

TRUST BOARD
31st January 2013

TITLE	Chief Executive's Report
EXECUTIVE SUMMARY	<p>General overview of issues/developments including:</p> <ul style="list-style-type: none"> • Appointment of substantive Medical Director • Moving into 2013 • Preparing for the Francis Report • Choose Well Campaign • Good progress on Ashford Outpatient redevelopment • Changes to our Peterbus Service • The future of Epsom Hospital • Innovation Fund update • Meetings and visits
BOARD ASSURANCE (RISK)/ IMPLICATIONS	n/a
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Implications for strengthening stakeholder and patient voice expected from Francis Report; pro-active <i>Choose Well</i> campaign in local media; small impact on current users of the Peterbus service; improved patient experience at Ashford Hospital following completion of Phase I of outpatient redevelopment.
EQUALITY AND DIVERSITY ISSUES	n/a
LEGAL ISSUES	n/a
The Trust Board is asked to:	Receive the report.
Submitted by:	Andrew Liles, Chief Executive
Date:	21 st January 2013
Decision:	To Receive

TRUST BOARD
31st January 2013

Chief Executive's Report

News and Developments

Dr David Fluck appointed as substantive Medical Director

In December we were delighted to appoint Dr David Fluck as our substantive Medical Director. David, who has been undertaking the role in an interim capacity since last February, had tough competition from outside the Trust but was the unanimous choice of the interviewing panel. I am confident he will continue to be an inspirational and valued member of our Executive Team and Board.

Moving into 2013

We move into a busy New Year with a good track record, currently meeting the national waiting targets set by our regulators for emergency care, planned operations and cancer, and in financial good shape.

We finished Quarter 3 (September - December 2012) well, meeting the Monitor 4 hour waiting target despite growing winter pressures, with a Governance or quality rating of Green for services (the highest) and a Financial Risk Rating of 4 (out of a possible 5, with 5 the highest). We have no concerns noted by the Care Quality Commission following recent inspections, and are consistently the preferred Trust in Surrey on the national website NHS Choices (www.nhs.uk), with 94% of patients who have posted comments on their experience at our hospitals saying they would recommend them to family and friends.

However, January remains very busy in our hospitals, particularly following the recent spell of adverse weather, and we are experiencing high numbers of very ill patients. This is putting additional pressure on overall hospital flow and is likely to lead to an increase in our average length of stay. In addition, changes to the wider health economy, such as the emerging new Clinical Commissioning Groups, are adding further instability to the system which may take some time to see through. However, recent improvements to our Emergency Care Pathway are certainly having an impact, and there is no doubt we are in a better position than this time last year in our ability to cope with additional winter demands.

And although we recognise there are many more improvements to make, staff continue to work hard on behalf of our patients every day to make sure they remain safe and well treated.

Preparing for the Francis Report

As we await the publication of the Francis Report, the full public enquiry into failings at Mid Staffordshire NHS Foundation Trust which is now expected in Mid February, we are taking a pro-active approach to make sure we are as well prepared for its outcome as we can be. The report is likely to consider a range of issues including how to embed the patient voice throughout the health system, how to engage staff in the leadership and management of their organisations, responsibilities for setting and enforcing safety and quality of care and the role of foundation trust governors and members and other patient, public and staff representatives.

There is likely to be a big focus on the role of nursing staff and we are currently developing a

new Nursing and Midwifery Strategy and are also planning a nursing seminar and workshop to consider the outcomes of the report. We have also invited the Royal College of Nursing Chief Executive to visit the Trust. We are also preparing a Masterclass for our Board on the report's implications, with national speakers and will develop a further response once the report is published.

Choose Well Campaign

The Trust has been running a widespread 'Choose Well' campaign to give advice to local people on how to access the most appropriate services for their needs, particularly during busy winter months, and how choosing the best and most appropriate service also means a better overall experience for patients (for example by avoiding long waits in busy A&E departments for minor illnesses and injuries). For more information on our campaign see: www.ashfordstpeters.nhs.uk/for-patients/your-health/choose-well. Help us to spread the word and prioritise our A&E department for the most seriously ill patients.

Good progress on Ashford Outpatient redevelopment

The first phase of works to redesign and refurbish the outpatients department at Ashford Hospital has been completed. The department now boasts a new cafeteria with a modern and bright environment for customers, and Clinic Area D has been overhauled, with new echo and treadmill rooms, two new ECG consulting rooms and seven general consulting rooms, two of which are suitable for bariatric patients. New toilet facilities have also been built and the waiting area has been modernized with new walls, floors and furniture.

The next phase of works is already underway and will see the building contractors refurbish the clinic rooms in areas A, B and C, convert the atrium into a new main waiting area (with a separate purpose built space for children) and build a new reception desk.

Changes to our Peterbus Service

Putting patient care first means making the right investment decisions so we can continue to develop high quality local health services. For some time, our Peterbus service – originally set up to help patients travel to and from St Peter's from villages across our catchment area – has been running at a considerable financial loss. Falling passenger numbers and high fuel and maintenance costs mean it is now costing the Trust £130,000 a year to subsidise.

Recent reviews and audits show that the service is poorly used, with an average of only five passengers per journey, many of whom don't use the service to come to the hospital at all. The buses in the fleet are old, with high mileage which means they are breaking down regularly and giving a poor service. Replacing them would cost us a further £80,000 a year.

As a result, the Board has taken the decision to stop the service (from 29th March 2013) so we can channel this money back into direct patient care. We are the only hospital Trust in the country currently running a community commercial bus service, and want to ensure we prioritise our primary function, to provide high quality healthcare services to our patients. We have been working closely with Surrey County Council who have indicated their commitment to looking at alternative travel options. In addition, the Trust is looking to strengthen the Hopper service that runs between Ashford and St Peter's Hospitals.

In the meantime, we have been running a widespread communications and engagement campaign to ensure local people and users of the service are aware of these changes and that they have the opportunity to discuss any concerns they may have with us and to have a wider conversation on improving the information we offer to patients and visitors on travelling to our hospitals.

The future of Epsom Hospital

Following the decision by NHS London to halt the Epsom transaction, readers may have seen in the press that Epsom Hospital (as part of Epsom and St Helier University Hospitals NHS Trust) is now being included in the *Better Services, Better Value* review of hospital trusts and services in South West London.

We have continued to register our interest in ongoing discussions about the future of Epsom Hospital, although as yet no firm decisions or proposals on the way forward have been made.

Innovation Fund update

The Chief Executive's Innovation Fund continues to assess a range of proposals put forward by staff for improving services across the Trust. Some recent examples include:

- ***New Admissions/Discharge Lounge on Dickens Ward, Ashford Hospital*** – officially opened on Christmas Eve, the new lounge offers patients coming in for planned orthopaedic surgery a comfortable and dedicated area to wait prior to their operation and was the idea of Deputy Charge Nurse Alphy Philip.
- ***Quicker recovery for surgical patients*** – our anaesthetics team are trialling two new 'LiDCO*rapid*' monitors which enable advanced monitoring of a patient's heart function during high risk surgical procedures and helps the team identify the amount of fluid a patient needs during their operation (put forward by consultant anaesthetists Dr Anja Kuttler and Dr Pardeep Gill and Claire O'Brien).
- ***Reducing catheter associated infections*** – a £15,000 investment to purchase two mobile bladder scanners for our Medical Assessment Unit and Holly and Cedar wards which help to assess whether patients really need a catheter which carries a relatively high risk of urinary tract infections – put forward by Dr Keefai Yeong, Infection Control Nurses Angela Brooker and Prodine Kubalalika and Stroke Nurse Emma Fletton.
- ***Extended therapy service for acute stroke patients*** – a project proposed by Physiotherapy Team Leader Kathy Anderson, the Innovation Fund has been able to support a pilot to extend therapy services for stroke patients to cover Saturdays rather than just a Monday – Friday service. Initial results look promising and the pilot will be reviewed in March.

Meetings and visits

I attended the January meeting of our Employee Partnership Forum, presented at December's induction for new staff and chaired December's Equality and Diversity Steering Group for the Trust.

I chaired our new monthly performance meetings where we are focusing on individual specialties rather than whole clinical divisions so we can have a better understanding of all our services and how they are doing.

I have spent some informal time with staff in Theatres, with our Cardiac Exercise Team, and with our main reception Team at St Peter's Hospital. I recently chaired my new Sounding Board group – a meeting with a group of staff from across the Trust to discuss issues in an informal setting.

In December I gave an annual Christmas briefing to members of our consultant body and during Christmas week spent time doing some walkabouts around our hospitals with Dr

David Fluck. On Christmas Eve I also opened the new Discharge/Admissions lounge for Dickens Ward at Ashford Hospital.

In December I attended an informal coffee morning with some of our Governors and also attended the formal Governor's meeting which is held in public.

I have also had individual meetings with Julia Ross, Chief Officer Designate at North West Surrey Clinical Commissioning Group, and with Dr Akeem Ali, currently Director of Public Health at NHS Surrey.

In December I attended the North West Surrey Future Leaders' Models of Care Conference, hosted at Ashford Hospital, which was an opportunity for the North West Surrey Clinical Commissioning Group to hear back from the Future Leaders' project groups.

I attended Surrey County Council's Health and Wellbeing Board, at County Hall and held individual meetings with Sue Sheath from the Care Quality Commission and Richard Travers from the Coroner's Office.

I also attended the Academic Health Science Network Research Workshop for Trusts across the South East Coast, and the Kent, Surrey and Sussex Local Education and Training Board in Horley.

Submitted by: Andrew Liles, Chief Executive

Date: 21st January 2013