

South Tees Hospitals 
 NHS Foundation Trust

Meeting / Committee:	Council of Governors Meeting	Meeting Date:	Tuesday 20 January 2015
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Title:	Chief executive's report
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Purpose:	The purpose of this report is to provide the Council of Governors with an executive summary of our key strategic objectives, national policy and any organisational issues.
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Summary:	This report highlights the following areas: <ol style="list-style-type: none"> 1. High level feedback from CQC inspection visit 2. Changes to the Board of Directors 3. Service pressures 4. Outsourcing of some financial services 5. £3million- Digital Technology Fund 6. Patient experience 7. Temporary changes to opening times of the short-stay paediatric assessment unit 8. Trust flu campaign 9. Service developments 10. Awards and achievements
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Prepared by:	Prof Tricia Hart Chief executive & Amanda Marksby Head of communications	Presented by:	Prof Tricia Hart Chief executive
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Recommendation:	The Council of Governors is asked to note the contents of the paper.
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Implications (Please mark an X)	Legal	Financial	Clinical	Strategic	Risk & Assurance
	X	X	X	X	X

CHIEF EXECUTIVE'S REPORT TO THE COUNCIL OF GOVERNORS MEETING TUESDAY 20 JANUARY 2015

1. HIGH LEVEL FEEDBACK FROM CQC INSPECTION

In December, the Care Quality Commission provided its high level feedback to the trust on the practices they observed during their four day-inspection across all our sites - the James Cook and Friarage hospitals and our community settings including primary care hospitals. While we will not receive the official CQC report, or any indication of our ratings, before February/March 2015, specific points raised were:

- Inspectors commented that they had not been to so many clinical staff focus groups before and found 'such a buzz' from positive and supportive staff. They said we had very loyal and proud clinicians and felt there was a real sense of teamwork and multi-disciplinary support at all levels. They described staff as being very real and honest about the challenges the trust faces but felt there was a lot of mutual support across the organisation.
- Inspectors were really impressed with maternity and paediatric services across the organisation and requested we feed that back to staff.
- The trust's position on pressure ulcers and infection control – this will be part of their evaluation in the report.
- Consistent planning for staffing levels, particularly overnight in some of our acute areas both on the James Cook and the Friarage sites.
- Processes for recording safeguarding in accident and emergency (although they recognised how responsive staff had been to reviewing this process and the work that had already been done since inspectors had arrived).
- Mental Capacity Act and deprivation of liberty (DOLS) assessment – particularly around whether patients who lacked capacity had received an assessment.
- Making sure resuscitation trolleys in outpatient areas are checked.
- Issues around patient flow (which we're already picking up as part of our emergency care pathway work).

Inspectors did visit The James Cook University Hospital again in December but nothing further was reported back to the organisation and it's our intention to hold further mock assessments this year so we can continue to raise the bar and improve services for our patients.

2. CHANGES TO THE BOARD OF DIRECTORS

I wanted to share with governors some recent changes to the Board of Directors:

- **Transformation director** - In developing our 'Continuing the Journey' programme of transformational change, the board recognised the need to have permanent senior leadership devoted to continuing to drive the programme forward. After a nationwide search and rigorous selection process, Siobhan McArdle this month joined us as transformation director, initially working two days a week until she is able to take up the post full-time from the end of March.

As a supervising consultant with PWC, Siobhan worked with a number of major national companies before setting up her own management consultancy in 1998. Since then she has worked nationally and internationally on strategic reviews, performance improvement and transformational change for a number of high profile private companies, as well as NHS organisations in the north east.

- **Medical director** – Richard Wight, currently the chief of surgical services, has been successfully appointed as the new medical director, replacing Professor Rob Wilson who retires in April.
- **Director of quality** - Nationally there is an increasing drive to strengthen the leadership and oversight of quality on the boards of NHS organisations, and this has been supported by the recent review of governance that we commissioned in response to Monitor’s enforcement actions.

Currently the board level responsibility for quality is shared between the medical director and Ruth Holt, director of nursing and quality assurance. However it has become increasingly apparent that they both need more time to focus on key workforce and operational issues as we get deep into delivering our transformational plans.

To ensure we keep a tight focus on quality, our remuneration committee has approved the creation of a director of quality role on the Board of Directors (supported by Monitor). We expect to appoint to the post by the end of January.

These changes mean the executive director team will be made up of:

Professor Tricia Hart	Chief executive
Mr Richard Wight	Medical director
Mr Chris Newton	Director of finance and performance
Miss Ruth Holt	Director of nursing
Mrs Siobhan McArdle	Transformation director
Mrs Caroline Parnell	Director of communication and engagement
To be appointed	Director of quality

Other changes to executive directors’ responsibilities include:

- Chris Newton, director of finance and performance, taking on the role of deputy chief executive from April 2015 following Professor Wilson’s retirement
- Caroline Parnell, director of communication and engagement taking on responsibility for patient experience and engagement from February 2015

3. SERVICE PRESSURES

While the trust’s performance is covered on the agenda, I felt it would be amiss not to mention in my report the huge pressure the organisation – and the entire region - has been under and to thank staff for their tremendous effort, day in and day out.

Inevitably, increasing emergency activity means more cancelled operations and longer waits in accident and emergency and I know how frustrating this is, not only for patients and their families, but also for our staff. We’re working hard to try and keep any disruption to our elective programme to a minimum.

4. OUTSOURCING OF SOME FINANCIAL SERVICES

Governors are fully aware of the difficult financial position the trust is facing and the need for us to deliver a recovery plan that includes making savings of £90m over three years.

To do this we have embarked on a programme of transformational change that will eventually touch all areas of the organisation and as part of that programme we have been reviewing part of our financial services to ensure they provide the most effective and efficient support possible to our frontline clinical services.

Since September, staff in the trust's payroll, accounts payable and accounts receivable teams have been benchmarking what they do against other organisations, and developing a range of options to improve services and save money.

At their November and December meetings, the trust's Board of Directors looked in detail at a range of options for the future of these services, including proposals put forward from staff within the teams. However after careful consideration – and in line with many other NHS organisations - the board decided to outsource its payroll, accounts payable and accounts receivable services.

These services will move to East Lancashire Financial Services, which is part of Calderstone Partnership NHS Foundation Trust, from April 2015.

The trust has been in consultation with staff for a number of months and those affected will be subject to TUPE transfer to East Lancashire Financial Services. However the board recognised that moving may not be a viable option for some staff and the organisation is working with individual staff members to look for alternative roles at South Tees, in line with the trust's policies.

5. £3MILLION – DIGITAL TECHNOLOGY FUND

The trust's funding bid for £3million from the Integrated Digital Care Fund to support us in moving from paper-based clinical record keeping to an integrated electronic system has been successful subject to approval from the Department of Health.

The Fund - previously known as the Safer Hospitals, Safer Wards Technology Fund - was launched in May 2013 by NHS England and the Secretary of State for Health to improve information flow across care settings.

Digital systems have the potential to benefit patients and clinicians by enabling safer, more joined-up care through the sharing of comprehensive clinical information, hopefully leading to improved clinical decision-making.

It is the latest investment to come into the trust. Earlier this year we received £1.4m from NHS England's Nurse Technology Fund on two projects – vital signs monitoring and mobile computing in the community – where are already making a real difference to patients and staff.

With this overall £4.5million investment, we are now beginning to move our IT services forward with real pace and laying the foundations for us to expand our digital technology, supporting better care.

6. PATIENT EXPERIENCE

Since I last reported to the Council of Governors, a number of national reports have been published looking at the quality of care we provide and patients' experiences of our services. I have summarised a few of the headline ones:

- **Care Quality Commission – accident and emergency survey:** This was based on the questions inspectors ask about A&E departments: are they safe, caring, effective and responsive to people's needs? Overall the trust had very positive results and was in the top 5% nationally in a number of areas – first examination, time to discuss health problems, confidence and trust in doctors and nurses, privacy, medication side effects explained and experience.

The trust's response rate was 32% - compared to the national average of 33% - and, of course, challenges still remain including the need for better triangulation with other data sources in trust and reducing self-referral rates to accident and emergency by working with our health and social care partners.

- **National cancer patient experience survey:** The trust received its best ever results with nine out of ten cancer patients rating their care at the James Cook and Friarage hospitals as 'very good' or 'excellent' with some departments achieving 100% patient satisfaction in a number of areas.

In particular, the head and neck cancer teams' results have improved year-on-year and staff received maximum marks in several categories including privacy and dignity, providing understandable answers and doing everything possible to control the side effects of chemotherapy.

More than 700 patients completed the questionnaire - a response rate of 66% - and we scored particularly highly when it came to privacy and dignity, information given to GPs and perceptions of staffing levels and these results are a credit to the hard work and dedication of all our staff. Areas for improvement included providing patients with more information on financial help and any possible future side effects of their treatment.

- **Sentinel Stroke National Audit Programme:** This placed The James Cook University Hospital as the best performing stroke centre in the North East region – with a C rating.

The report - commissioned by NHS England and run by a specialist unit of the Royal College of Physicians – found that stroke care was improving overall, mainly due to re-organisation which has established fewer but more specialist stroke services.

The standards of care set by the SSNAP are very high, meaning many hospitals did receive low scores and a national issue remained the shortage of stroke clinicians – both doctors and nurses.

While care is improving we cannot be complacent and one key area we're working on with South Tees Clinical Commissioning Group through IMProVE is providing a new centralised stroke rehabilitation service at Redcar Primary Care Hospital in 2015.

7. TEMPORARY CHANGES TO SHORT-STAY PAEDIATRIC ASSESSMENT UNIT OPENING TIMES – FRIARAGE HOSPITAL

The opening times of the short-stay paediatric assessment unit (SSPAU) at the Friarage Hospital temporarily changed from the weekend (Saturday 17 January) due to consultant staffing pressures. Despite efforts to recruit consultants, the paediatric consultant team currently has a shortfall of 4.2 whole-time equivalents due to long-term sickness and vacancies.

The unit, which previously opened from 10am to 10pm seven days a week, now closes at the earlier time of 8pm – Monday to Friday – and 5pm on weekends and Bank Holidays. However the impact on patients is expected to be minimal as very few children attend the unit after the times we've temporarily changed to.

Governors will be aware the SSPAU opened in October 2014 following changes to children's and maternity services at the Friarage Hospital and assesses and treats children and young people referred by their GP or who have an open-access arrangement. The new arrangement has been discussed with our commissioners, Hambleton, Richmondshire and Whitby CCG, and is being closely monitored with a further review in April.

8. SERVICE DEVELOPMENTS

Despite the challenges the organisation faces, our staff do continue to innovate and seek out ways to modernise and improve the services we provide to patients. I wanted to share some recent service developments below:

- **Middle ear implant:** In December, patient Bridie Hope became the first in the country to have a revolutionary middle ear implant which means she can hear normally after decades of hearing only frustrating, muffled sounds. Her story was covered by the local media, including the BBC and Tyne Tees, and also featured her surgeon ear, nose and throat consultant Mr Anirvan Banerjee.
- **UK first for new endoscopic procedure for patients with serious reflux problems:** The trust now offers Stretta® therapy - an alternative to surgery for patients who suffer from chronic gastro-oesophageal reflux disease (GORD). Usually this condition can be treated with medication but where this is not effective, selected patients can now be offered this therapy which uses a special catheter, instead of conventional surgery. The minimally invasive outpatient procedure takes less than an hour and does not require any incisions, stitches or implants so patients can return to normal activities the following day.
- **Leaders in cardiology:** The trust and Newcastle upon Tyne Hospitals NHS Foundation Trust were selected as one of ten cardiology centres across the country to provide left atrial appendage occlusion (LAAO) for the prevention of stroke as part of NHS England's £15million 'Commissioning through Evaluation' (CtE) programme.

The CtE programme is testing an innovative approach to evaluating potentially promising specialised treatments, for which there is currently insufficient evidence available to support routine NHS commissioning. Each scheme has been developed with the support of national clinical experts and patient representatives, enabling a small number of procedures to be funded - in a limited number of selected centres with a limited time-frame – so evidence on the

relative clinical and cost effectiveness of the procedures can be gathered, compared to other treatments already available in the NHS.

9. FLU CAMPAIGN

Figures from Public Health England (PHE) indicate flu is continuing to circulate in the community and levels are now higher than the peak in the last three seasons. As part of the trust's flu campaign, occupational health staff and our flu champions are still offering staff vaccinations until the end of January 2015.

In total 73.9% of frontline staff have now been vaccinated and we need just 80 more staff to reach the 75% protection target and maximise the benefits of widespread protection across the organisation.

10. ELECTION TO THE COUNCIL OF GOVERNORS

We will shortly be holding elections for the following seats on our Council of Governors:

- Hambleton & Richmondshire – four seats
- Redcar & Cleveland – three seats
- Middlesbrough – two seats
- Patient and/or carer – one seat
- Staff – one seat

Anyone in each of the areas can stand for election if they are a member and for an informal discussion about what the role of a governor involves contact director of communications and engagement Caroline Parnell on 01642 835592 or email caroline.parnell@stees.nhs.uk

11. AWARDS, ACHIEVEMENTS AND OTHER NEWS

We've had some amazing awards and achievements of staff in recent months:

- Our community-based health visitors received national recognition from UNICEF (The United Nations Children's Fund) after achieving a Baby Friendly Award for increasing increase breastfeeding rates and improving care for mothers in Middlesbrough, Redcar and Cleveland.
- In collaboration with P+HS Architects and partners, the trust was a winner in the Building Better Healthcare Awards. The team won the 'Innovations in Procure21+' category for estates improvements across the organisation which has enabled us to deliver more than £62million worth of schemes across the James Cook and Friarage hospitals through the P21/P21+ framework.
- Head of organisation development, Professor Maxine Craig, was named an HSJ Top Innovator for the second year in succession.
- Continence specialist nurse Michelle Payne, was one of 79 nurses to receive the Queen's Nurse title, which was presented by Professor Viv Bennett, Director of Nursing at the Department of Health and Public Health England.

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- The communications team were double winners at the Association for Healthcare Communications and Marketing (AHCM) Awards 2014, winning team of the year and the Jonathan Street Award for Excellence.
 - The trust's SPARED and ERA campaign has been shortlisted in the final four of the NHS Innovation Challenge Prizes Infection Control category.
 - We had double winners at the NHS Leadership Recognition Awards with nurse consultant in critical care, Lindsay Garcia, being named NHS Inspirational Leader of the Year and nursing sister in therapeutic care, Debi McKeown, taking the title of NHS Innovator of the Year.
 - The North of England Cancer Network now part of the Northern England Strategic Cancer Network (NSCN), won the Quality in Care Oncology Award for its work around improving early diagnosis of cancer. The team worked with the Department of Health, Public Health England and Cancer Research UK on two regional pilots for Be Clear on Cancer: 'blood in pee' (bladder and kidney cancers) and oesophago-gastric, increasing awareness of cancer symptoms, leading to more referrals for tests and ultimately more cancers being diagnosed.

PROF TRICIA HART - CHIEF EXECUTIVE