

Meeting / Committee:	Board of Directors	Meeting Date:	Tuesday 25 February 2014
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This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance	Information X
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Title:	Chief executive's report
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Purpose:	The purpose of this report is to provide the Board of Directors with an executive summary of our key strategic objectives, national policy and organisational issues
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Summary:	<p>The paper provides information on:</p> <ul style="list-style-type: none"> • Continuing the journey • Quality – Care Quality Commission inspections • Future of children's and maternity services • Speak out safely • Rail halt • Trust flu campaign • Double 'first' for cardiovascular team • Sharing good practice worldwide • 'Love nursing' campaign • Awards and achievements
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Prepared By:	Prof Tricia Hart, chief executive and Amanda Marksby, head of communications	Presented By:	Prof Tricia Hart Chief executive
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Recommendation:	The Board of Directors is asked to note the contents of the report
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Implications (mark with x in appropriate column(s))	Legal	Financial	Clinical	Strategic	Risk & Assurance
			X	X	X

1. CONTINUING THE JOURNEY

Colleagues are aware since taking up post as chief executive just over a year ago I have been considering how best our services should be structured and managed to ensure we continue to build on our culture, further develop the trust and strengthen our leadership capability at every level from the front line to the Board.

Following extensive discussions with clinical and non-clinical staff, the way our services are structured will change from 1 April moving from the 13 separate clinical divisions towards seven clinical centres.

These will each have a senior leadership structure of a chief or chiefs of service, a managing director to replace the existing divisional manager roles (and these posts will become rotational) and a head of nursing (again with rotational posts). The selection process for the managing directors is now complete with details below.

- **Clinical and diagnostic services centre** – brings together radiology, including neuro-radiology; pathology and clinical support services, including medical physics and sterile services. Chris Woodgate will work alongside chiefs of service Linda Irons, Kolanu Prasad and Jeremy Dean
- **Surgical services centre** – includes all the current surgical services. We will also look to align these with gynaecological services over a two-year timeframe. Sandra Donaghue will work alongside chief of service Richard Wight
- **Women and children centre** - includes all current services as well as health visitors, school nursing and therapies provided to children. Fran Toller will work alongside chief of service Derek Cruickshank
- **Tertiary services centre** - brings together cardiothoracic services, neurosciences and sleep services. Sue Geldart will work alongside chiefs of service Mike Stewart and Phil Kane
- **Trauma, orthopaedics, theatres and anaesthetics centre** - brings together the two current divisions and aligns urgent care services in the community with accident and emergency. Fleur Carney will work alongside chiefs of service Andy Port and Sean Williamson
- **Speciality medicines centre** - includes all current services as well as palliative care, bereavement, skin and gastroenterology services. The centre will also include a new directorate of primary care. Gary Owens will work alongside chief of service Angela Wood
- **Integrated medical care centre** - brings together acute medicine including ITU, community services, all stroke services and community hospitals. Mandy Headland, who will work alongside chief of service Brendan McCarron

The current academic centre will align with the directorate of quality assurance aimed at facilitating a strengthened approach to education, training and research while further work is being done to develop a corporate services centre ensuring the new clinical centres have robust financial IT and HR support.

With the support of Joanne Dewar, the director of IT and health records, we have agreed the ICT (information & communications technology) service will join the finance directorate and the health records service will move into the operational services directorate. The selection process for the head of nursing posts will be completed in March and I will share information on the successful candidates as soon as they are appointed.

2. QUALITY - CARE QUALITY COMMISSION INSPECTIONS

The Care Quality Commission (CQC) has now visited all of our premises across the trust (including acute and community hospitals and GP practices) as part of its inspections of health services in England to ensure they are meeting national standards.

Their final visits throughout January included the Friary, Lambert (themed review on medication) Redcar, Marske medical centre, the One Life centre in Middlesbrough and East Cleveland with the following outcomes assessed:

- Outcome 4 Care and welfare of people who use services
- Outcome 8 Cleanliness and infection control
- Outcome 9 Medicines
- Outcome 11 Safety, availability and suitability of equipment
- Outcome 12 Requirements relating to workers (recruitment)
- Outcome 13 Staffing
- Outcome 21 Record keeping

We've yet to receive their final report but a lot of the informal feedback has been very positive, particularly around the quality of care we're giving to patients, staff support and our communication with patients and relatives. This really is a testament to staff.

3. FUTURE OF CHILDREN'S AND MATERNITY SERVICES – FRIARAGE HOSPITAL

Last Thursday, NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group published its plans for the future of children's and maternity services at the Friarage Hospital, following a three-month public consultation process and rigorous clinical reviews.

The CCG's Council of Members (a representative from each GP practice in the area) voted unanimously in favour of option 1 which will mean:

- Opening a midwifery-led unit (MLU)
- Developing a paediatric short-stay assessment Unit (PSSAU)
- Continuing to deliver community paediatric nursing and consultant paediatric outpatient services at the hospital

Option 1 was also the preferred option of 95% of members of the public who took part in the CCG's online survey.

Three new proposals were also submitted during the consultation, two from members of the public and one from Richmondshire District Council, which were independently assessed by the National Clinical Advisory Team (NCAT). They concluded that while elements of the proposals could be worked into the model for the future, none offered a complete clinically safe or sustainable plan.

The CCG will now hold an extraordinary governing body meeting this Thursday (27 February) at 10am in the Yorkshire suite of the Golden Lion hotel on Northallerton High Street.

The meeting, which is open to members of the public to observe, is being held for members of the CCG's governing body to discuss the implementation of the preferred option and to officially ratify the decision.

The CCG has also put time aside at the beginning of the meeting to answer any questions submitted in advance by members of the public and an agenda for the meeting and supporting papers, including the full public consultation report and options for the future document for the meeting, are now available on the CCG's website at www.hambletonrichmondshireandwhitbyccg.nhs.uk

4. SPEAK OUT SAFELY

The trust has added its support to the principles set out in the Nursing Times 'Speak Out Safely' campaign which encourages staff to raise concerns at the earliest opportunity.

Our clinical staff are often best placed to identify where care may be falling below the standard our patients deserve and while we already actively encourage them to raise genuine concern, we're pleased to publicly back this campaign which wants:

- The government to introduce a statutory duty of candour compelling health professionals and managers to be open about care failings
- All trusts to sign up to the campaign, making a public commitment to supporting staff who raise concerns
- The government to undertake a wholesale review of the Public Interest Disclosure Act, to ensure whistleblowers who take concerns outside their organisation if they are not taken seriously internally are fully protected.

For more campaign details visit www.nursingtimes.net/opinion/speak-out-safely

5. RAIL HALT

Work has begun on the long awaited rail station at the back of The James Cook University Hospital. Following a successful application to the local sustainable transport fund, Tees Valley Unlimited secured Department for Transport money for the new station, alongside a number of other initiatives to improve local rail facilities.

Construction work – being delivered by Network Rail – started on site last month and the rail halt is expected to be open this summer with up to 17 trains a day in each direction expected to call at the hospital and other stations on the line.

The £2.2million facility will have a single platform on the Middlesbrough to Whitby route (on the hospital side of the railway line) and provide a fully-lit waiting shelter and seating, full CCTV coverage and passenger information including an electronic screen and public address announcements.

The project has been developed in partnership between Tees Valley Unlimited, the trust, Middlesbrough Council, Network Rail and Northern Rail (which will manage and operates the existing train service).

While the rail halt will be a major boost for the trust, we also hope the scheme will help to alleviate some of the car parking issues on the James Cook site and make access to and from the hospital easier for staff, patients and visitors. Last week, the Board agreed to plans to develop and finance extra car parking on the James Cook site which will include:

- Selling off the Brackenhoe site (which was only a temporary car park) as development land
- Buying a piece of land from the council further down from Brackenhoe which would be used to create a permanent car park of 1,100 spaces (this would replace the existing spaces on Brackenhoe – around 900 – plus 200 extra spaces for staff)
- Seeking permission to build another car park on vacant land next to the holistic centre (providing approximately 326 additional staff/patient/visitor spaces)
- Improving access to the hospital by building a dedicated link road to the hospital from Ladgate Lane (in partnership with the council)

6. TRUST FLU CAMPAIGN

The trust's flu campaign has achieved its highest uptake rates to-date with 74.5% of healthcare workers vaccinated – that's 5,837 vaccinations given to staff working to support patients and families in our care. The campaign has now ended and we can be confident of good protection for our staff and patients against the flu virus this winter.

A summary is as follows:

- 92.8% of doctors (667 staff)
- 66% of nurse, midwives and health visitors (1904 staff)
- 60.7% of other professionally qualified (730 staff)
- 79.9% of support to clinical staff (2536 staff)

The trust has also been shortlisted as 'best team' in NHS Employers Flu Fighter Awards which is excellent news and a testament to the hard work of occupational health, our flu champions and everyone else involved in making this year's campaign such as success.

7. DOUBLE 'FIRST' FOR CARDIOVASCULAR TEAM

The cardiovascular team has pioneered two advanced techniques – never before used in this country – in the space of a few weeks.

Grandmother Joan Wanless, who was diagnosed with lung cancer, was the first patient to receive a small amount of radioactive tracer to find a tiny nodule, which would have been extremely hard to find during surgery and too high risk to do a biopsy using normal surgical methods.

In order to carry out the radio-guided technique special permission had to be obtained from the Administration of Radioactive Substances Advisory Committee. Pathology tests revealed the nodule was benign and a week later Joan, 72, had her tumour removed using a form of keyhole surgery known as a VATS (video-assisted thoracoscopic surgery) lobectomy which is much less invasive than traditional surgery. She's now back at home with her husband and looking forward to her grandson's wedding in 2015.

Cardiologist Nick Linker then became the first clinician in the UK to implant a new miniature wireless heart monitor, which will primarily be used to help pinpoint why a patient is suffering blackouts or an irregular heartbeat.

Traditionally doctors would have implanted a loop recorder the size of a USB stick into a patient's chest to monitor their heart rate. These devices record on a loop system for up to three years. The new monitor offers all the same benefits but is a tenth of the size of the traditional loop recorder, making it much more comfortable and less noticeable under the skin, which is again excellent for our patients.

8. SHARING GOOD PRACTICE WORLDWIDE

This month we were delighted to welcome three midwives from Ghana, who spent time in our maternity units at the James Cook and Friarage hospitals as part of an international project dedicated to improving childbirth safety.

Labour ward manager Susana Asamoah and triage midwives Victoria Ahwireng and Cecilia Tetteh travelled from Ridge Regional Hospital in Accra to observe maternity triage and learn more about patient flow and how it is achieved.

Their visit was part of a project involving Kybele – a non-profit humanitarian organisation dedicated to improving childbirth safety worldwide through educational partnerships and was arranged through the trust's clinical director for obstetrics Fiona Bryce, and midwives Kerry Morgan and Liz Floyd, midwife, who are all involved in Kybele and also work alongside the Institute of Health Improvement (IHI) to see what other organisations are doing to improve healthcare around the world.

9. 'LOVE NURSING' CAMPAIGN

Valentine's Day saw the successful launch of our 'love nursing' campaign – part of the trust's recruitment drive for more band five nursing staff. The open-day in the David Kenward lecture theatre at James Cook was specifically targeted at a number of key areas with current vacancies.

In the run-up to the event, nursing testimonials (both written and video) featured on the trust's website and social media, alongside other materials, and in the first 24 hours of the videos going on-line, our internet site had 3,464 page views!

Aimed at newly-qualified nurses, those wishing to return to the profession or simply nurses who want a career change, the launch attracted almost 70 nurses. This is one of a number of different approaches the trust is taking to recruitment and we're hoping to host a similar event at the Friarage at the end of March.

10. AWARDS AND ACHIEVEMENTS

I am delighted to share with colleagues some further awards and achievements.

- **The Lean Healthcare Awards** – The trust won 'the people's choice' category for our work on improving discharge processes through a number of workshops, which have helped with patient flow and reducing waiting times. The directorate of sleep medicine also scooped the 'sustained improvement to patient care' award for its work on streamlining its service for patients with OSA – obstructive sleep apnoea syndrome – leading to shorter waiting times and a much better service for patients.

CHIEF EXECUTIVE - PROFESSOR TRICIA HART
