

Agenda Item 6

South Tees Hospitals 

NHS Foundation Trust

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	Tuesday 24 February 2015
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<b>This paper is for: (Only 1 column to be marked with x as appropriate)</b>	Action/Decision	Assurance	Information
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<b>Title:</b>	Chief executive's report
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<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
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<b>Summary:</b>	<p>The paper provides information on:</p> <ul style="list-style-type: none"> <li>• Trust among the first in UK to be a buddy</li> <li>• Hello my name is...</li> <li>• 100<sup>th</sup> patient recruited to heart trial</li> <li>• New robot for pharmacy</li> <li>• Schwartz rounds</li> <li>• Frail elderly clinics</li> <li>• New chief of service for surgery</li> </ul>
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<b>Prepared By:</b>	Prof Tricia Hart Chief executive and Amanda Marksby, head of communications	<b>Presented By:</b>	Prof Tricia Hart Chief executive
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<b>Recommendation:</b>	The Board of Directors is asked to note the contents of the report
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<b>Implications (mark with x in appropriate column(s))</b>	Legal	Financial	Clinical	Strategic	Risk & Assurance
			X	X	X

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## **1. TRUST AMONG THE FIRST IN UK TO BE A 'BUDDY'**

The trust is among the first to be part of a pioneering ‘buddy scheme’ to help other NHS trusts in England to improve cancer patients’ experience of care.

After being ranked one of the most highly rated trusts in England in the national cancer patient experience survey, we have been asked to mentor University Hospitals Bristol NHS Foundation Trust over the coming months to help them learn from what we do and help to improve their patients’ experience of care.

The buddy scheme is being run by NHS Improving Quality - the national NHS improvement organisation – with the aim to spread and accelerate innovative practice via peer to peer support and learning.

It is hoped this will lead to a reduction in national variation in cancer patients’ experiences. All the trusts involved have volunteered to take part in the improvement programme.

We are now beginning to work with Bristol, with support from NHS Improving Quality, to develop improvement plans specific to their individual needs. These plans will be implemented between February and July 2015. At the end of the scheme, an evaluation will be carried out to measure the impact of the improvement plans with a report published towards the end of the year.

This is an important project we’re really pleased to be part of and are looking forward to working with Bristol. It’s about learning from each other and I’m sure both sides will learn a lot from this experience.

## **2. HELLO MY NAME IS...**

This month, the trust was among more than 100 NHS organisations to collectively launch the ‘Hello my name is...’ campaign, which was spearheaded by Dr Kate Granger, a young hospital consultant from Yorkshire who became frustrated with the number of staff who failed to introduce themselves to her when she was in hospital.

Dr Granger, 33, has terminal cancer and has made it her mission in whatever time she has left to get as many members of NHS staff as possible pledging to introduce themselves to their patients.

The campaign is simple – reminding staff to go back to basics and introduce themselves to patients properly – and many staff at the trust have pledged their support, adding photographs to the trust’s website, Twitter feed (@SouthTees) and Facebook page ([www.facebook.com/southteeshospitals](http://www.facebook.com/southteeshospitals)) to help spread the word.

## **3. 100<sup>th</sup> PATIENT RECRUITED TO HEART TRIAL**

We’ve now successfully recruited the hundredth patient - Beatrice Tate – to take part in the MAVRIC leading-edge heart valve trial at The James Cook University Hospital.

Funded by the National Institute of Healthcare Research, the trial is a £250,000 research project comparing keyhole surgery to conventional surgery for patients requiring aortic valve replacements – the second most common type of heart operation.

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Patients taking part in the trial are randomly selected to receive either the new keyhole procedure or the more conventional treatment to enable surgeons to compare clinical benefits such as recovery times.

In total, the cardiothoracic unit is hoping to recruit 220 patients to the trial and already we're attracting new patients from across the country who would have had treatment elsewhere.

#### **4. NEW ROBOT FOR PHARMACY**

Following on from our da Vinci robot in surgery, the pharmacy team at James Cook now have a state-of-the-art automated robot to help ensure inpatients get their medicines quicker.

The system dispenses and labels a required drug in just seven seconds but as well as increasing the speed at which medicines are given out, it has also allowed the pharmacy team to redesign the services they provide to patients, supporting more staff to work on the wards.

Robotic dispensing is becoming commonplace in hospital pharmacies across the UK and the benefits it brings to service delivery are proven. The new robot will be used for dispensing discharge prescriptions, supplying medicines for named inpatient use and providing stocks to wards and departments.

#### **5. SCHWARTZ ROUNDS**

Earlier this month the Point of Care Foundation announced that 104 organisations are now running Schwartz Rounds, compared to 23 when it took over the responsibility for supporting them from The King's Fund in April 2013.

As colleagues are aware, the trust was one of the early implementers of this programme, which involves staff from all backgrounds and professions voluntarily coming together to discuss the emotional and social challenges associated with their jobs.

Since introducing the rounds three years ago, more than 20 rounds have taken place with topics ranging from 'a patient I will never forget' to 'living on the edge – reflections of staff in the acute admissions unit.'

The sessions are expertly facilitated, confidential, meetings where staff from all backgrounds can talk openly. Their underlying premise is that the compassion shown by staff can make all the difference to a patient's experience of care, but to provide care with compassion, staff must themselves feel supported in their work.

Feedback from staff has been extremely positive with them saying the rounds really provide an insight into each other's experiences and create a very safe space where they can be open and honest with each other.

#### **6. FRAIL ELDERLY CLINICS**

The trust, in partnership with Hambleton, Richmondshire and Whitby Clinical Commissioning Group, is now running weekly clinics for frail elderly people as part of our efforts to reduce unnecessary hospital admissions.

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The clinics, funded by the CCG, take place on Monday afternoons at the Friary Community Hospital in Richmond and on Thursday afternoons on the Rutson Ward at the Friarage Hospital.

Each involves a multi-disciplinary team including a consultant geriatrician, occupational therapist, nurse/case manager, physiotherapist and a social worker from North Yorkshire County Council with patients referred by their GP.

The patient's assessment includes looking at factors such as their home environment, communication and nutritional needs and their general health and mobility, with an individual care plan developed for them.

The type of patient typically seen at the clinic are those who will be able to be discharged from care at the end of the assessment with a clear plan in place, not those patients who will need an immediate hospital admission or referral on to another specialty. The whole focus of the clinics is on working proactively with patients to prevent unnecessary admissions to hospital.

## **7. NEW CHIEF OF SERVICE FOR SURGERY**

I am delighted to share with the Board that consultant urologist David Chadwick, who is currently the clinical director of urology, has been appointed as the chief of service for the surgical services centre. He will replace Richard Wight, who takes up his post as the trust's new medical director in April when Professor Rob Wilson retires.

**CHIEF EXECUTIVE  
PROFESSOR TRICIA HART**

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