

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	31 July 2012
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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>• The future of children's and maternity services</li> <li>• Termination of pregnancy inspections</li> <li>• NICE Question Time – Middlesbrough</li> <li>• One-stop kidney clinic</li> <li>• Radiographer develops new sling for heart patients</li> <li>• Eye surgeon nominated for national award</li> <li>• Hand hygiene champion</li> </ul>
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<b>Prepared By:</b>	Prof Tricia Hart Acting chief executive & Amanda Marksby, Communications lead	<b>Presented By:</b>	Prof Tricia Hart Acting 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. THE FUTURE OF CHILDREN'S AND MATERNITY SERVICES AT THE FRIARAGE – THE NEXT STEPS

I wanted to provide colleagues with an update from Hambleton, Richmondshire and Whitby Clinical Commissioning Group on the engagement process around children's and maternity services at the Friarage Hospital which was carried out between March and the end of June.

As you will be aware, the CCG has been asking the public for their views and opinions on the problems facing the children's and maternity services at the Friarage Hospital.

A total of nine public events were held and the CCG, along with clinicians and managers from the trust, attended many other patient representative and local authority meetings and had numerous conversations with parents at children's centres, coffee mornings and play groups across Hambleton and Richmondshire.

A survey was also carried out (with 475 responses) which closed on 25 June and information was made available on both the trust and CCG websites, including question and answers from all the public meetings, videos and blogs.

A 10,000 plus signed petition from the 'Save Northallerton's Friarage Hospital's Children's and Maternity Services' Facebook campaign was also received.

What has come out very strongly from the engagement exercise is how highly people rate services at the Friarage, which has not surprised us as we share that strength of feeling.

The difficulty for us is that this does not make the problems facing these important services go away as they are part of a national problem around recruitment and the way doctors are trained.

Other small hospitals across the country will increasingly find similar issues at their doors and our team has spent a great deal of time with GPS and members of North Yorkshire County Council's overview and scrutiny committee, looking at other examples round the country and trying to find a solution.

The main concerns expressed by members of the public and patients are around having to travel further to other hospitals for treatment, particularly in bad weather, the stress that this is likely to have on patients and their families and the potential for additional travelling time to put lives at risk.

The impact on the ambulance service and the capacity of other hospitals to take on additional work has also been questioned. These issues and all others raised are being taken seriously and will help us form a view on how to go forward.

Due to the large amount of information collected, a paper is now going to the NHS North Yorkshire and York Board in September and a recommendation will be made about the most appropriate way forward for children's and maternity services at the Friarage.

If this results in the PCT approving major change, a formal consultation process will be undertaken. This is likely to be concluded in January, with a decision being made formally early next year.

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## **2. TERMINATION OF PREGNANCY INSPECTIONS**

This month, the Care Quality Commission (CQC) published 249 individual inspection reports into providers offering termination of pregnancy services.

The Abortion Act 1967 requires a form (HSA1) certifying that the requirements for a termination have been met to be signed by two doctors before the procedure takes place.

In January, CQC identified evidence during an inspection of a private clinic that HSA1 forms were being pre-signed by one doctor, which is in breach of the Abortion Act, and allows the second doctor to take a solo decision to allow a termination.

The Secretary of State for Health then asked CQC to investigate whether this practice was widespread and inspections took place in March, including one at South Tees, specifically looking for evidence of pre-signed HSA1 forms

In its report the CQC identified clear evidence of pre-signing at 14 locations, all of which were NHS Trusts, and while the trust was not one of the 14, we were asked to look at the consistency and completeness of HSA1 forms which we have since done and subsequently addressed.

## **3. NICE QUESTION TIME – MIDDLESBROUGH**

The National Institute for Clinical Excellence is holding a question time event and public board meeting on Wednesday 19 September in the academic centre at The James Cook University Hospital.

‘NICE ‘question time’ – Middlesbrough’ is a unique event, giving anyone involved in providing healthcare and public health, including NHS staff and managers, as well as members of the public and patients, the opportunity to put questions directly to the NICE chairman, chief executive and other NICE senior staff.

It will take place between 12.30pm and 1.30pm, with an informal networking lunch beforehand at midday. For more information, or to register to attend NICE Question Time – Middlesbrough and the NICE public board meeting, please visit: [www.nice.org.uk/middlesbrough2012](http://www.nice.org.uk/middlesbrough2012)

## **4. ONE-STOP KIDNEY CLINIC**

A one-stop assessment clinic for living kidney donors now runs at James Cook. All kidney donors who choose to donate a kidney to a relative or friend can come to the clinic after having had specialist nursing assessment and initial blood tests, meaning they visit the hospital once instead of three times.

This means medical review and assessments to look at the structures and function of their kidneys are now more focussed and donors can find out if they can proceed as a donor within four to six weeks.

Developed as part of NHS Kidney Care’s project to improve listing for transplantation, the hospital’s living kidney donor team worked with the trust’s medical physics department, CT scanning and administrative staff at the hospital to make the one-stop clinic a reality.

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## **5. RADIOGRAPHER DEVELOPS NEW SLING FOR HEART PATIENTS**

Senior radiographer Sue Best has developed a new sling for heart patients at James Cook, which could soon be used by the NHS across the country or even further afield.

Sue came up with the simple idea to provide comfort for both the patient and clinician during a coronary angiogram and now the first boxes of the disposable kit have come off the production line.

Sue's invention was championed by the hospital's research and development team and developed by NHS Innovations North with local companies and already has received interest from a number of UK centres and other parts of Europe.

## **6. EYE SURGEON NOMINATED FOR NATIONAL AWARD**

Consultant ophthalmic surgeon Sridhar Manvikar is in the running for the Clinical Service of the Year award as part of the Macular Disease Society 25th Anniversary Awards for Excellence after being nominated for outstanding care by a patient.

The nomination recognises Mr Manvikar's exceptionally good practice in the care of people with macular disease – the most common cause of sight loss in the UK – and I wanted to share the comments of patient Shirley Bowater, who put the eye team forward.

"I was absolutely terrified about the thought of having an injection into my eye, but Mr Manvikar explained things thoroughly during a courteous, kind and understanding consultation. This gave me a sense of confidence and meant a great deal as I was so frightened.

"I don't have that fear anymore. When I go I know that I am going to be very well looked after. They have helped me to learn to live with my eye condition, I really feel as though I'm not just a number to them but a person. I am confident that the health of both my eyes is being regularly assessed, cared for and treated."

The overall winners will be decided at the Society's annual London conference on 22 September.

## **7. HAND HYGIENE CHAMPION**

Congratulations to infection prevention and control nurse Joanne Dunmore, who has been named as a joint runner-up in the national schülke Hand Hygiene Champion of 2012 Awards. Jo has invested considerable effort and enthusiasm to hand hygiene in the trust for many years.

**ACTING CHIEF EXECUTIVE – PROFESSOR TRICIA HART**

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