

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	Tuesday 26 November 2013
-----------------------------	--------------------	----------------------	--------------------------------

<b>This paper is for: (Only 1 column to be marked with x as appropriate)</b>	Action/Decision	Assurance	Information  X
--	-----------------	-----------	----------------------

<b>Title:</b>	Chief executive's report
---------------	--------------------------

<b>Purpose:</b>	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
-----------------	--

<b>Summary:</b>	<p>The paper provides information on:</p> <ul style="list-style-type: none"> <li>• Care Quality Commission</li> <li>• Government response to Francis</li> <li>• Complaints review</li> <li>• Drive to improve dementia care</li> <li>• New procedure for acute stroke patients</li> <li>• New specialist service for families of premature babies</li> <li>• Awards and achievements</li> </ul>
-----------------	---

<b>Prepared By:</b>	Prof Tricia Hart, chief executive and Amanda Marksby, head of communications	<b>Presented By:</b>	Prof Tricia Hart Chief executive
---------------------	--	----------------------	-------------------------------------

<b>Recommendation:</b>	The Board of Directors is asked to note the contents of the report
------------------------	--

<b>Implications (mark with x in appropriate column(s))</b>	Legal	Financial	Clinical  X	Strategic  X	Risk & Assurance  X
--	-------	-----------	-------------------	--------------------	---------------------------

---

## 1. Care Quality Commission

This month, we were visited twice by the Care Quality Commission (CQC) as part of its inspections of hospitals in England to ensure they are meeting national standards.

Both visits were to The James Cook University Hospital where inspectors spent time in wards 11, 12, acute admissions unit, cardiothoracic outpatients, radiology and accident and emergency. Key areas of focus were on three essential standards:

**Outcome 4: Care and welfare of people who use services** - People should get safe and appropriate care that meets their needs and supports their rights.

**Outcome 6: Co-operating with other providers** - People should get safe and coordinated care when they move between different services.

**Outcome 16: Assessing and monitoring the quality of service provision** - The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.

I am delighted to report the CQC assessors gave us extremely positive informal feedback from both visits, particularly about our staff and the care they are giving to patients. A specific report on outcomes 4 and 6 is expected early in the new year and a composite report on 'outcome 16' is expected once the CQC has carried out further reviews of the Friarage and our community hospitals.

Also further to my verbal briefing to the Board last month about the trust being rated in the CQC's new hospital inspection programme as a band 6 (the lowest risk group), we will not be in the first or second wave of visits of their new regime next year, which is excellent news.

## 2. GOVERNMENT RESPONSE TO FRANCIS

Last week, the Government published its full response to the Francis report into failings at Mid Staffordshire NHS Foundation Trust. The response includes a report which outlines what the Department of Health and other national bodies have been working on since the report was published in February 2013 to tackle some of the system deficiencies identified by Francis.

It also acknowledges and responds to the independent reviews into the NHS and patient care published subsequent to Francis.

The report "Hard truths: the journey to putting patients first" provides a comprehensive response to each of the 290 Francis recommendations, accepting 204 in full, 57 in principle and 20 in part. Nine recommendations have not been accepted.

We are now going through this report in detail, which is also available on-line for staff at <http://francisresponse.dh.gov.uk/>, but some of the Government's main pledges include:

- Safe staffing - from April 2014, all hospitals will publish staffing levels on a ward-by-ward basis together with the percentage of shifts meeting safe staffing guidelines. This will be mandatory and will be done on a monthly basis. (By the end of next year this will be done using models approved independently by the National Institute of Clinical Excellence (NICE)).
-

- 
- A new national patient safety programme across England will spread best practice and build safety skills across the country. NHS England will start the programme in April 2014.
  - 5000 patient safety fellows will be trained and appointed by NHS England within five years, to be champions, experts, leaders and motivators in patient safety.
  - Complaints reporting and better complaints information - trusts will report quarterly on complaints data and lessons learned and the Health Service Ombudsman will increase significantly the number of cases she considers.
  - A new criminal offence for wilful neglect - the Government will legislate at the earliest available opportunity to make it an offence to wilfully neglect patients - so that organisations and staff, whether managers or clinicians, responsible for the very worst failures in care are held accountable.
  - A new fit and proper person's test which will enable the Care Quality Commission to bar unsuitable senior managers who have failed in the past from taking up individual posts elsewhere in the system.
  - A new Care Certificate to ensure that Healthcare Assistants and Social Care Support Workers have the fundamental training and skills needed to give good personal care to patients and service users.
  - Every hospital patient should have the names of a responsible consultant and nurse above their bed.

### 3. COMPLAINTS REVIEW

Last month the key recommendations from an independent report (chaired by myself and the Rt Hon Ann Clwyd MP) into the way in which the NHS handles complaint were published.

The Board is aware the report was commissioned by the Prime Minister and Secretary of State for Health, Jeremy Hunt, after the failings at Mid Staffordshire NHS Trust were highlighted by Robert Francis earlier this year.

While the trust already does a number of the processes highlighted in the key recommendations, such as the chief executive signing off complaints, I thought it would be useful to share them with you. The full version of the report is available at <https://www.gov.uk/government/publications/nhs-hospitals-complaints-system-review>

- **Board level responsibility** - Chief executives need to take responsibility signing off complaints. The trust board should also scrutinise all complaints and evaluate what action has been taken. A board member with responsibility for whistleblowing should also be accessible to staff on a regular basis.
  - **Transparency** – Trusts must publish an annual complaints report in plain English which should state complaints made and changes that have taken place.
  - **More information on the wards** - Trusts should ensure that there is a range of basic information and support on the ward for patients, such as a description of who is who on the ward and what time visiting and meals take place.
-

- 
- **Trust complaints scrutiny-** Patients and communities should be involved in designing and monitoring the complaints system in hospitals.
  - **Easier ways to communicate** – Trusts should provide patients with a way of feeding back comments and concerns about their care on a ward, including by putting a pen and paper by the bedside and making sure patients know who they can speak to, to raise a concern.
  - **Patient services and independent advice** – the patient advice and liaison service should be rebranded and reviewed so its offer to patients is clearer and it should be adequately resourced in every hospital. The Independent Advocacy Services should also be rebranded and reorganised.
  - **Appeals review** - The system of appeals to the Ombudsman must be reviewed to make sure there is a clear direction for patients.

#### **4. DRIVE TO IMPROVE DEMENTIA CARE**

Earlier this month, we officially launched our five-year dementia strategy with over 100 staff, patients and carers, which aims to improve hospital care for patients with dementia.

The event included a powerful patient story told by the son of a lady with dementia, and how, with the use of coloured crockery, his mum had fed herself for the first time in years. This really illustrated how much we have done to improve patient dignity.

With more than 32,500 people in the North East living with dementia (a number expected to double in the next 30 years), we're aiming to make all of our sites – both community and acute hospitals - dementia friendly. Our goals include:

- Actively seeking feedback from patients with dementia and their carers
- Creating dementia friendly environments across all sites
- Specialist staff training
- A focus on compassionate and individualised care

As many as one in four people accessing acute hospital services have some form of dementia so it's vital all our staff are dementia aware, whatever their job role, and see the person not the condition so they have the confidence to stop and help anyone who needs assistance.

#### **5. NEW PROCEDURE FOR ACUTE STROKE PATIENTS**

Two young stroke patients last week underwent an emergency thrombectomy (clot extraction) within the space of 48-hours at James Cook after standard treatment showed no improvement to their condition.

Currently NICE – the National Institute for Clinical Excellence – recommends thrombectomy in patients where the intra-venous clot-busting drugs do not work but trials are on-going to compare the two types of treatment, in which we hope to take part.

Last week, 22-year-old footballer Matt Crossen and 32-year-old nursery nurse and mum-of-two Rachel Brace both had the new procedure, carried out by consultant

---

---

interventional neuroradiologist Dr Rajeev Padmanabhan, and his team, following a stroke.

It involves inserting a 'stent retriever' – a very small mechanical device mounted on a wire - into the brain artery through a small keyhole incision in the groin, under x-ray guidance. The stent retriever is designed to 'catch' the clot, which is subsequently pulled out of the body through the tiny groin incision. I am pleased to say both patients have made a good recovery.

## **6. NEW SPECIALIST SERVICE FOR FAMILIES OF PREMATURE BABIES**

The work of external charity organisations which support our trust should never go unrecognised, so I was delighted that Bliss - the special care baby charity - announced a new nursing post to support families of premature and sick babies across the Northern neonatal network.

Sue Thompson has been appointed as a Bliss nurse and will be based in the neonatal unit at James Cook, although she will work with hospitals across the North of England to support families during what can be an extremely challenging and difficult time.

Sue will not only support families but also ensure that the neonatal units have consistent, high quality family-centred care available for babies and families. Caring for a premature or sick baby's entire family is a crucial part of their overall clinical care, making a positive contribution to the long-term health and wellbeing of the child.

## **7. AWARDS AND ACHIEVEMENTS**

I am delighted to share with colleagues some recent awards and achievements both at regional and national level.

- Nursing Times Awards - Audrey Kirby, senior nurse, speciality medicine, won the nurse leader award and our cardiothoracic services team won the cardiovascular service award
- Occupational therapist Sheelagh Baldry and physiotherapist Kay West have won a rheumatology healthcare champion award – the National Rheumatoid Arthritis Society Awards - after being nominated by a patient.
- HSJ Innovators – Head of organisational development Maxine Craig was named as one of the HSJ's top 50 innovators in health. The judges said: "She does more innovation around organisational development than anybody else I know. She's influential nationally as well, particularly around some of the work she's doing on teams and thinking differently about team-based working."
- NHS Improving Quality – Senior specialist physiotherapist Brighton Paradza won the 'best in quality, innovation, productivity and prevention' category in the NHS Improving Quality awards in collaboration with NHS England for his work in introducing a seven-day physiotherapy service to cardiothoracic patients.

**CHIEF EXECUTIVE - PROFESSOR TRICIA HART**

---