

Agenda Item 7

South Tees Hospitals 

NHS Foundation Trust

Meeting / Committee:	Board of Directors	Meeting Date:	Tuesday 26 August 2014
-----------------------------	--------------------	----------------------	---------------------------

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

Title:	Chief executive's report
---------------	--------------------------

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
-----------------	--

Summary:	<p>The paper provides information on:</p> <ul style="list-style-type: none"> • CQC inspection • Trust in band 4 of CQC's intelligent monitoring reports • NHS trust research activity league table • Ebola virus • Freedom to speak up • Trust flu campaign • Trinity Holistic Centre
-----------------	--

Prepared By:	Prof Tricia Hart Chief executive and Amanda Marksby, head of communications	Presented By:	Prof Tricia Hart Chief executive
---------------------	---	----------------------	-------------------------------------

Recommendation:	The Board of Directors is asked to note the contents of the report
------------------------	--

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

1. CQC INSPECTION

The CQC has announced the trust will be among the next batch of acute, community healthcare and mental health providers to be inspected between October and December as part of its new approach.

The inspections – which are carried out by a mixture of inspectors, clinicians, and experts by experience – will assess whether the service overall is: safe, effective, caring, responsive to people's needs and well-led and ours will begin on **Monday 8 December**.

Following the inspection, each provider will receive an overall rating of either: outstanding, good, requires improvement or inadequate.

Additionally, each of the eight core services such as maternity and accident and emergency, will also be rated in the same way to provide performance information at a service, hospital and trust level.

A total of 19 providers are being inspected for different reasons and include trusts hoping to secure foundation status, hospitals that are priorities for inspection, trusts where concerns have been raised regionally or by other regulators and also those that are low risk, following the CQC's analysis of information. A full list is available at <http://www.cqc.org.uk/content/more-providers-be-inspected-under-new-approach-0>

A number of public listening events will also be held ahead of selected inspections where patients and the public can talk with an inspector about care they've received from us.

Through intelligent monitoring, the CQC looks at more than 150 sets of data (indicators) to help them decide when, where and what to inspect including information from staff, patient surveys, mortality rates and key performance information. It's one of the four key parts of the way it regulates services, the others being registration, expert inspection and judgement

I will, of course, keep Board colleagues briefed as and when we receive further information.

2. TRUST IN BAND 4 OF CQC'S INTELLIGENT MONITORING REPORTS

Last month, the CQC also published the third set of intelligent monitoring reports for acute and specialist NHS trusts, which looks at more than 150 different pieces of data (indicators), as outlined in my first item.

Through this analysis, trusts are grouped into six priority bands for inspection which are based on the possibility that people may not be receiving safe, effective and high quality care – band one (highest priority for inspection) and band 6 (lowest priority for inspection). The trust has once again been placed in band 4.

Since the last monitoring reports were published in March, the CQC has made a number of changes to the indicators including:

- Introduction of how well trusts responded to various patient safety alerts
 - Introduction of scores from the patient-led assessments of the care environment (PLACE) programme, which look at the environment in which care is provided, as well as looking at non-clinical services such as cleanliness, food and hydration
-

-
- Inclusion of Monitor’s financial risk rating in addition to the governance risk rating previously used
 - Changes to the indicator used from the Sentinel stroke national audit programme – which aims to improve the quality of stroke care by auditing stroke services against national standards
 - Indicators that use mandatory returns data (e.g. referral to treatment, diagnostic waiting times and A&E waiting times) will be classed as risks where data has not been submitted

3. NHS TRUST RESEARCH ACTIVITY LEAGUE TABLE

Developing a research-active culture brings a host of benefits for patients, clinicians and the NHS. It drives innovation, gives rise to better and more cost-effective treatments, and creates opportunities for staff development. Growing evidence also suggests that NHS organisations that are research-active appear to do better in their overall performance.

Clinical research is increasing and our trust is helping to spearhead this trend. Figures published by the National Institute for Health Research – clinical research network – recently placed the organisation in the top 100 performing trusts for the number of studies we’ve undertaken and the number of patients recruited.

The trust has increased the number of studies from 155 in 2012/2013 to 161 in 2013/2014 prompting the chief executive of the NIHR clinical research network, Jonathan Sheffield, to comment:

“It’s great to see a real appetite for research in Middlesbrough. I would like to thank all the patients and carers who have taken part, thereby making a contribution to improving NHS treatments for everyone. I would also like to congratulate South Tees for increasing their number of studies. We know that research is something that patients really value and these trusts are creating opportunities for patients to get involved.”

Further information is available at <http://www.crn.nihr.ac.uk/about-crn/our-performance/key-statistics-2/top-100-performing-trusts/>.

4. EBOLA VIRUS

In response to the outbreak of the Ebola virus disease in West Africa, which is being closely monitored by the UK government, the trust has reviewed patient flow pathways if we were to get a case, although it is important to add there are no reports of British citizens being infected and this remains a very low threat in this country.

The organisation already has a detailed policy on infection control for viral haemorrhagic fever, including Ebola, and revised national guidance has been widely circulated to doctors in the trust which is being taken forward by the infection prevention action group.

5. FREEDOM TO SPEAK UP

The trust is backing a national drive to improve the open and honest reporting culture in the NHS and this month we’re giving all staff the opportunity to share their views about speaking up.

Colleagues will be aware in June, the Secretary of State for Health asked Sir Robert Francis to carry out the independent 'freedom to speak up' review into creating a more open and honest reporting culture in the NHS. As part of this, all NHS staff are being asked to give their views through a survey carried out by Middlesex University, which is open until Friday (31 August).

Even if staff have never had cause to raise a concern about wrong doing in the workplace, all views are valuable as it will help the researchers get a full picture about whistle blowing processes and practice in the NHS. The information provided will be anonymous and will remain strictly confidential. More information about the survey and the wider review is available on line at www.freedomtospeakup.org.uk.

6. TRUST FLU CAMPAIGN

The trust's occupational health team and trained flu champions are delivering this year's staff flu vaccination programme from 6 October and, once again, the national target for 2014/2015 is to achieve 75% uptake.

You will recall we achieved our highest uptake rates to-date last year, with 74.5% of all our staff and volunteers (5,837) who have a direct role in caring for patients being vaccinated.

A total of 111 volunteer flu champions were also trained and the trust was a finalist in the 'best team' category in the NHS Employers Flu Fighter Awards, while the flu team won the trust's awards for partnership working.

We're already urging staff to come forward to be vaccinated from the start of the programme especially healthcare workers and their support staff with patient contact, who are at greater risk of contracting the virus and the vaccine offers protection for themselves, their families and their patients.

This year we want to exceed the national target and an internal communications campaign will run alongside our vaccination programme to encourage more staff to get their flu jab. Members of our staff are also featured on NHS Employers national campaign material this year.

7. TRINITY HOLISTIC CENTRE

Following a number of changes at the Trinity Holistic Centre, we're now offering a broader range of services for patients, carers and staff at both the James Cook and Friarage hospitals, as well as in other locations across County Durham and Teesside.

Kathryn Almond, who has provided complementary therapy services at the Mowbray suite at the Friarage Hospital for a number of years, was also recently appointed as head of complementary therapy. A short-film outlining the full range of services the centre now provides is available on the trust's website at <http://southtees.nhs.uk/services/trinity-holistic-centre/>

**CHIEF EXECUTIVE
PROFESSOR TRICIA HART**
