

Council of Governors Meeting, 18 April 2013

Chief Executive's Report

It's been a very long and particularly cold winter. The winter months are always tough on emergency care providers and this year has been no exception, particularly as we would have expected to see some let-up by now. As the coldness has dragged on so has the amount and acuity of patients needing our care. More of that later but suffice to say our wonderful staff have continued to pull out all the stops to keep our patients safe. But other news first.

Monitor

The Board took a decision at the February meeting to extend the time until we were re-assessed to get out of significant breach. This was for several reasons;

- Patient Administration System (PAS); The PAS is the I.T. system that underpins when we see patients, who has been admitted and where those patients are in the hospital. It also is the platform for our billing system. In July we shall be swapping our old (27 years!) PAS for a new one – a process that is inherent with risk. There are many PAS implementations that go really well and a few that go badly where patients go 'missing' and we end up not being able to bill our commissioners. Whilst the Board is cognisant of all the risks and mitigations, we felt it prudent to wait until the implementation is complete.
- Emergency Care standard; more of this later but we felt we were too unstable in this department to be able to get out of breach in May.

We have agreed with Monitor that we will be re-assessed by Deloitte LLP in October as a Board and see where we go from there. By this time also the new Monitor Risk Assurance Framework (RAF) will be implemented and that may change how Trusts are reported and measured.

Quality of Care

CQC

I met with two members of the CQC with Sue Hardy last month. They wanted to meet with us to discuss how the hospital is, as well as discuss the improvements we are undertaking in Maternity and our A&E position. We have had no feedback from them to date, which I am hoping is a good sign!

Friends and Family Test

The business of the hospital has had an impact on the experience of our patients, particularly around

how many times they are moved. We have therefore been disappointed although not entirely surprised that the FFT has dropped from a health 80 to a poor 54. However, I am pleased to report that in March we have seen an improvement back to our more positive scores – this month is at 82.

Unfortunately we have seen a number of serious incidents noted as ‘never events’ over the last 4 months of the year (Nov 2012 – March 2013), two of which occurred within the Maternity Unit. Action has been taken with the Business Unit and they are currently reporting, on a daily basis, to our Chief Nurse in relation to the type of incident that occurred to ensure practice has both changed and is being adhered to consistently.

Hospital Acquired Infections

Although we remain over trajectory for MRSA (3 against a trajectory of 1) we remain below our trajectory for C.Diff (21 against a trajectory of 24).

Our Staff

As the Governors will know, the Trust has had several years of a really poor staff survey. We have undertaken a lot of work in the hospital on behaviours, values, good management and leadership. Whilst we know we are still on a journey, the results are far better than even I could have hoped.

We had a response rate (59%) which was in the highest 20% of Trusts, and higher than our previous two years’ response rates. The results showed the Trust being in the highest 20% of Acute Trusts in;

- Good communication between senior management & staff
- Staff agreeing their role makes a difference to patients
- Work pressure felt by staff
- Health & safety training in the last 12 months
- Staff reporting errors, near misses or incidents witnessed
- Work related stress in the last 12 months

The Trust scored above average in 10 areas and average in 5 areas.

The Trust scored below average in the following 4 areas

- Effective team working
- Fairness and effectiveness of incident reporting procedures
- Believing the Trust provides equal opportunities for career progression or promotion
- Experiencing discrimination at work

The Trust was in the lowest 20% for

- Receiving job relevant training, learning or development in the last 12 months
- Saying that hand washing materials are always available
- Having equality and diversity training in the last 12 months

Due to changes made to improve and shorten the survey a direct comparison is not easily made with the previous years. However, the table shows a comparison by percentage of key findings responses;

Ranking	2012	2011
Highest 20%	21.4%	10.5%
Above average	35.7%	18.4%
Average	17.8%	15.7%
Below Average	14.2%	31.5%
Bottom 20%	10.7%	23.6%

We also compared ourselves across acute providers in Essex and found that we had by far the best staff survey.

We will continue to drive improvement, develop an open and honest culture and hold people to our values. Equally we will start to address in more detail again our bottom scores – some of which should not be rocket science!

Performance

Patient Access Overview

February has been another difficult month with a range of performance measures failing, or likely to fail.

These can be grouped into the areas which have been affected by the management of winter pressures, and areas which are not performing for unrelated reasons. Even in those unrelated areas, it should be noted that the individuals under pressure for managing winter pressures, are often the same personnel that must keep other areas running.

Winter pressure issues

Activity continues to be much higher than planned, as well as higher than previous years' activity yet, even so, the effect on Southend and the region has been more destabilising than previous years. The cost of managing the winter pressures using temporary staff and catching up with lost operating lists, is significant.

The most obvious indicator is the Emergency Care 95% 4-hour target which has been consistently missed since December 2012. Action plans have been implemented to remove the least effective processes but the Intensive Support Team have provided a list of recommendations to assist the Trust in providing a sustainable, joined-up and effective service which will require considerable commitment to change by medical, nursing and the new management team in place from March.

Elective activity has been reduced and expensively replaced during February to, first stop the rise in the backlog of patients waiting more than 18 weeks for treatment, then, secondly to bring it down as far as possible in the quarter to avoid repeated target failures in 2013-14. This turnaround did start not to reduce the backlog until mid-February, thus leaving the forecast backlog between 250-300

patients rather than the 150-200 previously predicted. At mid-March the backlog reduction was 66 patients behind trajectory after 91 patients were cancelled during February.

Cancer patient issues

Winter pressures only indirectly impact on Cancer patients as they get priority over routine elective patients, but there were still some delays in treatment due to staff shortages which caused breaches of the 90% Southend-only patient target set by the board. Haematology patients with very complex pathways breached in February, and this was enough to keep the Quarter-to-Date figure at 89.4%. March patient lists are being actively managed to ensure a higher than target compliance but this target is now in jeopardy for Q4, having been achieved for Q3.

Summary

The overall picture is of a Trust which is performing poorly in a number of areas, and Southend has recently moved to 5th out of 5 in Essex in some weeks for A&E performance. Very few trusts are performing properly in the East of England region this year but the priority for Southend is to rapidly improve patients' access to care to the best levels possible for a region under this pressure, even if that does not immediately meet national targets.

Rapid changes in clinical commitment, management and processes, are underway to achieve that improvement, and to increase elective activity during quarters 1-3 to ensure a much better foundation for next winter.

Whilst this has been a very worrying time the Trust's main concern has been patients' safety. The Trust Board are clearly deeply concerned about our performance and rightly so. That said, we believe there to be systemic issues that are affecting all Trusts, as no one Trust in Essex, and few in the East of England, are meeting the Emergency Care standard for more than a week at a time or the quarter.

Finance

As identified in the performance section, the cost of delivering the extra activity has had a knock on effect on the Trust's bottom line.

Costs are £400k above December costs, which is clearly having a knock on effect on the Trust's bottom line. Having said that, without the EML adjustment and extra money put into the Estates Department, the Trust would be £800k better off. The current position is a surplus of £592k.

In regards to contracting for 2013/14 – this is of high risk. There are many uncertainties as well as a lack of experience in our CCGs and this makes financial planning difficult. We are working hard with our CCGs to get us both to a sustainable position.

Whilst CIPs for this financial year are still behind where we need them to be, the robustness that has been put in place over the last year gives us a better position from where we were last year. Currently standing at £8.439m worth of schemes, against a required £10.272 for 2013/14, there is still work to do but I am getting more confident in where we are at, at this early stage of the year.

Our Website

Our revamped website continues to attract visitors wanting to find out more about our services:

The top five pages visited on our website are:

1. Homepage
2. Join us
3. Patients and visitors
4. Contact the hospital
5. Ward list visiting times

Last month (March 2013) we had:

42,433 visits to the website

26,468 unique visitors

91,306 pages viewed

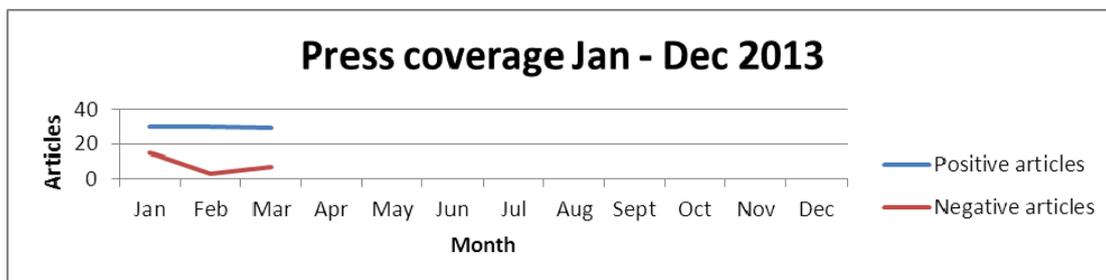
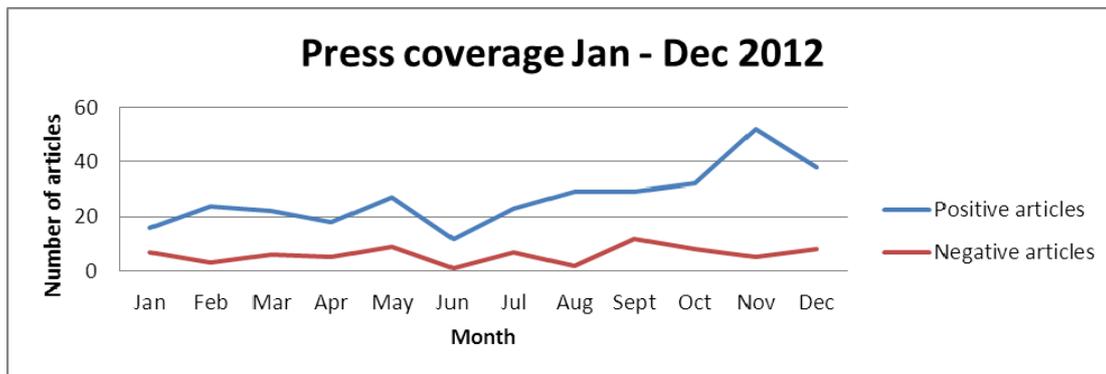
Average pages per visit 2.15

Average visit duration 1 min 23 secs

We are currently working on designing pages to display our performance against targets, to promote greater openness of how we are doing.

Media

We have seen a positive improvement in what the Media are saying about us;



We will continue to push our good news about our hospital.

The Echo newspaper has also agreed to back the final push of our Bosom Pals on the Road fundraising appeal to help us get the last £125,000 needed to equip the digital mammography

trailers. This has generated some great coverage about how fantastic our breast service is for women across south Essex.

Other News

- The Trust has been shortlisted for two categories at the National Patients Safety awards – for our Snack Rounds and Sexual Health Services.
- Our 'Everybody Counts' week went off really well and the feedback from staff connecting together was fabulous. The most popular? Visiting the plaster room in Fracture Clinic!
- As part of Southend Cohesion Week, some of you will be aware the hospital helped arrange a Healthy Living Fair at the Plaza Centre and invited trust members. Those who came along took part in drumming displays and bhangra dancing between talks on local support services. After a complimentary lunch, supplied by our catering team, they listened to talks on Diabetic Services and Healthy Eating followed by a demonstration on how hospital food is prepared.
- For the first time in six years we are holding a hospital open day on Sunday June 23. Combined with a fundraising fair in one of the car parks, this will be an opportunity for our local community to come along and find out what goes on behind the scenes. The event takes place between 11am and 3pm and governors will have the opportunity to engage with both existing members and the general public.

Jacqueline Totterdell
Chief Executive
April 2013.