating on good quality discharges much earlier in the day, some cancellation of routine elective surgery and working closely with colleagues in community and social care. There are still a considerable number of escalation beds open across the hospitals which we are hoping to start reducing once this urgent pressure begins to diminish.

Staff have been working extremely hard over several months now to keep the hospital running as smoothly as possible, and should be commended for the professional way they are continuously rising to this challenge.

**Key News and Developments**

**Parliamentary and Health Services Ombudsman Report**

On 15<sup>th</sup> February, the Health Ombudsman published a report into the care of the elderly, *Care and Compassion?*, based on the findings of ten independent investigations into complaints about NHS care for people over the age of 65 in England. One of the cases featured is a complaint made to Ashford and St Peter's by the daughter of an elderly gentleman with dementia. Having been admitted to hospital for pneumonia and dehydration, he was discharged from St Peter's in December 2007 despite concerns raised by his daughter about his medical fitness. Several days later after deteriorating further, he was readmitted to a different hospital where, with different treatment, he made a significant recovery.

After this complaint was upheld by the Ombudsman, we have been working closely with them to draw up an action plan of improvements which is now being closely monitored by the Board. Since 2007, this Trust has made significant improvements in many areas around patient experience, with close attention being paid to discharge planning, nutrition (particularly for patients with complex needs) and improved communication training for staff.

The Trust has issued a media statement in response to the report, offering an unreserved apology to the family and outlining our commitment to continuing to reinforce these improvements to make sure this doesn't happen again.

**Future Model of Care in North West Surrey**

The Future Model of Care project was launched at the end of October 2010, which is bringing clinicians from across acute, primary and community care, mental health and social services are coming together to design better and more joined up health services across North West Surrey. This work has been divided into five areas, Planned Care, Emergency & Urgent Care, Chronic Care, End of Life Care and Women's & Children's Services, and aims to describe what services should look like in three years' time in overall terms, and to quantify this in terms of activity, capacity and money.

Progress across the five areas to date includes:

- **Planned Care**

This group is looking at access to planned care services, the acute hospital phase of inpatient planned care and the musculo-skeletal pathway. Some of this work includes consideration of alternative ways of providing specialist medical advice (direct access to consultant specialists by GPs) and referral management systems to potentially reduce the number of outpatient appointments.

- **Emergency and urgent care**

A key issue for this group is to reduce unnecessary use of A&E by delivering an integrated system of alternatives across north-west Surrey? A review of A&E attendances indicates that 61% of people attending A&E are discharged with no follow-up treatment required — the group is designing a service model which aims to reduce this number through the provision of alternative services.

- **Chronic Care**

The group is beginning to describe a model which provides more integrated services that are effective at supporting patients with chronic conditions to remain healthy and independent in the community - minimising the risk of deterioration of a patient's health and social circumstances that in the past would have led to acute admission.

There are 472 beds in the acute system in NW Surrey, and although 85% of patients are discharged within 7 days, more than half of the beds in the system are utilised by patients who will stay in an acute bed for more than 2 weeks. At the same time, 1 in 4 patients admitted to hospital have had one or more previous admissions within the last 12 months- suggesting this is an important area to focus on.

The intention is to also have good alternatives to hospital based care for patients who have an acute deterioration in their health and social circumstances. Where patients with chronic conditions do need acute hospital based inpatient care this should be the most effective acute episode, with better discharge, shorter length of stay, reduced readmissions and a post discharge management plan in place.

- **End of Life Care**

This group is looking at the future model for all end of life care - specialist palliative care and also end of life care provided by generalist services.

A key element of the future model is to enable a reduction in the proportion of people who die in hospital.

- **Women's and Children's Services**

Clinicians in the group are seeking practical opportunities to change how they work.

These include:

- Paediatric urgent care — the group found that attendance rates for conditions diagnosed as 'viral illness' at Ashford Walk-in Centre and at St Peter's A&E are 50% higher at weekends and that this places an additional burden on families and services. The development of a sufficiently responsive out of hours primary care model will be key to any future approach.
- Creating an integrated acute and community paediatric service (rather than having acute and community paediatricians operating separately in different organisations) is a positive way forward.
- The group is also looking at a model for maternity services with access to a

midwifery led unit and describing the roles of primary and acute services in supporting a further reduction in C-section rates.

The work-streams will be feeding back the results of their work at a wider meeting later in March.

### **Reducing unnecessary use/inappropriate admissions to A&E**

Linked to the work described above to reduce the number of A&E attendances, we have recently launched several projects:

- **Meet and greet pilot in A&E** - a joint piece of work with Surrey Community Health. Beginning on 14<sup>th</sup> February, emergency nurse practitioners from the Weybridge and Woking Walk-in Centres are assessing patients on arrival in A&E and, if appropriate, helping them find the most suitable alternative care. For example, they might be re-directing them to their closest walk-in centre or pharmacy, or helping them make an urgent GP appointment. The pilot is initially running for 2 weeks.
- **Nursing home project** – to try and reduce unnecessary admissions to A&E, our Care of the Elderly Consultants are working with a small sample of nursing homes to provide support and advice so that, when a resident's health deteriorates, where appropriate there is an alternative to sending the patient to A&E. The project team have linked with local GPs and nursing home managers and we have seen a 5% reduction in patients from these nursing homes being admitted to hospital. Of equal importance is the positive working relationships that have evolved out of this project. There are plans to extend the pilot and scope how it can be resourced to roll out to all nursing homes in our area.
- **Virtual ward** - a project we are working on with colleagues across the North West Surrey health economy to reduce readmissions to A&E.

We know that the Trust's 28 day readmission rate is in line with the national average of 6% (i.e. 6% of patients discharged from hospital will be readmitted within 28 days). The data suggests that 20% of these readmissions are following planned surgery. However, a substantial number (80%) are related to medical conditions, where the readmission follows a primary emergency admission. The rate of readmission for these emergency patients is 15-20%, and represents around 10-15 patients per day.

Most of these patients were in hospital for less than 2 days as an initial inpatient. Our analysis has identified that the treatment provided was in most cases correct, but that readmissions are caused because the patient is not receiving enough support outside hospital while the treatment has its full effect. We are now running a 3 month pilot of a 16 bed 'virtual' ward – this supports these early discharges but gives patients the required input and support in a non-hospital environment. Patients will be carefully selected and will be visited several times each day at their home by the community matrons.

### **Community Services Tender**

Community services (including district nursing, health visiting, community hospital beds and therapies) have traditionally been managed by PCTs. The Operating Framework for 2010/11 stipulated that all provider arms must be separated and have a new form by March 2011. Individual PCTs have approached this differently so for example Richmond and Hounslow provider services have joined together and are aiming for FT status, while Ealing's services are merging with the acute provider.

Community services for Surrey are currently provided through two means; a Social Enterprise set up in 2006 called Central Surrey Health and the remainder through a provider arm of the PCT called Surrey Community Health. The staff in the east Surrey part of this

provider arm are progressing a Right to Request to become a Social Enterprise. Surrey PCT has recently launched a tendering exercise to find a new host organisation for the remainder of the provider arm.

### **Professional Leader**

In order to improve the way we work and use our time to best effect, all members of the Executive Team have begun the Productive Leader programme. During the first session, which we attended with our PAs, we started to look at how we use email and how we might regain control of our inboxes, and also at the number of meetings we attend. The aim is to work more efficiently, getting more done in less time. The Productive Leader is in the same series as other productive programmes, such as the Productive Ward and Productive Operating Theatre. We expect to roll out this programme to other senior management in due course.

### **From 'Good to Great' Masterclass**

At the end of January, we held our next 'Good to Great' master-class for our 100 participants with a focus this time on Innovation and Productivity. Once again we were lucky to have excellent speakers; Dr Patricia Oakley from King's College London, and Andy Hicks, Brett Blake and Amanda Molloy from Unipart.

Dr Oakley focused on the huge challenge the NHS is facing – doing more for less, at the same time as improving quality - but that it has a good track record of embracing big change and taking on new technology. The speakers from Unipart, one of the UK's top experts in using Lean techniques, gave some good examples of improvements being applied in hospitals and other health services. They emphasised the importance of engaging staff and inviting them to come up with solutions themselves, which is exactly what our EQUIP programme is doing.

Our next master-class will focus on Healthcare Policy and International Perspectives, and the speaker will be Fred Lee, Author of *If Disney Ran Your Hospital: 9 ½ Things You Would Do Differently*. We will shortly be recruiting to year two of the programme with our next 100 participants.

### **Improving car parking and transport links at St Peter's**

Work has now begun at St Peter's on preparations for our two new car parking decks, one outside Abbey Wing and the second behind the Duchess of Kent wing. Part of this work will also include a new barrier entrance to the main outpatient car park which will restrict spaces for sole use for patients and visitors, which coupled with the additional parking decks, should make significant improvements to parking on the site. During this initial stage of the works, alternative parking for staff has been made available elsewhere on the site, keeping the number of spaces out of action to a minimum at all times. Patient parking has not really been affected to date.

We have also completed the new bus stop, moving the existing stop from the bottom of the Ramp to bring it much closer to the main entrance of the hospital. This will open to buses around the beginning of March. We have also introduced a new landscaped seating area behind the new bus stop, which includes a sculpture, Lightwaves, made by local artist Duncan Bell.

### **Meetings and visits**

I spoke at our monthly induction for new staff, and also attended the Trust's Equality and Diversity Steering Group. Together with executive colleagues I also took part in the second of our Productive Leader courses (email management).

I attended the Board strategy away day and also took part in the interview process for our two new Non-executive Directors and was a panel member for this year's Staff Achievement

Awards.

I attended meetings of the North West Surrey Transformation Board, the Future Model of Care programme and also meetings to do with the Community Services tender exercise. I with Paul Bennett, Tim Dowdall, David Selwood and Helen Atkinson from NHS Surrey and attended at meeting at NHS Surrey with Ann Walker on the Fast, Steady, Stop programme. I also had meetings with Alison Edgington, Chief Executive of Surrey Community Health, Nick Moberley, Chief Executive of the Royal Surrey County Hospital, representatives from Epsom and St Helier University Hospitals and with Cally Palmer and Professor Martin Gore from the Royal Marsden.

Along with other colleagues across the region I attended the NHS South East Coast Transition event where David Nicholson spoke about the Government's programme of NHS reforms.

I also attended our Urology Spotlight Seminar for GPs.

**Submitted by:** Andrew Liles, Chief Executive

**Date:** 15<sup>th</sup> February 2011