

Agenda Item 7



Meeting / Committee:	Board of Directors	Meeting Date:	Tuesday 26 March 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"> • CQC visits • Review of NHS complaints system • Quality in hospitals • Patient safety conference • Dignity and nutrition inspection programme • Agenda for Change • Key appointments • UK first for spinal cord stimulation patients
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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 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. CQC VISITS

Within the last month or so, we have been visited twice by the Care Quality Commission (CQC) as part of its inspections of hospitals in England to ensure they are meeting national standards.

Their first visit (27 February) was at the Friarage where four inspectors spent time in the Allerton ward, post-operative surgical day unit (POSDU), surgical day unit, theatres and Gara ward and particularly focused on two key areas:

- **Outcome 4: Care and welfare of people who use services** - People should get safe and appropriate care that meets their needs and supports their rights.
- **Outcome 11: Safety, availability and suitability of equipment** - People should be safe from harm from unsafe or unsuitable equipment.

Their second visit (5 March) was at James Cook, involving seven assessors, and included an in-depth look at our complaints process as well as visits to accident and emergency, wards 15, 33 and 24, and the neurosciences outpatients department. Particular attention was paid to:

- **Outcome 1: Respecting and involving people who use services** - People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.
- **Outcome 2: Consent to care and treatment** - Before people are given any examination, care, treatment or support, they should be asked if they agree to it. (with a particular focus on informed consent and how we comply with the Mental Health Act)
- **Outcome 17: Complaints** - People should have their complaints listened to and acted on properly.

I am delighted to report the CQC assessors gave us extremely positive informal feedback from both visits, particularly about our staff and the care they are giving to patients, and full reports are expected shortly.

2. REVIEW OF NHS COMPLAINTS SYSTEM

This month, Secretary of State for Health Jeremy Hunt launched a review of NHS complaints handling which aims to ensure all hospitals listen to and act upon the concerns of patients.

As colleagues are aware I am leading this work alongside Ann Clwyd, MP for Cynon Valley, and a review team will engage with patients, their carers and representatives, staff and managers and other organisations involved in handling patient complaints to hear how trusts currently act when concerns and issues are raised.

It will also consider:

- What common standards can be applied to the handling of complaints
 - How intelligence from concerns and complaints can be used to improve service delivery, and how this information can be made available to service users and commissioners
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- The role of the trust board and senior managers in developing a culture that takes the concerns of individuals seriously and acts on them
 - The skills and behaviours that staff need, to ensure that the concerns of individuals are at the heart of their work;
 - How complainants might more appropriately be supported during the complaints process through, for example, advice, mediation and advocacy; and
 - The handling of concerns raised by staff, including support for whistleblowers.

The review will identify existing best practice for handling complaints, and make recommendations for a set of common standards by which all NHS hospitals will be assessed and held to account. The team is expected to report to the Secretary of State by the Parliamentary summer recess.

Anyone wishing to submit evidence to the review is welcome to do so. Evidence relating to complaints handling arrangements can be e-mailed to ComplaintsReview@dh.gsi.gov.uk or sent to - Review of NHS Complaints Handling, Department of Health, Room 5E43, Quarry House, Quarry Hill, Leeds, LS2 7UE.

3. QUALITY IN HOSPITALS

A first overall assessment of NHS hospital quality in England, based on what matters most to people, has been published in the quality index, as part of '*Quality at a glance: Using aggregate measures to assess the quality of NHS hospitals.*'

The report makes fourteen recommendations on how quality ratings should be developed, presented, communicated and used to improve the quality of care delivered by hospitals in the NHS.

Not surprisingly, nearly a quarter of the British public who took part in their poll said the factor they considered to be most important when deciding which hospital to have an operation was to have a good experience of care.

The trust was in the top quarter of performing hospitals (the top 37) and a full report is available on line at <http://mhpc.com.wpengine.netdna-cdn.com/health/files/2013/03/Quality-at-a-glance.pdf>

4. PATIENT SAFETY CONFERENCE

The trust, in partnership with Teesside University, held a unique NHS QUEST conference 'patient safety – it starts with me' last week, reflecting on the challenges that focussing on patient safety brings.

I had the privilege of opening and speaking at the conference, which was an excellent example of collaborative working with the School of Health & Social Care and attracted hundreds of healthcare professionals, academics and students over two days.

Other guest speakers included Sir Robert Francis QC, who addressed the findings of his recent report, covering topics such as safe and reliable care, infection prevention and control, leadership and patient experience and Dr Ron Daniels, chief executive for the Global Sepsis Alliance, which helps people understand and combat what many experts believe to be the leading cause of death worldwide – sepsis.

5. DIGNITY AND NUTRITION INSPECTION PROGRAMME

Last week, the Care Quality Commission (CQC) published its first dedicated review of privacy, dignity and nutrition in both care homes and hospitals. The 2012 dignity and nutrition inspection programme (DANI) found that while most older people are having their needs met, a number of hospitals and care homes need to make improvements.

It also highlighted the fact that often small changes can make a big difference to people's experience of care.

The CQC inspected 500 care homes and found 84% respected people's privacy and dignity and 83% met people's nutritional needs. The report also looked at the same issues in hospitals, including an inspection of Carter Bequest Primary Care Hospital last summer, and services were judged to be compliant with the essential standards for quality and safety.

6. AGENDA FOR CHANGE

Last month, the NHS Staff Council met and agreed changes to the national Agenda for Change (AfC) agreement, which come into effect at our trust from 1 April.

- **Pay During Sickness Absence** - From 1 April 2013 this will be paid at basic salary level - not including any allowance or payments linked to working patterns or additional work commitments. This change will **not** apply to staff who are paid on spine points 1 - 8 of Agenda for Change, or to those whose absence is due to work-related injury or disease.
- **Preceptorship** - The removal of accelerated pay progression associated with preceptorship for staff joining pay band 5 as new entrants.

It has also been agreed nationally that trusts can now look at other changes including incremental pay points, annually earned progression and job evaluation, but these require discussions with our own staff representatives on how they will be locally implemented before arrangements are put on place.

7. KEY APPOINTMENTS

I am delighted to share with colleagues some key appointments for staff both within the organisation and on a national level. My congratulations to them all:

- **Professor Rob Wilson – deputy chief executive.** As an experienced clinical leader in management, Rob is well placed to help take the trust forward and onto the next stage of its development and achieve our goal of providing the best possible care for patients, every time.
 - **Charles Greenough – national clinical director, spinal disorders – NHS Commissioning Board.** His role is to provide national clinical leadership for the commissioning of the care of adults and children with spinal disorders from primary care through to scheduled care and surgery and to lead on the development of guidance to support local commissioners and assist in the commissioning of specialised complex spinal surgery.
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- **Chief of service appointments** - Sean Williamson and Richard Bellamy were appointed chiefs of service for anaesthesia and theatres and the academic division. Our extended thanks go to Nigel Puttick and Prof Rudy Bilous for their valuable contribution to these divisions over the years.
 - **Nurse consultant** - Jane Gibson, nurse consultant in blood-borne viruses (BBV).
 - **New consultants** - Clarence Leslie Pace (oral and maxillofacial surgery), Caroline Louise Smith (anaesthetics), Dr Thomas Arthur Ward (respiratory medicine - April) and Dr Thant Hlaing Oo (elderly medicine)

8. UK FIRST FOR SPINAL CORD STIMULATION PATIENTS

Consultant anaesthetist and pain specialist, Dr Sam Eldabe, has carried out the UK's first implant of a new spinal cord stimulation that is magnetic resonance imaging (MRI) compatible.

In the past, patients who had a stimulator fitted were unable to have an MRI scan to investigate illness due to the high magnetic forces used and concerns about device safety but the new procedure now allows them to have these scans if necessary.

CHIEF EXECUTIVE - PROFESSOR TRICIA HART
