

South Tees Hospitals 
NHS Foundation Trust

Meeting / Committee:	Council of Governors Meeting	Meeting Date:	Wednesday 13 January 2016
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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:	<p>This report highlights the following areas:</p> <ol style="list-style-type: none"> 1. Organisation structure 2. Lambert Memorial Hospital 3. Junior doctors strike action 4. Service development 5. Helping us to help you 6. Organisational capability – Evolve 7. Research and development 8. Flu campaign
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Prepared by:	Siobhan McArdle Chief Executive & Amanda Marksby Head of Communications	Presented by:	Siobhan McArdle 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	

CHIEF EXECUTIVE'S REPORT TO THE COUNCIL OF GOVERNORS MEETING WEDNESDAY 13 JANUARY 2016

1. ORGANISATION STRUCTURE

In the last quarter of 2015, I held a number of briefing sessions with staff highlighting a proposed new organisation structure and following a period of formal consultation with affected staff we are now moving forward with this new target operating model.

The new organisation structure will increase the capability of our leadership and management teams and develop a high performing culture underpinned by ownership and accountability.

Patient care remains at the heart of our focus and the new structure will ensure we increase our operational focus to improve capacity and throughput, reduce waste and increase our margin so that we can invest in our growth. The new organisation structure replaces the seven existing clinical centres with five centres:

- Community care
- Urgent and emergency care
- Planned care
- Specialist care
- Clinical diagnostic and support services

Since then the trust has been carrying out a formal appointment process for its newly created senior roles for the new organisation restructure and the following appointments have been made.

	Medical director	Operations director	Associate Director of Nursing
Community care	Vacant	Fran Toller	Jane Wiles
Urgent and emergency care	Adrian Clements	Vacant	Vacant
Planned care	David Chadwick	Sandra Donoghue	Ann-Marie Hall
Specialist care	Mike Stewart	Sue Geldart	Vacant
Clinical diagnostic & support services	Simon Kendall	Vacant	Vacant

I am also pleased to announce that Gill Hunt was successfully appointed as Director of Nursing to lead our nursing and midwifery professional agenda, while Audrey Kirby has taken up the post of Deputy Director of Nursing and will focus on our operational nursing agenda.

Linda Irons was also appointed as Director of Professions - an exciting new role for the organisation which demonstrates our commitment to strengthening clinical leadership and the voice of our healthcare professional workforce.

2. LAMBERT MEMORIAL HOSPITAL

The trust took the decision to temporarily close the ward at Lambert Memorial Hospital in September to address patient safety concerns due to staffing pressures.

The ward provides general rehabilitation, assessment of patients' present and future care needs, diagnostics, drug initiation and administration, pain control and palliative care.

There were a number of contributory factors behind this decision including difficulty in filling vacant nursing posts, long-term sickness/absence leave and getting sufficient temporary nursing cover through NHS Professionals and, in essence, it had become impossible to continue to run a safe, high quality service.

Nurse recruitment is a major issue across the country, particularly in elderly care, and while the organisation continues to advertise for nurses through NHS jobs our vacancy rate remains around 6% (compared to 10% nationally).

At our selection event for band 5 nurses in November, not one of over 30 newly qualified nurses wanted to work at the Lambert, which historically is a hard to recruit to ward, and while specific adverts placed for the hospital have attracted some candidates, we have not filled sufficient posts to re-open at present.

We are continuing to closely monitor the situation and keeping both North Yorkshire scrutiny of health committee and our commissioners, Hambleton Richmondshire and Whitby CCG informed.

3. JUNIOR DOCTORS STRIKE ACTION

At the time of my report going to print, the British Medical Association had confirmed that junior doctors would be taking strike action starting with a 24-hour walk-out on Tuesday 12 January, followed by a 48-hour strike on 26 January and a third day of action in February.

Full details are as follows:

- 8am Tuesday 12 January to 8am Wednesday 13 January (emergency care will be staffed – the equivalent of the type of cover usually expected on public holidays from junior doctors)
- 8am Tuesday 26 January to 8am Thursday 28 January (emergency care will be staffed)
- 8am to 5pm Wednesday 10 February (full walk-out)

The trust's overriding statutory obligation is to provide high quality safe services to patients during any periods of industrial action and, therefore, our focus will be on developing plans to mitigate the impact on patients.

Each clinical centre is being asked to provide its own contingency plan which will be scrutinised to ensure a comprehensive plan exists for the whole organisation and links across clinical centres where needed.

While respecting each junior doctor's right to take industrial action, we are asking them to let their managers know whether they are intending to take strike action, although we do understand they are not obliged to do this.

Human resources and staffside colleagues will also continue to work closely together on the run-up to and during these days of action.

4. SERVICE DEVELOPMENT

There have been a number of recent service developments and innovation I wanted to share with governors.

- Teenager Mia Pearce was featured across local media for receiving the 'best Christmas present ever' after surgeons at James Cook straightened up a curve in her spine.

The Stockton teenager sought medical advice after developing uneven hips and a small lump in her back. X-rays revealed a bad curve in her spine which had caused it to move 5cm to the right. Mia was diagnosed with scoliosis and told she would need to undergo corrective surgery.

The team has some of the best results in the world for these very complex surgical procedures in terms of clinical outcomes, patient satisfaction and the lowest level of associated risk, and I am pleased to say Mia is doing well.

- Richmond MP Rishi Sunak officially opened the ambulatory care and OHPAT (outpatient and home parenteral antimicrobial treatment) unit, which allows emergency patients who would usually have to stay in hospital to be treated as outpatients – or even in their own homes - at the Friarage Hospital.

During a pilot, the unit has seen around 300 patients a month who need urgent diagnostics and treatment for conditions as diverse as skin infection, pulmonary embolus (a blockage of an artery in the lungs) and liver failure. Although in urgent need of help, these patients are not unwell enough to need an overnight stay in hospital.

The unit is staffed by an 11-strong team, including consultants, GP hospitalists and nurse practitioners, and during the first pilot year it has saved over 4,000 overnight stays, with demand for the service steadily growing. The Friends of the Friarage Hospital contributed £42,000 towards the establishment of the unit.

- The James Cook University Hospital was recognised as a centre of excellence for the treatment and research of Paget's disease of the bone. The Paget's Association, the dedicated UK charity for Paget's disease, formally awarded the centre of excellence status to James Cook at an official unveiling in the Middlesbrough hospital's rheumatology department.

The award was made in recognition of the comprehensive range of services developed for the management and support of patients with Paget's disease of bone, together with plans for research into the treatment of the condition.

- The HeRO (Haemodialysis Reliable Outflow) graft operation– the first one of its kind in the North East – was carried out on the 55 year-old dialysis patient Elizabeth Fraser in December.

Due to the state and continuing deterioration of Elizabeth's veins after 15 years of dialysis and previous operations, this procedure involved putting a length of silicone-coated catheter inside her central vein in her neck to re-enforce the collapsing vein. The catheter's diameter is three times wider than a conventional stent and goes from one of her heart vessels to beneath her collar bone and shoulder blade.

A titanium connector then runs a second graft from there under the skin to the main vein in the inside of her elbow. It will be this area that will be used in further dialysis treatment. Without this procedure dialysis would no longer have been possible for Elizabeth and while there have been over 50 such procedures in the UK to date, but was first one to be carried out in North East England.

5. HELPING US TO HELP YOU

The trust launched a public campaign throughout December to appeal for the public's help to ease winter pressures and explain some of the measures the organisation has taken to improve patient flow. A series of videos featuring staff have featured prominently across social media while BBC Look North spent a day at The James Cook University Hospital.

6. ORGANISATIONAL CAPABILITY – EVOLVE

Last year, the trust was awarded £1.35million from the Integrated Digital Care Fund to support the organisation in moving away from paper-based clinical record keeping in healthcare records to a more integrated electronic system.

Clinical lead Ian Whitehead, consultant in anaesthesia/critical care, Debra Thornton, clinical noting lead and Judy Butler, senior nurse, are now heading up a project team to rollout this new system – known as Evolve - with software company Kainos.

While the first phase of the scheme is expected to go live in the summer of 2016, the project team is keen for staff to be engaged in the project from its infancy and is now recruiting volunteers to work with them on:

- Standardisation and rationalisation of current paper forms
- UAT - User acceptance testing
- Quality assurance
- Becoming a committed member of the clinical noting group that informs and shapes the project and supports its deployment
- Demonstrating the system to colleagues

7. RESEARCH AND DEVELOPMENT

The trust was involved in the world's biggest ovarian cancer screening trial – the results of which were published in the Lancet in December.

Results suggest that screening based on an annual blood test may help reduce the number of women dying from the disease by around 20%, although they do caution that longer follow up is needed to establish more certain estimates of how many deaths from ovarian cancer could be prevented by screening.

The UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS)** is an international ovarian cancer screening trial, led by UCL and funded by the Medical Research Council, Cancer Research UK, Department of Health and The Eve Appeal.

The James Cook University Hospital in Middlesbrough was one of 13 centres involved, with 10,000 local women aged between 50 and 74 contributing to this 'landmark' trial.

I understand the trial has been incredibly useful in improving our understanding of ovarian cancer as well as raising awareness and was also a significant undertaking for our staff to run the programme and I'd like to thank them for their involvement.

8. FLU CAMPAIGN

The trust take-up rate is now at 70% of healthcare workers vaccinated (or 5,269 staff) – against the 75% national target - which is one of the best across the North east and Cumbria. The breakdown of healthcare workers includes:

- Doctors 87.3%
- Nurses, midwives and health visitors 65.9%
- Other professionally qualified 66.9%
- Support to clinical staff 71.8%

SIOBHAN MCARDLE - CHIEF EXECUTIVE