

**TRUST BOARD**  
**28<sup>th</sup> September 2017**

<b>AGENDA NUMBER</b>	<b>ITEM</b>	4.2
<b>TITLE OF PAPER</b>	Chief Executive's Report	
Confidential	NO	
Suitable for public access	YES	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
n/a		
<b><u>STRATEGIC OBJECTIVE(S):</u></b>		
Best outcomes	√	
Excellent experience	√	
Skilled & motivated teams	√	
Top productivity	√	
<b>EXECUTIVE SUMMARY</b>	Highlights from the month	
<b>RECOMMENDATION:</b>	To note	
<b><u>SPECIFIC ISSUES CHECKLIST:</u></b>		
Quality and safety	No	
Patient impact	Positive impact on patients	
Employee	Skilled, motivated teams	
Other stakeholder	No	
Equality & diversity	No	
Finance	No	
Legal	No	
Link to Board Assurance Framework Principle Risk	No	
<b>AUTHOR NAME/ROLE</b>	Anna Scott, Communications Manager	
<b>PRESENTED BY DIRECTOR</b>	Suzanne Rankin, Chief Executive	
<b>DATE</b>	19 <sup>th</sup> September 2017	

<b>BOARD ACTION</b>	Receive
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## #RightCulture

We hosted a special visit on Friday 15<sup>th</sup> September from Secretary of State for Health, Jeremy Hunt MP and his Senior Clinical Advisor, Professor Sir Norman Williams (esteemed Colorectal Surgeon, previous Professor of Surgery at Barts and The London and President of the Royal College of Surgeons).

The theme of the visit was patient safety and our Medical Director, Dr David Fluck, began the session with a presentation about our ASPH patient safety journey. A real focal point was our quest to create a culture where colleagues feel able and supported to raise concerns, report incidents and identify ways to make improvements. David described the cultural shift we've experienced at ASPH since introducing our '4Ps' around eight years ago and the emphasis we now place on creativity and curiosity, encouraging and enabling our people to lead change. He gave some good examples about the work we've done to improve the early identification and treatment of sepsis and to reduce hospital-acquired pressure ulcers.

Jeremy Hunt then described his own journey; the enormity of becoming Secretary of State for Health, the stories of patients and their family which had really struck him and guided his decision to make patient safety a top priority. He talked about some of his upcoming safety priorities and asked for our support with these. Professor Williams then took the floor and described his own career with great candour – examples of the times he'd made mistakes, how he'd felt and what he'd learnt; and the need for much greater transparency and support so we can share learning across the NHS.

Overall, it was a really good session and with around 40 colleagues from across the Trust in attendance, an opportunity for many of us to think and reflect on patient safety – how far we've come and where we need to go.

For me, it reinforced that fact that creating and encouraging the right culture – one of openness, transparency and mutual support – sits at the heart of patient safety. We are all human and we all make mistakes – it's how we deal with those mistakes and share the learning from them that shapes the future.

## Best Outcomes

### New Endoscopy & Neurophysiology Units Open

We are delighted that a £2million capital project to create much needed clinical space, by infilling a courtyard at St. Peter's Hospital, was completed in July.

This has enabled the expansion of the endoscopy unit into a new wing on the upper floor— providing a new nurses' station, waiting area, preparation room, endoscopy room and four-bedded recovery area. This expansion was essential for us to keep up with a year-on-year increase in demand for diagnostic tests. The creation of a second recovery area also means we are able to provide separate accommodation for men and women after their procedures, which is clearly a better experience.

The new space on the ground floor has been used to relocate our neurophysiology service from very old accommodation on the ramp, supporting our longer term plan to demolish the ramp completely. Many will know that this move has been long awaited and neurophysiology was somewhat 'out on a limb' on the ramp, with patients often commenting that it was hard to find the

department. The new location works much better and it's good to see patients and colleagues enjoying brighter and more modern facilities.

### **Launch of Virtual Fracture Clinic**

I am really impressed with the latest innovation from our Integrated Musculoskeletal (iMSK) team – a new Virtual Fracture Clinic (VFC). The clinic, which comprises a Consultant Orthopaedic Surgeon, VFC Nurse and Administrator, significantly reduces the number of times a patient needs to attend a traditional fracture clinic.

Patients with acute injuries are initially assessed in A&E and advised that they will be contacted by the VFC team within a couple of days. Each case is then assessed by a 'Consultant of the Week' and the patient's care pathway is developed from there. Patients receive telephone advice from the VFC team, who offer guidance on the next steps for recovery, which can also be sent via email or post.

Since starting the service, up to 50% of patients have been discharged directly after assessment in the VFC and up to 20% have been seen at a later date for follow-up care. This is great news for patients – many of whom have now reduced their number of visits or had no further visits to hospital following their initial A&E attendance. It's also good news for the Trust, freeing up capacity in the fracture clinic and saving money on unnecessary appointments.

### **#endPJparalysis**

I mentioned the introduction of the #endPJparalysis campaign – started by a group of nurses in Nottingham to prevent deconditioning and encourage independence in patients - in my last report and I'm excited to see the way it's evolved at ASPH.

We have a very enthusiastic group of multi-disciplinary staff driving the initiative forward and week commencing 18<sup>th</sup> September saw them donning their PJs and special #endPJparalysis t-shirts, asking colleagues to sign-up to the campaign and chatting to patients and visitors about the ethos behind it.

The concept of encouraging patients to get up and dressed whilst in hospital is simple, yet so important, as we know that helping to retain independence leads to a quicker recovery. So I'd like to congratulate the team on finding fun and engaging ways to get their message across.

### **Excellent Experience**

#### **Launch of Badgernet**

There are some exciting developments afoot in our maternity department, with the launch of a new electronic medical system known as Badgernet.

Traditionally our pregnant women hold all of their notes in a paper folder and if those notes get lost, damaged or forgotten it can present difficulties. The new system will mean the records are stored electronically and available to both the woman and health professionals, via mobile app and computer. Badgernet will interact with our other IT systems so all important information – test results, CTG monitoring results etc – is stored in one, easily accessible, place.

The team will begin using Badgernet in October for new women booking their antenatal care with us. It will then be rolled out on Labour Ward and Joan Booker throughout November and December, so everything will be fully electronic by 2018.

This project is part of the Surrey Heartlands Better Births initiative and the plan is for Royal Surrey County Hospital and Epsom Hospital to also move to electronic maternity systems; so

records can be shared across the patch by June 2018. Ultimately this will mean better, more joined-up, flexible care for pregnant women and their babies.

### **Organ Donation Memory Tree Event**

On Saturday 9<sup>th</sup> September we held our second 'Memory Tree' event for the relatives and friends of patients who had died in the past year and generously donated their organs and tissues. The Memory Tree is a striking sculpture prominently located on one of our main hospital corridors at St. Peter's, just along from the Intensive Care Unit. It was installed in 2015 as a way of recognising and remembering the incredible gift of life people give when they donate their organs and tissues.

This year, family and friends were invited to write personal messages to their loved ones on the back of wooden and papers leaves and to hang those onto branches of the tree. Our Trust Chairman, Andy Field, attended and described the event as moving and humbling. He reflected that families are having to make the decision to donate their loved one's organs at one of the most terrible times of their lives and to an unknown recipient – making it all the more special and generous.

We have several members of staff at ASPH who are very passionate about organ donation and I'm very proud of the team. We've done a lot in recent years to raise awareness and improve the process of organ and tissue donation; in the last year we have facilitated eight cases which is an impressive number for a Trust of our size.

### **Skilled, Motivated Teams**

#### **Changes to our Board**

In the last month we've said goodbye to two senior and valued members of our Board. Aileen McLeish stepped down from her role as Chairman on 1<sup>st</sup> September and Heather Caudle moved on from her role as Chief Nurse on 8<sup>th</sup> September. I know that they both enjoyed their leaving celebrations and appreciated the many cards, gifts, words of appreciation and well wishes from colleagues and friends.

In their stead we welcomed Andy Field as Chairman on 4<sup>th</sup> September and Sue Tranka as Interim Chief Nurse on 18<sup>th</sup> September. I know they have both been out and about meeting teams across our hospitals and are looking forward to getting stuck into their new roles. They both bring a wealth of experience and fresh perspective to the Trust and I look forward to working with them closely.

#### **Shortlisted for HSJ Award**

I was thrilled to hear that we have been shortlisted in the Staff Engagement category of the 2017 HSJ Awards. This is for our 'Be the Change' project and the way, over the past three years, we have worked to implement our #Rightculture programme; engaging staff in a different way to enable 'bottom-up' change and providing them with the capability and capacity to make those changes happen. The winners will be announced at the awards ceremony in London on 22<sup>nd</sup> November, so watch this space!

At the same time I was pleased to hear that our 'Be the Change' project was published in NHS Improvement's guide – ['Building capacity and capability for improvement: embedding quality improvement skills'](#) – as a case study and exemplar. Led by our Project Management Team, we've put a huge amount of time and enthusiasm into our quality improvement initiatives and it's excellent to see this recognised nationally.

## Visit by Cecilia Anim

At the end of July I was delighted to join Aileen McLeish and Heather Caudle to host a visit from Cecilia Anim, President of the Royal College of Nursing. Over lunch Cecilia gave an insightful and inspiring talk to audience of nurses and other colleagues, before taking a tour of our wards at St. Peter's Hospital, including Holly, Aspen, Ash, Kingfisher, Swan and NICU.

Cecilia spoke passionately about the need for nurses and all those who provide care to work together to meet our patients' needs. She also described her President's Charity, set up to support global healthcare initiatives. Cecilia told me she was impressed with Team ASPH and the strength with which our approach and commitment to caring shone through. She also commented on our openness and welcoming approach.

## Top Productivity

### 'A beacon of excellence'

I was pleased and proud to receive some amazing feedback about Team ASPH recently; this followed a National Accountable Care Systems event on system efficiencies. Our Senior Responsible Officer for Surrey Heartlands, Claire Fuller, reported that ASPH was 'held as a beacon of excellence'. Wonderful feedback and nice to have our efforts recognised on this national platform.

## Surrey Heartlands STP update

Accountable Care Systems (ACS) are evolved versions of STP partnerships, working as locally integrated health systems – including commissioners, providers and local authorities – taking on clear, collective responsibility for local resources and population health.

In terms of Surrey Heartlands STP, we have now been invited to join Wave 1 of the national ACS development. This followed the important devolution agreement that we recently signed with NHS England, NHS Improvement, Surrey County Council and the three Surrey Heartland CCGs (North West Surrey, Guildford and Waverley and Surrey Downs).

In practical terms this is good news for our patients, enabling us to provide better and more joined up care. It means we have more accountability for decision making and the spending of health and social care budgets at a local level, rather than it being managed regionally or nationally. New shadow arrangements will be put in place this year, with the full agreement coming into effect from April 2018. You can find more information on the [Surrey Heartlands](#) website.

## IHI visit

At the start of August we welcomed a small group from the Institute of Healthcare Improvement (IHI), who visited us as part of our ongoing partnership and collaboration with them on our quality improvement strategy. The IHI are international experts in improving healthcare who we started working with last year to help us define our vision and aims.

As well as spending time with the leadership team, the IHI faculty were out and about across the Trust, visiting both St. Peter's and Ashford Hospitals, meeting and talking to teams. They saw many what they call 'bright spots' and were impressed with the passion and commitment they witnessed, despite the obvious demands and pressures. One project they commented on particularly was in Outpatients at Ashford, led by Diane Lashbrook, where the team is working to improve the experience of patients with dementia who visit the department.

In the feedback session after their visit, they gave us some ideas about practical aspects we might wish to focus on in a very concentrated way as a whole Trust over the coming months to improve safety and quality. They will shortly provide us with a more detailed report which will help guide our thinking, planning and work programme for the coming year.

## **Stroke**

The West Surrey Stroke System Committees in Common meeting was held on 7<sup>th</sup> September at the HG Wells Conference Centre in Woking. This followed a 12-week public consultation on improving stroke services across West Surrey, including a proposal to expand and improve our specialist stroke unit at St. Peter's Hospital.

The following are the key points agreed at that meeting and we are pleased that stroke services at St. Peter's Hospital will continue to develop. Up-to-date information can also be found on this [website](#).

- A Hyperacute Stroke Unit (HASU) and an Acute Stroke Unit (ASU) will be co-located at St. Peter's Hospital.
- Specialist bedded stroke rehabilitation for stroke patients in North West Surrey will be consolidated onto one site over a two-year period.
- The Hyperacute Stroke Unit (HASU) located at Frimley Park Hospital will be networked with an Acute Stroke Unit and specialist bedded stroke rehabilitation at the Royal Surrey County Hospital.
- Non-specialist rehabilitation will continue to be delivered as part of Adult Community Health Services.

## **Other Items of Interest**

### **The Blanche Heriot Unit**

In conjunction with Surrey County Council Public Health, NHS England and Central North West London NHS Trust (CNWL) we held two public meetings in September, as well as a webinar, for those concerned about changes to HIV and sexual health services in Surrey.

The meetings were very well attended by patients, family members and members of the Blanche Heriot Unit Patients group, who are campaigning to retain services in the Blanche Heriot Unit (following the decision by CNWL to locate these services elsewhere).

Understandably, there was a high level of feeling and emotion within the room and many of the comments and questions were challenging. We listened carefully to everybody's feedback and have tried, where possible, to work together to put measures in place to ease the transition.

For HIV patients, services will transfer to CNWL from 1<sup>st</sup> October and they will operate from Buryfields Clinic in Guildford and Earnsdate Clinic in Redhill. However, to ensure a smooth transition, particularly for patients with more complex needs, we have agreed that CNWL will run a number of transition clinics from St. Peter's Hospital for the first few months of the new service.

Sexual health services will also move to CNWL from 1<sup>st</sup> October and they will operate from three main clinical bases in Guildford, Redhill and Woking.

We have also confirmed that other services, such as genital dermatology and vulval pain, will remain at Ashford and St. Peter's Hospitals and we are currently in the process of setting up new clinics for these services.