### Chief Executive’s Report

**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.

**Summary:**
The paper provides information on:
- Patient experience – Accident and Emergency Survey
- Dr Foster Good Hospital Guide
- Trust flu campaign
- Patient experience – ‘15 steps challenge’
- Patient safety culture audit
- East Cleveland urgent care centre
- Ward moves at the Friarage Hospital
- Staff election results to Council of Governors
- New consultants and appointments

**Prepared By:**
Prof Tricia Hart, Chief executive designate & Amanda Marksby, Head of Communications

**Presented By:**
Prof Tricia Hart, chief executive designate

**Recommendation:**
The Board of Directors is asked to note the contents of the report

**Implications**

<table>
<thead>
<tr>
<th>Legal</th>
<th>Financial</th>
<th>Clinical</th>
<th>Strategic</th>
<th>Risk &amp; Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. **PATIENT EXPERIENCE – ACCIDENT AND EMERGENCY SURVEY**

Results from the latest Care Quality Commission’s (CQC) survey on people's experiences of accident and emergency services were very positive for both teams at the James Cook and the Friarage.

The CQC’s fourth national accident and emergency (A&E) survey was carried out by all 147 acute and specialist NHS trusts with major accident and emergency departments in England and almost 350 people who attended South Tees’ departments during January, February or March 2012 completed it.

Questions covered all aspects of their care and treatment from waiting times and transition of care to communication, privacy and dignity. Based on patient responses, the CQC gave each NHS trust a score out of 10 for each question (the higher the score the better).

Overall findings for the trust showed we had performed about the same or better in all 45 questions and all four questions relating to patients’ ‘overall experience’ were classed in the ‘Better’ category.

There were two areas with room for improvement around information about side effects of new medication and advice around resuming usual activities following the visit to accident and emergency, which have already been actioned by the teams.

These results are excellent for the trust as they do place us above the scores for most emergency departments in almost all areas and are a credit to the staff that work incredibly hard in these busy departments and those who support the teams.

2. **DR FOSTER GOOD HOSPITAL GUIDE**

At the end of last month, the Dr Foster Good Hospital Guide was published in The Telegraph, concentrating once again on hospital mortality (death) rates. Overall the trust was not mentioned prominently in the guide but did do well on the indicators around long length of stay in elective surgery and elderly care.

The 2012 Hospital Guide includes 13 measures of efficiency for each trust, including SHMI (summary hospital – level mortality indicator), HSMR (hospital standardised mortality ratio), deaths in low-risk conditions and deaths after surgery, all of which were within expected ranges.

A full breakdown of the report, which is available online at [www.drfosterhealth.co.uk](http://www.drfosterhealth.co.uk), will be included in the mortality report for the Board at a later date.

3. **TRUST FLU CAMPAIGN**

The trust's flu campaign continues to go well and the current uptake in all groups is 62.6%, with 4,832 out of 7,715 eligible staff vaccinated, compared to an overall uptake of 50.8% last year. This is currently the highest uptake for the north east and the organisation’s breakdown is as follows:

- 83% doctors
- 57% nurses, midwives and health visitors
- 61% all other professionally qualified clinical
- 64% support to clinical staff
In addition, a further 362 staff at the trust have also been vaccinated. The flu champions and occupational health team are continuing to push this important campaign and we are encouraging any frontline health care worker, who has not been vaccinated, to get their flu jab as we are beginning to see the patients with influenza being admitted into our hospitals.

4. PATIENT EXPERIENCE – ‘15 STEPS CHALLENGE’

South Tees is one of only 13 trusts across the country to have been acknowledged for their help and support in being part of the NHS Institute for Innovation and Improvement’s ‘15 Steps Challenge’ for the community.

The 15 Steps Challenge is a toolkit that helps organisations to hear from patients about their experience so staff, patients and others work together to identify improvements that can be made to enhance the patient experience.

The toolkit is also being used in preparation and evidence gathering pre-Care Quality Commission inspections and PEAT inspections and as part of quality and safety improvement strategic activities.

5. PATIENT SAFETY CULTURE AUDIT

As a dynamic organisation we have to be prepared to constantly look at how we manage our services, work together and make changes to ensure that we continue to provide the best possible safe care for patients.

The trust has signed up to being part of the North East SHA’s ‘Investing in Behaviours’ strategy, through which we can really look at our safety culture. To help do this, we are carrying out a questionnaire throughout this month to get all staff’s views on this priority issue.

The audit, conducted by Survey Monkey, is funded by the Agency for Healthcare Research and Quality (through the North East SHA) and will run until 4 January. The outcomes will be shared in March 2013.

6. EAST CLEVELAND URGENT CARE CENTRE

Temporary changes have been made to the opening times of the urgent care centre at East Cleveland Primary Care Hospital due to staffing pressures. The centre is now open between 9am and 5pm - Monday to Friday – and 8am to 8pm on weekends/bank holidays, instead of the usual round-the-clock service.

The Board may recall we had to reduce the opening hours of Guisborough urgent care centre in June this year and we did flag up at the time potential problems in East Cleveland if we couldn’t recruit additional urgent care trained staff.

The trust has been using temporary staffing from NHS Professionals to cover vacant posts at East Cleveland but that resource is now being used to cover a recent vacant urgent care post at Guisborough.

Patients with any minor injuries or minor illness are being asked to use alternative local services including the urgent care centre in Redcar, local GP walk-in centres or the out-of-hours-service or accident and emergency at The James Cook University Hospital.
7. WARD MOVES AT THE FRIARAGE HOSPITAL

A number of ward moves will take place at the Friarage Hospital in 2013 to improve the care we deliver to patients and their overall experience with us.

Over the past year there have been discussions among staff about the best configuration of clinical services on the site to support current patterns of activity. This has stemmed from concerns that the existing arrangements are not the most efficient and, as a result, are affecting patient experience.

The consensus is that as far as reasonably possible one side of the building should be dedicated to medical specialties (those closest to accident and emergency) and the other to surgical specialties (those closest to theatres and intensive care).

The Board may recall we moved a number of wards around in the summer of 2011 but at the time we did say if the arrangements did not work as well as we’d hoped – both for patients and staff – we would look at this again.

Part of our vision for the Friarage Hospital is to strengthen the delivery of “front of house” services – accident and emergency and the assessment and treatment of acute medical and surgical patients.

As part of this we will provide a “clinical decisions unit” which brings together all of the skills required to assess acute admissions as quickly as possible and introduce “ambulatory care” (medical care given to patients who do not need to be admitted to hospital).

All the moves will take ten months to complete; largely because we want to use this opportunity to do maintenance and redecoration work in many areas to improve the hospital environment and to avoid any future disruption.

It is important to stress we are not reducing service or losing any staff and these moves are completely separate to the on-going work around the future of children’s and maternity services. We will continue to inform staff – and patients – as and when the moves take place through our usual communication channels.

8. STAFF ELECTION RESULTS TO COUNCIL OF GOVERNORS

Surgical care practitioner in cardiothoracics, Jonathan Broughton, was successfully elected to the Council of Governors earlier this month as a staff governor. Many thanks to everyone who put themselves forward in the election.

9. NEW CONSULTANTS AND APPOINTMENTS

Professor Phi Kane, chief of service for neurosciences, has been appointed as the trust’s new lead cancer clinician, taking over from Mr Vishwanath.

I’d also like to welcome a number of new consultants to the trust including consultant in neurosurgery, Mr Anil Varma and consultant in accident and emergency Laura Jane Evans. Two more consultants are also due to start with us in 2013 – Dr Alexandra Frances Scott (accident and emergency) and Dr Caroline Louise Smith (anaesthetics).