

South Tees Hospitals   
 NHS Foundation Trust

<b>Meeting / Committee:</b>	Council of Governors Meeting	<b>Meeting Date:</b>	Tuesday 17 May 2016
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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 Council of Governors with an executive summary of our key strategic objectives, national policy and any organisational issues.
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<b>Summary:</b>	<p>This report highlights the following areas:</p> <ol style="list-style-type: none"> <li>1. Better Health Programme</li> <li>2. First patients receive IV antibiotics at home</li> <li>3. 'Patterns of Maternity Care'</li> <li>4. Junior doctors industrial action</li> <li>5. Service developments</li> <li>6. Other news</li> </ol>
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<b>Prepared by:</b>	Siobhan McArdle Chief Executive & Amanda Marksby Head of Communications	<b>Presented by:</b>	Siobhan McArdle Chief Executive
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<b>Recommendation:</b>	The Council of Governors is asked to note the contents of the paper.
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<b>Implications (Please mark an X)</b>	Legal	Financial	Clinical	Strategic	Risk & Assurance
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**CHIEF EXECUTIVE'S REPORT TO THE COUNCIL OF GOVERNORS MEETING  
TUESDAY 17 MAY 2016**

**1. BETTER HEALTH PROGRAMME**

Every health and care system is now working together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.

Locally, the STP is governed through the established Better Health Programme Board (Darlington, Durham, Tees and North Yorkshire CCG areas) working closely with the North East wide urgent and emergency care vanguard and involves senior hospital clinicians and GPs from the clinical commissioning groups and three foundation trusts in the area.

The Better Health Programme is looking at how local hospitals achieve the national standards and recommendations which local people have a right to expect from their services and how we meet our aspirations to provide more care outside hospital.

This month a series of public engagement events were launched across Darlington, Durham and Tees, with a number of separate events for staff, and at these some of issues driving change will be explored including:

- Meeting national clinical standards for improving outcomes for patients
- Better access to specialist care in an emergency
- Reducing delays and cancellations for planned surgery
- Providing more care closer to home
- Current and future supply of NHS clinical workforce

Attendees will be encouraged to share views on their priorities for improving services and feedback will be used to inform the development of scenarios of how services may look in the future. These will ultimately result in a series of options which will be the basis for a more formal consultation process, although much more work needs to be done to develop these.

The remaining events are as follows:

- Tuesday 17 May – Bishop Auckland Town Hall (5pm to 7pm)
- Wednesday 18 May – Acklam Green Centre, Middlesbrough (5pm to 7pm)
- Thursday 19 May – Prior Pursglove College, Guisborough (5pm to 7pm)
- Saturday 21 May – Bowburn Community Association, Durham (1pm to 3pm)
- Monday 23 May – Consett Rugby Club (The Demi), Consett (5pm to 7pm)
- Tuesday 24 May – Durham Dales Centre, Stanhope (5pm to 7pm)
- Wednesday 25 May – The Parkmore Hotel, Eaglescliffe (5pm to 7pm)
- Thursday 26 May – Hartlepool College of Further Education, (5pm to 7pm)
- Friday 27 May – Seaham Town Hall, Seaham (5pm to 7pm)
- Tuesday 31 May – Shotton Hall, Peterlee (5pm to 7pm)

More information about the Better Health Programme is available on a dedicated website at [www.nhsbetterhealth.org.uk](http://www.nhsbetterhealth.org.uk).

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## **2. FIRST PATIENTS RECEIVE IV ANTIBIOTICS AT HOME**

Patients can now receive IV antibiotics at home rather than having to make frequent hospital visits as community matrons in Middlesbrough, Redcar and Cleveland are now trained to administer them.

This new service, commissioned by South Tees Clinical Commissioning Group as part of the IMProVE (Integrated Management and Proactive Care for the Vulnerable and Elderly) programme, will save some patients having to spend 14 days in hospital up to three times a year for IV treatment when they are otherwise fit and well. It will also free up hospital beds for more acutely ill patients.

IV antibiotics are now available in the community for patients with non-cystic fibrosis bronchiectasis - a long-term condition where the airways of the lungs become abnormally widened and damaged leading to recurrent chest infections – provided they meet certain criteria and we are the second trust in the region to introduce this service.

The first two doses of antibiotics are administered in hospital to make sure there are no side effects and then the rest of the IV antibiotic treatment is given at home by the community matron team. In future the aim is to offer IV antibiotic treatment at home to other patients with chronic lung disease.

## **3. 'PATTERNS OF MATERNITY CARE'**

'Patterns of Maternity Care in English NHS Trusts' – a new report published by The Royal College of Obstetricians and Gynaecologists (RCOG) – has highlighted good outcomes for women and their babies at the trust.

The aim of the report, which looks at various aspects of intrapartum care (labour, delivery and child birth), is to encourage local trusts to understand their own outcomes in context so they can focus on reducing variations in care, improve safety and ensure the services provided meet the needs of women and their families.

In total, data for 11 out of 18 indicators was recorded for the trust with the vast majority being either better or comparable to the national average, particularly around lower Caesarean section rates, lower rates of serious maternal perineal (birth passage) injury and maternal readmission to hospital following a Caesarean birth.

Only one of the indicators – neonatal re-admission to hospital with 28 days – was recorded as below the national average and this was an issue which had already been identified through our own internal clinical governance processes.

A subsequent audit found breastfeeding-related issues were one of the main contributors towards the readmission rate and, as a result, we've done a lot of work with our midwives to improve support to mothers who breastfeed which has had a very positive effect in terms of reducing the number of neonatal admissions.

## **4. JUNIOR DOCTORS INDUSTRIAL ACTION**

Unlike previous episodes of industrial action, junior doctors withdrew full labour – including providing emergency cover - between the hours of 8am and 5pm on 26/27 April.

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The trust had a number of contingency plans in place to ensure emergency services such as accident and emergency, critical care services, cardiac arrest response teams, pathology and radiology were provided.

While elective activity was reduced in some inpatient areas, services continued to run as planned with the trust drawing on the support from additional non-medical staff members and also promoting early discharge preparation. The impact on services was as follows:

- On Tuesday 26 April, we cancelled 18 operations and 257 outpatient appointments
- On Wednesday 27 April 2016, we cancelled 12 operations and 288 outpatient appointments

I would like to take the opportunity to thank all staff for their ongoing support during these periods of industrial action.

## 5. SERVICE DEVELOPMENTS

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

- **World first** - the cardiology unit at The James Cook University Hospital become the first in the world to treat heart failure patients using a new wireless pacemaker the size of a grain of rice. Surgeons and cardiologists conventionally treat the condition with a Cardiac Resynchronisation Therapy (CRT) device, known as a biventricular pacemaker, which sits below the collar bone and relies on wires that feed into the right chambers of the heart. A third wire is required to maintain a steady heartbeat by “pacing” the left ventricle, where blood is pumped out through the aortic valve into the aortic arch and onward to the rest of the body.

It is thought up to 30% of patients fail to respond to treatment with these pacemakers but with the new pacemaker, developed by EBR Systems Inc and known as WiSE Technology, the device is implanted directly into the innermost layer of tissue that lines the left chamber of the heart.

This can then perform the same job as a traditional CRT pacemaker - controlling abnormal heart rhythms using low-energy electrical pulses to prompt the heart to beat at a normal rate - but without the need for wires and the risk of complications that come with them.

Early indications have shown patients are responding well to this new type of treatment and could enable clinicians to increase the number of patients who respond to this therapy, helping them to live a longer, more active life. The trust was the first globally to take advantage of this new type of treatment on behalf of patients outside of a research study and this is an important addition to the treatment options available for our patients with heart failure.

- **New vascular procedure** - Teesside farmer Francis Fabi was the first to undergo a ‘new generation’ stent procedure performed by vascular surgeons and radiologists at The James Cook University Hospital.

Due to his large and life-threatening aneurysm being so close to the arteries to his kidneys, a conventional stent was not an option as there was not enough

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'neck' for the usual stents to secure to. Instead surgeons used a new Nellix stent – an endovascular aneurysm sealing system - to overcome the problem.

- **UK first for Gamma camera** – The trust has installed the first Siemens 'Symbia Evo' gamma camera in the country in the nuclear medicine department at The James Cook University Hospital. Where other diagnostic imaging procedures—such as x-rays, computed tomography (CT) and ultrasound—offer pictures of physical structure, the gamma camera allows clinicians to see how the body is functioning and to measure its chemical and biological processes, producing very precise pictures of the area of the body being imaged.

Although technology has changed little, the new camera will be able to see a significant higher number of patients as it can scan much quicker than the previous generations of cameras. It also does its own quality controls overnight, when not in use, so the team are ready to start treating patients as soon as they arrive for their appointment, rather than having to go through the quality control process at the start of each day.

- **£1.5m investment for therapy services** – Therapy services across Middlesbrough, Redcar and Cleveland are to be increased after a £1.5million investment which will see services provided seven days a week from community hospitals and a higher level of treatment being delivered to patients in their own homes. The trust is recruiting an additional 35 therapy staff as well as providing existing staff with advanced training in specialist areas such as respiratory, stroke/neurology, complex musculoskeletal conditions and dementia, and this extended provision will minimise the amount of time patients need to spend in hospital as well as reducing waiting times for patients requiring rehabilitation at home.
- **Lab results screened live to theatres** - Theatre teams can now see blood clotting results live on the big screen while they are being processed on a TEG (Thromboelastograph) machine in the pathology lab. This innovative way of working means theatre teams see the test results much faster which enables them to deliver individually-tailored care to patients. The new system also potentially reduces use of blood products which improves patient safety and efficiency while reducing demand on vital resources.
- **Telemedicine at the Friarage Hospital** – With rurality across the Hambleton and Richmondshire area a real challenge for healthcare providers and commissioners, patient Dorothy Flintoff's story which featured in the local media really demonstrated how far technology has come in health.

After falling seriously ill in the hospital in the middle of the night, the team in the clinical decision unit set up a webcam link between Dorothy and the consultant on-call Dr James Dunbar, rather than wait for him to come in to give advice. This resulted in Dorothy getting a CT scan and a heart problem was diagnosed with the great grandmother being subsequently transferred – and successfully treated – at The James Cook University Hospital.

With our ongoing Fit for the Future work in partnership with NHS Hambleton, Richmondshire and Whitby CCG, this is an example of how investment in technology – in this case telemedicine – is improving the patient experience and outcomes.

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## 6. OTHER NEWS

**Flu campaign** - at the time of producing my last report, we were just 39 staff short of our public health recommended 75% target to reach herd immunity levels and patient protection. I am pleased to report the trust reached its target with 5,642 vaccinations given to staff working to support patients and families in our care (75.2%). The breakdown was as follows:

- Doctors 98.3% (680)
- Nurses, midwives and health visitors 71.3% (1,984) - our highest uptake to-date for this professional body
- Other professionally qualified 70% (839)
- Support to clinical staff 75.6% (2,139)

**Tour de Yorkshire** – Clinicians from the trust joined in with the Tour de Yorkshire celebrations by holding a number of stalls outside The James Cook University Hospital to support the cyclists as they rode past the hospital during the ceremonial procession. Thank you to the vascular and endovascular surgery department, renal medicine, the specialist weight management service, The Circulation Foundation, the communications and engagement team and colleagues from South Tees Clinical Commissioning Group (CCG) who braved some awful weather to support this event.

**Siobhan McArdle – Chief Executive**