

**TRUST BOARD**  
**24<sup>th</sup> September 2015**

<b>TITLE</b>	<b>Chief Executive's Report</b>
<b>EXECUTIVE SUMMARY</b>	General Overview of Issues/Developments
<b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>	Assurance that CEO Strategic Objectives are progressing
<b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b>	Positive improvements for patients including 24 hour primary angioplasty and new theatre safety initiatives. Positive patient experience demonstrated through good results from latest Patient-led inspections of the Care Environment. Trust shortlisted for two national HSJ awards.
<b>EQUALITY AND DIVERSITY ISSUES</b>	n/a
<b>LEGAL ISSUES</b>	n/a
<b>The Trust Board is asked to:</b>	Receive the Report.
<b>Submitted by:</b>	Suzanne Rankin, Chief Executive
<b>Date:</b>	16 <sup>th</sup> September 2015
<b>Decision:</b>	For Receiving

## Chief Executive's Report

### #Right Culture

We continue to progress our culture workstream and engagement strategies and have been particularly pleased to see this reflected yet again in improving scores in our Staff Friends and Family Test for the most recent quarter. It showed that 87% of employees who took the test would recommend the Trust as a place for their friends and family to receive treatment or care. This is a 3% improvement on the previous quarter. Of those responding, 74% would recommend the Trust as a place to work. This again is an improvement on the previous quarter (73%).

Our results are also better than the national average which currently stands at 79% who recommend their workplace for treatment or care and 63% who recommend it as a place to work. The current Staff Friends and Family test will close on September 30 following which staff will then be invited to complete the national staff survey.

Further culture work will include a research project, in collaboration with colleagues from Royal Holloway, University of London and Surrey University, to identify how the diversity and cultural differences that we value so much in our nursing workforce can be perceived to impact on patients perceptions of compassionate care in one NHS Foundation Trust. This will be a really interesting and innovative piece of work and will help us work in a way that maximises the benefits of diversity and cultural differences whilst ensuring that the care given to our patients is consistent.

Colleagues from the Trust also visited Sheffield Teaching Hospitals Foundation Trust earlier this month in order to learn about the Trust's nationally renowned approach to quality improvement using a "micro-system coaching programme". The ASPH team were very impressed with what they saw and learned a lot about the Sheffield approach to helping front-line teams make quality improvements. The Sheffield approach fits with #rightculture and the Team will be incorporating elements into the strategy as we move forward.

### Best Outcomes

#### *24 Hour Primary Angioplasty*

The Trust is now able to offer primary angioplasty 24 hours a day, seven days a week meaning reductions in delay and more efficient and better care for patients. This direct access primary PCI (Percutaneous Coronary Intervention) service allows acute patients suffering from a heart attack and in need of cardiac revascularisation, to bypass Accident and Emergency and be brought directly from the ambulance for assessment and treatment in the cardiac catheter laboratory 24 hours/day.

This service development is especially significant as it means that patients will receive prompt treatment for a heart attack, in a centre closest to where they are when the heart attack started. This will be followed by prompt after care on the dedicated cardiac unit - Birch Acute Cardiac Unit (BACU) and then a period of cardiac rehabilitation following discharge from hospital. The dedicated cardiac catheter laboratory is located immediately adjacent to BACU creating a seamless pathway for the transfer of patients pre to post procedure.

Primary angioplasty is recognised as the Gold standard for treatment of patients with acute myocardial infarctions (heart attacks) and heart attack centres have been established across the country. The Trust had previously been offering primary angioplasty within hours to patients that self-present or have an event whilst in hospital and has now taken that step further to provide this service with direct access, 24 hours a day, seven days a week. Clinical staff are in constant

dialogue with the paramedics while the patient is being transported to hospital, with ECG results sent as soon as they have been carried out in the ambulance, helping receiving staff prepare for the patient's arrival and ultimately improving care and outcomes.

### *SCReaM*

Dr Sam Soltanifar and Dr Rob Menzies, Consultant Anaesthetists are launching their new initiative SCReaM (Surrey Crisis Resource Management) later this month, introducing a cognitive aid for theatre staff. Cognitive aids can be a checklist, posters, mobile app used as a reminder of important processes where some steps may be missed when under pressure. In theatre, a standard procedure may present an unexpected event, under stress your memory can be affected and the cognitive aids are there to help deal with that situation and improves safe patient care. Following this launch they will be providing training sessions and then look at rolling it out Trust-wide.

The new initiative is being formally launched at an event at Brooklands Museum, Weybridge on 28<sup>th</sup> September, with theatre staff from both hospital trusts attending.

### *New MRI Scanner at Ashford Hospital*

The Trust has recently introduced a brand new MRI facility with a state-of-the-art scanner at Ashford Hospital, replacing the former mobile unit at the back of the hospital. The new scanner uses the very latest technology to provide the best image quality possible and enables a wider range of images to be taken – helping clinicians with accurate assessment and diagnosis.

The new facility is situated in a modular building, connected to the main hospital building via a corridor, meaning access and the waiting area for patients is much improved. The extra space provided by the new unit will enable us to provide a separate area for preparing patients before their scan providing a much better environment in terms of privacy and dignity and also means we can run a more efficient service and make better use of the scanner throughout the day. Ultimately, we can see more patients, more quickly and reduce our waiting list times.

The new unit is a very positive addition to Ashford Hospital, supporting our longer-term vision to develop key services for local patients.

### *New Inpatient Safety Initiative – Hypo Boxes*

Hypo boxes have been launched on the wards from last month as part of a new inpatient safety initiative to improve the treatment of hypoglycaemia. The new boxes will make treating incidents of hypoglycaemia much easier as each box neatly contains all the equipment needed to treat patients quickly, thereby improving outcomes.

## **Excellent Experience**

### *PLACE Inspection Results 2015*

The Trust has been rated well above the national average for cleanliness (top in Surrey) and for the quality of food and drink served to patients in the 2015 national Patient-Led Assessment of the Care Environment inspections. Scores for the two hospitals are given separately. St Peter's scored 99.5% and Ashford 99.3% for cleanliness against a national average of 97.6% which is a tremendous result. For food, St Peter's scored 95.6% and Ashford scored 93.3% against a national average of 88.5%. St Peter's was also scored above average for privacy, dignity and wellbeing.

PLACE covers privacy and dignity, food, cleanliness and the general maintenance of buildings and facilities, focusing entirely on the care environment, not the clinical care provision or staff behaviours, including wards and common areas. This is a tremendous achievement by the whole team.

### *Yellow blankets for falls patients*

Our Falls Prevention Co-ordinator has recently introduced a yellow socks and blanket scheme for patients at risk of falling in hospital, to support frontline staff in identifying those with high risk of potential serious injuries following a fall. Patients who are shown to be at risk are given strong, yellow non-slip socks, and have a small soft yellow blanket on their bed. There is also a yellow magnetic sticker that is put above the bed so staff are immediately alerted to that patient's need for extra support.

### *Swan ward inspiration week*

Swan ward, our orthopaedic ward, held a week of inspirational training on the ward for all their nursing staff. It was a week of training for the staff on medicine management and specialist areas to inspire and educate staff. Specialist nurses, (internal and external) came to the ward providing teaching sessions and worked with staff providing ad-hoc training as they went about their daily routine. This gave the staff an opportunity for 'real-life learning' or on the job training, allowing the nurses to think about more proactive care and enhanced their knowledge. This was a great learning opportunity as well as providing a morale booster to staff as it empowered them to learn and use the new skills as part of their role with support.

## **Skilled, Motivated Teams**

### *National finalists in two categories of HSJ Awards*

The Trust has been shortlisted in two of the top categories at the 2015 Health Service Journal (HSJ) Awards – the Board Leadership Award, and Chief Executive of the Year. These awards are the largest celebration of excellence in UK healthcare and this year saw a total of 1600 individual entries. This is a tremendous achievement for the Trust and reflects a whole team approach from colleagues across our two hospitals, all working together to provide the best possible and safest care for our patients.

The nomination for the Board Leadership Award was based on leading a culture of candour – openness and honesty – across the organisation, and particularly for continually seeking to involve patients and staff in decision making – 'no decision about me without me'. Encouraging staff to speak out safely, to raise concerns and learn from incidents is a theme that has become firmly embedded within the organisation, with patient safety a top and absolute priority.

As Chief Executive, I feel both proud and humbled to be shortlisted, but this is very much a team effort and I would be unable to do my job without the continued support and commitment from colleagues both within the Trust and from our partners within the local health economy.

### *A day in your shoes*

Enthusiasm for career development and curiosity about the way things work across the Trust continues, with over 100 staff having taken part in September's *A Day In Their Shoes*. This was the fourth round of the programme, which was inspired originally by the Chief Executive's Sounding Board, and once again, it offered a variety of shadowing opportunities across clinical and corporate areas for a wide range of staff. These sorts of shadowing initiatives have generated confidence in career progression, new learning, new relationships, and new ideas for improvement.

### *Schwartz Round Anniversary*

On Wednesday 23rd September, we will be joining over 100 other organisations in celebrating 10 years of the Schwartz Round initiative in an Anniversary Schwartz Round and joining the 'National Conversation'.

10 years ago the Schwartz Center asked hospitals to hold rounds to discuss "What makes a compassionate relationship between caregiver and patient?" The findings were written up by Dr

Darshak Sanghavi. 10 years on we will be repeating the exercise. The themes that come out from this Round will be recorded (anonymised) and sent to the Point of Care Foundation and a paper will be produced and published on their website and will be presented at the annual conference in December. Within the Trust the value of the Schwartz Rounds has been very positively received by colleagues, demonstrated by the following comment after the last Round: "It's very important to hear and learn from people's experiences. I think ASPH has a sense of team work and togetherness! Thank you."

### *PosiDay*

Last month the Trust welcomed a new initiative - PosiDay - put forward by two of our outgoing medical trainees. This is a simple, yet effective idea to encourage more positivity in the workplace and fits perfectly with our #RightCulture vision, helping to demonstrate what a great place ASPH can be for everybody.

The idea behind PosiDay is to generate more effective and successful team working, encouraging participants to make personal connections with colleagues, rewarding them face to face for their positivity. Staff were invited to sign up to the programme and then hand out tokens to those colleagues demonstrating a positive attitude during the day with a total of 367 people taking part.

Between them our winners collected huge numbers of tokens:

- Overall winner: Diana Rodrigues, Staff Nurse on our Surgical Assessment Unit - 84 tokens
- St Peter's Hospital winner: Glory Bayona, Staff Nurse from the Surgical Dependency Unit - 62 tokens
- Ashford Hospital winner: Aimee Kean, Radiographer at Ashford - 68 tokens
- Runner up Autumn Hayden, Radiographer from Ashford - 65 tokens

Each of our winners have received an additional day's annual leave.

## **Top Productivity**

### *Our Merger Plans with The Royal Surrey County Hospital*

Following the provisional clearance for our proposed merger with the Royal Surrey County Hospital in August, the Competition and Markets Authority (CMA) issued their final clearance for the proposed merger on 16 September, earlier than their final deadline of 7th October.

After an in-depth investigation and their provisional clearance last month, the CMA has now formally concluded that the proposed merger, if completed, will not give rise to a substantial lessening of competition for patients and means the Trusts are now able to move forward to the next stage. Full details of the report are available on the CMA website.

The CMA has given an unconditional clearance, with no suggested remedies or actions which recognises both the benefits the proposed merger would bring to patients and the commitment to high quality care shown by the staff at both Trusts.

The next stage in the process will be for both Boards to consider the full business case and detailed financial plans for the proposed merger and to make their decision on the next step forward. Subject to their approval, the process will then include an assessment by Monitor, the health sector regulator, and at a later stage, final approvals from Boards and Councils of Governors.

Subject to approval by both Boards later in the autumn, we will start a wide engagement

campaign to ensure people understand what these proposals mean for both patients and staff, and to hear their views.

Subject to full regulatory, Board and Governor approvals, the earliest start date for the proposed new organisation would be Summer 2016.

*Winter resilience*

Earlier this month the Trust, along with North West Surrey CCG, VirginCare and Adult Social Services was invited to present to Surrey County Council's Health Scrutiny Committee on winter resilience.

Since the events of last winter which saw unprecedented demand on local NHS services, a huge amount of work has taken place in identifying some of the causes of this demand and how, as a local health system, we need to respond to this. One of the biggest issues last winter was managing frail and elderly patients and as a system we have been looking to see how we can provide more care locally, out of hospital wherever possible. For example, this November will see the opening of the first of three Locality Hubs, in Woking, aimed at providing some of our older and more vulnerable patients with proactive and preventative care and treatment. Further hubs are expected to open next year in Ashford and Elmbridge.

Within the hospital, a lot of work has been taking place in making sure services are as responsive as possible to periods of high demand – at weekends and over bank holidays for example – and in securing additional capacity for imaging (X-rays and scans), expanded pharmacy cover and medical and ward staffing. Most importantly, the local health system –commissioners, primary and community care, social care and acute hospital services - is committed to ensuring a joint response, working together to collectively manage health and social care services over the winter period so we can provide the best possible care for patients in North West Surrey.

*Harnessing technology*

Our Electronic Medical Record (eMR) project is now fully up and running, with the aim of the first electronic medical records going live next April, with the whole Trust live towards the end of 2016. A lot of work is going on behind the scenes, installing the new server and storage infrastructure, creating electronic forms to replace existing paper forms, and beginning a wide programme of clinical engagement. We have now appointed Mr Abdullah Jibawi, Consultant Vascular Surgeon, as Chief Clinical Information Officer who will be leading a group of like-minded clinicians who have put themselves forward to be champions for IT projects.

Alongside the eMR project, there are two other significant IT projects taking place: VitalPac, our vital signs solution which electronically records patient observations, is now live on several wards and new wards are being added on a regular basis. Nursing staff are confidently using iPod Touches and iPads to record and monitor patients' vital signs. The other project is Single Sign On, which will vastly reduce the number of user logins staff have to use.