

Agenda Item 7

South Tees Hospitals 
NHS Foundation Trust

Meeting / Committee:	Board of Directors	Meeting Date:	Tuesday 27 August 2013
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This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance	Information
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Title:	Chief executive's report
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Purpose:	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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Summary:	<p>The paper provides information on:</p> <ul style="list-style-type: none"> • Berwick review • Ombudsman research – complaints • Major changes to the way hospitals in England are inspected • Trust flu campaign • Exercise smokescreen – Friarage Hospital • Family unit • Awards and achievements • Appointments
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Prepared By:	Prof Tricia Hart, chief executive and Amanda Marksby, head of communications	Presented By:	Prof Tricia Hart Chief executive
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Recommendation:	The Board of Directors is asked to note the contents of the report
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Implications (mark with x in appropriate column(s))	Legal	Financial	Clinical	Strategic	Risk & Assurance
			X	X	X

1. BERWICK REVIEW

I'm sure colleagues across the trust welcomed the publication of the Berwick report which has pledged further action to make the NHS the safest healthcare system in the world.

Professor Don Berwick, a renowned international expert in patient safety, was asked by the Prime Minister to carry out an independent review following the publication of the Francis Report into the breakdown of care at Mid Staffordshire Hospitals. His ten key recommendations are as follows:

- The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning.
- All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support.
- Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to boards.
- Government, Health Education England and NHS England should assure that sufficient staff are available to meet the NHS's needs now and in the future.
- Healthcare organisations should ensure that staff are present in appropriate numbers to provide safe care at all times and are well-supported.
- Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all health care professionals, including managers and executives.
- The NHS should become a learning organisation. Its leaders should create and support the capability for learning, and therefore change, at scale, in the NHS.
- Transparency should be complete, timely and unequivocal. All data on quality and safety, whether assembled by government, organisations, or professional societies, should be shared in a timely fashion with all parties who want it, including, in accessible form, with the public.
- All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care.
- Supervisory and regulatory systems should be simple and clear. They should avoid diffusion of responsibility. They should be respectful of the goodwill and sound intention of the vast majority of staff.
- We support responsive regulation of organisations, with a hierarchy of responses. Recourse to criminal sanctions should be extremely rare, and should function primarily as a deterrent to wilful or reckless neglect or mistreatment.

Four guiding principles have also been recommended for staff to incorporate into their own daily work:

- Place the quality and safety of patient care above all other aims for the NHS. (This, by the way, is your safest and best route to lower cost.)
 - Engage, empower, and hear patients and carers throughout the entire system, and at all times.
 - Foster wholeheartedly the growth and development of all staff, especially with regard to their ability and opportunity to improve the processes within which they work.
 - Insist upon, and model in your own work, thorough and unequivocal transparency, in the service of accountability, trust, and the growth of knowledge.
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2. OMBUDSMAN RESEARCH – COMPLAINTS

New research by the Health Service Ombudsman published this month into complaints within the NHS has shown a combined reluctance by patients, carers and families to complain with defensiveness by hospitals and staff to hear and address concerns.

The report '*Designing good together: transforming hospital complaint handling*', is the third and final piece of research carried out to support the work myself and Anne Clwyd are doing around the NHS hospital complaints system in England.

It sets out proposals for a step change in complaint handling from the ward to the Board which include moving towards an open culture of feedback and improvement, a fresh focus on putting things right on the ward and replacing deference and hierarchy in hospitals with a new culture of collaboration between leaders and staff to listen to concerns and improve services.

The proposals were based on the views of patients, families, carers and NHS staff, including myself, who attended a workshop held in London recently.

Complainants and patients highlighted poor communication as a key concern and a defensive culture once a complaint was made, while staff issues included a fear of being blamed rather than acknowledged for listening and putting things right, a confusing variation in complaints procedures between hospitals, too much deference to senior colleagues on wards, and a need for more training on responding to complaints.

The strong message was the need a step change in the culture from defensiveness to welcoming and seeking feedback, including concerns and complaints, to deliver continuous improvement and the best possible patient care.

3. MAJOR CHANGES TO THE WAY HOSPITALS IN ENGLAND ARE INSPECTED

From the end of this month, the CQC's new chief inspector of hospitals, Professor Sir Mike Richards, is introducing major changes to the way hospitals in England are inspected.

This includes significantly bigger inspection teams - headed up by clinical and other experts that include trained members of the public – who will spend longer inspecting hospitals and cover every site that delivers acute services and eight key services areas - accident and emergency, maternity, paediatrics, acute medical and surgical pathways, care for the frail elderly, end of life care, outpatients.

The inspections will be a mixture of unannounced and announced, including inspections in the evenings and weekends, and each hospital will be rated - outstanding, good, requires improvement or inadequate. Where there are failures in care, Richards will work with NHS England, Monitor, and the NHS Trust Development Authority to make sure a clear programme is put in place to deal with the problems.

Already 18 NHS trusts, representing the variation of care in hospitals in England, have been selected to test the new inspection regime and work will be carried out over the next five months but by the end of 2015 CQC will have inspected all acute hospitals.

4. TRUST FLU CAMPAIGN

The trust's occupational health team and trained flu champions are delivering this year's staff flu vaccination programme from 2 October and our target this year is to achieve 70% uptake.

We're already urging staff to come forward to be vaccinated from the start of the programme especially healthcare workers and their support staff with patient contact, who are at greater risk of contracting the virus and the vaccine offers protection for themselves, their families and their patients.

Since our last campaign, we've carried out a survey with staff and flu champions for feedback on how it was delivered and any areas we could improve. The general consensus was we should continue what we are doing - training flu champions to vaccinate at ward level, supported by occupational health nurses who will also vaccinate in central areas of the trust. Clinics will also be made available in community settings.

We're also hoping to use some real stories of members of staff who have had flu, describing their experiences.

Divisional managers have been asked to nominate flu champions who can be trained to vaccinate staff in their ward areas in readiness for the programme and we're hoping for a similar response to last year when 90 people were trained.

5. EXERCISE SMOKESCREEN – FRIARAGE HOSPITAL

On 4 September, a one-day multi-agency hospital evacuation exercise will take place at the Friarage involving a 'live' evacuation and subsequent desktop discussion.

Its aim is to test the hospital's evacuation arrangements as well as considering the impact of such an event on the wider health and social care economy and other organisations taking part include emergency services, North Yorkshire County Council, NHS Yorkshire and Humber area team, as well as some voluntary services.

Exercises are extremely important in assessing our emergency response arrangements and ability to maintain the safety of our patients and a 'live' exercise, like this, is probably the best way to assess these vital procedures.

6. FAMILY UNIT

Paralympic champion gold medallist, Marc Woods, opened the family suite on ward 14 – an acute oncology ward - at James Cook this month. The newly refurbished area provides care and a quiet environment for patients requiring palliative care in the final stages of their illness and their families.

Facilities include a hospice style side ward with an adjoining flat which provides a comfortable and private area for relatives and I'd like to say thank you to Interserve Construction which generously provided £8,000 worth of work and to their local chain suppliers who contributed their services and materials free of charge.

Additional furniture and furnishings were also bought from the ward's charitable funds with help from The James Cook University Hospital Voluntary Services.

7. AWARDS AND ACHIEVEMENTS

I am delighted to share with colleagues some recent awards and achievements both at regional and national level.

- Nursing Times Awards 2013
 - Beth Swanson, dementia strategy project manager, Kim Barstow dementia clinical educator, directorate of quality assurance, and Amanda Parry, clinical sister ward 3, acute medicine, shortlisted in the patient safety improvement category for reducing inappropriate antipsychotic prescribing and administration in patients with dementia - a nurse-led quality improvement project
 - Annette Johnson, cardiac rehabilitation/heart failure service manager, cardiothoracic services, shortlisted for the integration of the heart failure services
 - Sharon Poskitt, senior nurse, neurosciences, shortlisted in the nurse leader category
 - Audrey Kirby, senior nurse, speciality medicine, shortlisted in the nurse leader category
 - Karen Harwood, clinical matron Friarage, trauma, and the using patient video stories to improve patient dignity team shortlisted in the enhancing patient dignity category
- The North east point of care testing action learning set was announced as the winner of the healthcare science award at the Cogent UK life sciences skills awards, which bring life sciences skills in the health service into the spotlight. The set is made up of point of care testing (POCT) co-ordinators from each of the acute hospital trusts in the North east and Cumbria including Jennifer McNally and Paul Naylor from South Tees.
- The pain team were finalists in the care integration awards 2013 organised by the Health Service Journal (HSJ) and Nursing Times and were commended for their work around integration of specialist pain services.
- As well as an accredited centre of excellence, the ICT training team has been awarded North east centre of the year for Microsoft Office Skills training from the Health and Social Care Information Centre.

8. APPOINTMENTS

We've also had several new consultants joining the organisation including:

- Dr Uwe Franke - anaesthetics and intensive care
- Dr Devasmitha Venkataraman – paediatrics - based at the Friarage Hospital
- Dr James Alexander Thomas Dunbar - acute medicine – based at Friarage Hospital
- Dr Robert Alexander Ellis - consultant in dermatology
- Dr Shilpa Mahadasu – obstetrics (starting in September)

CHIEF EXECUTIVE - PROFESSOR TRICIA HART
