

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	Tuesday 29 July 2014
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<b>This paper is for: (Only 1 column to be marked with x as appropriate)</b>	Action/Decision	Assurance	Information  X
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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>• Continuing the journey – transformation structure</li> <li>• Transport Minister opens rail station</li> <li>• Quality of care – saving the lives of trauma victims</li> <li>• New EBUS procedure for lung cancer patients</li> <li>• Patient safety conference</li> <li>• Electronic vital signs monitoring rolled out</li> <li>• Partnership working to improve cancer care</li> <li>• Friends and family test</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  X	Strategic  X	Risk & Assurance  X
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## 1. CONTINUING THE JOURNEY – TRANSFORMATION STRUCTURE

Following the Board's decision to support the implementation of the first six workstreams to improve the efficiency of our services, drive out waste and reduce overall cost, the structure to support these workstreams has now been set up and is as follows:

- **Transformation board (reporting directly to Board of Directors)** – this is the primary forum for the transformation programme but rather than create a new group, the trust's formal management group will be turned into the transformation board from the middle of August.

At each meeting a set of workstream leads and sponsors will present on current progress and challenges in their transformation initiatives in a succinct and defined format and the board will be the conduit for accelerating the achievement of workstream goals and approving new initiatives.

- **Transformation office** – currently led by Ingrid Walker, the trust's deputy chief operating officer, and Aaron Bielenberg - the trust's interim chief restructuring officer - from McKinsey, the office has day-to-day responsibility for delivering the workstream plans agreed by the Board of Directors, as well as the trust's annual cost improvement programme.

Working alongside Ingrid and Aaron is a small team of implementation managers that is made up of two groups of people. The office will co-ordinate the support and training needed by the projects, as well as track progress and work with teams to identify and mitigate risks to delivery or service quality and patient safety.

It will draw together expertise from colleagues in the following teams to support the successful delivery of transformational projects - the programme assurance office, IT, finance, HR, service improvement and communication.

- **Transformation director** – one of Monitor's requirements is we should appoint a transformation director to monitor and report on the delivery of our financial recovery plan. The chair and I have met two potential candidates and will, of course, keep colleagues briefed on progress.

A 'Continuing the Journey' microsite has also been set up on the trust's intranet and will be updated on a regular basis.

## 2. TRANSPORT MINISTER OPENS RAIL STATION

Earlier this month Minister of State for Transport, Baroness Kramer, officially opened £2.2m James Cook rail station – a vital link in the area's transport infrastructure.

Baroness Kramer named the train she arrived on – Captain James Cook, Master Mariner - and unveiled an official opening plaque to mark the development of the station which has been achieved through a partnership involving the trust, Tees Valley Unlimited, Northern Rail, Network Rail and Middlesbrough Council.

Up to 17 Northern Rail trains on the Esk Valley line now call at the new stop – the development of which is important not only for the hospital but also the wider Tees

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Valley as it provides an alternative means of access to our site and surrounding developments.

This station is a key part of the trust's travel plan, which focuses on establishing alternative ways for staff, visitors and patients to reach the hospital.

### **3. QUALITY OF CARE – SAVING THE LIVES OF TRAUMA VICTIMS**

Staff are helping to save the lives of more trauma victims - just two years after major changes were made to how they are cared for.

An independent audit commissioned by NHS England and produced by TARN – the Trauma Audit and Research Network – this month has shown that patients now have a 30 per cent improved chance of surviving severe injuries.

This follows the introduction of regional trauma networks across England in 2012, which included The James Cook University Hospital being formally designated as a major trauma centre for the southern part of the Northern region.

National figures show that about 600 more patients are now surviving major trauma since changes to services and the number of people left with permanent disability has also reduced.

Local figures suggest we're saving the equivalent of an extra 19 lives a year - or saving approximately two more lives than the national average for every 100 major trauma patients we see.

For our most severely injured patients, consultant-led treatment on arrival has increased from 76.7% of cases in the second quarter of 2012/2013 to 89.2% of cases in quarter four 2013/2014 compared to a national average of 67.2%.

### **4. NEW EBUS PROCEDURE FOR LUNG CANCER PATIENTS**

A new procedure in the early treatment of lung cancer has been carried out on a patient for the first time at James Cook.

Lung cancer is a rapidly progressive disease and therefore early diagnosis and accurate treatment is crucial to making the correct course of action to increase the patients' survival chances. By the time patients are referred to secondary care, over one third of them already have cancer that has spread to the lymph glands. Taking samples of the enlarged lymph glands is vital for deciding the best way of treatment for patients with lung cancer.

Conventionally samples of these lymph glands were taken by a surgical procedure (mediastinoscopy) which involves a general anaesthetic; potentially a couple of days stay in hospital and the patient is left with a scar from the incision close to their windpipe.

With the advent of endobronchial ultrasound (EBUS) these nodes can be sampled by doing a camera test under light sedation as a day case procedure and patients can be discharged home the same day, within a couple of hours of having the procedure. The trust started its EBUS service earlier this month. Up until recently South Tees patients were referred to University of North Tees Hospital for this procedure.

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## **5. PATIENT SAFETY CONFERENCE**

Patient safety is at the forefront of care delivery in the trust and earlier this month we held a joint conference with the school of health and social care at Teesside University which continued to raise the focus of patient safety and reflected on the challenges it presents, sharing learning from experience inside and outside the trust.

This year's two-day event focused on human factors particularly looking at how aspects of teamwork, communication and collaboration and behaviours can impact on patient safety and around 370 people, including many of our staff, went along.

Keynote speaker was Helen Hughes, chief operating officer for the Public Health Service Ombudsman (PHSO) who has been seconded to NHS England to support the development of safer care through human factors following the Berwick review.

The trust has been working with Helen as we have a number of people with expertise in this field and we recently set up a human factors steering group, chaired by consultant anaesthetist Dave Murray, to take this important work forward.

## **6. ELECTRONIC VITAL SIGNS MONITORING SYSTEM ROLLED OUT**

Earlier this year, the board will be aware we successfully bid for £1million from the Nursing Technology Fund to implement VitalPAC - a clinical technology system which helps clinical staff deliver safer, higher quality, more efficient care to their patients. The system:

- Allows staff to quickly and easily record vital signs data at the bedside using an iPod touch
- Automatically creates physiological observations charts
- Automatically calculates the National Early Warning Scores (NEWS) for each patient
- Helps staff effectively manage any pain experienced by their patients
- Enables clinicians to check the condition of their patients in real time from any networked computer or iPod

Each ward included in the implementation project will be provided with a number of iPods for recording observations and iPads will also be available for use on ward rounds, with a docking station provided for charging the devices.

Introducing vital signs monitoring will enhance the efficiency of the critical care outreach team as they'll be able to prioritise their workload with objective data and can do remote surveillance of acutely unwell patients.

The key benefits of the system is the more rapid identification of deteriorating patients which in pilot sites has led to a reduction in hospital and critical care length of stay and a reduction in mortality - all of which are a huge benefit to both patients and clinicians. Acute adult inpatient wards in both James Cook and the Friarage are included in the project and the first ward which sent live on 23 June - ward 3 at James Cook – was paperless within three days of dual recording.

The rollout will be phased over the coming months with a planned completion date of early December 2014 and the implementation team will be in touch with each ward to discuss and plan their implementation and training.

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## **7. PARTNERSHIP WORKING TO IMPROVE CANCER CARE**

The trust has teamed up with Macmillan Cancer Support to review and improve every step of a cancer patient's journey.

Funded by Macmillan until autumn 2015, the integration of cancer care project takes a close look at existing services and how patients move through the healthcare system, covering everything from diagnosis to recovery support and end of life care.

The project involves working closely with primary care, community health services, social services and the third sector as well as patients and their carers. Recommendations will be made to help transform services with an emphasis placed on improving patient experience, patient information, communication between services, staff training, standardisation of care and providing care closer to home.

The development was one of many celebrated at the trust's recent annual cancer conference at The James Cook University Hospital.

## **8. FRIENDS AND FAMILY TEST**

Last week NHS England announced it was changing how the friends and family test is implemented and presented after a major review concluded it could not be used as a "single measure" for the quality of care across the health service as originally intended.

The review - published a year on from when the test was rolled out nationally - found the new metric was "widely misunderstood" by staff and the public and new guidance for use has now been issued to all hospital trusts.

From April 2015, all trusts will be mandated to collect free text comments from patients, which we already do. The new guidance has also said that token systems - where patients are able to give a score by dropping a token into a box - will not be permitted after April 2015 because they have to be collected separately from follow-up comments. This means scores and comments cannot be linked.

The guidance also confirmed trusts must collect data from all inpatient services including day cases from April.

As the review also found the net promoter score was not easily understood, the friends and family test will also move to a more transparent presentation of the data which both patients and staff will find easier to understand and use.

**CHIEF EXECUTIVE  
PROFESSOR TRICIA HART**

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