**Agenda Item 7**

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<th>Meeting / Committee:</th>
<th>Board of Directors</th>
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<th>Tuesday 30 October 2012</th>
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<tr>
<th>This paper is for: (Only 1 column to be marked with x as appropriate)</th>
<th>Action/Decision</th>
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**Title:** 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:
- Public consultation on the future of children’s and maternity services at the Friarage
- Improving clinical outcomes for patients
- New treatment for lung cancer patients
- Acute oncology – fast-track cancer service launched
- Opening of neuro-imaging centre
- Trust to capture real-time patient stories
- Divisional move for accident and emergency
- Report of the Hillsborough Independent Panel
- The AHCM Communicating Health Awards

**Prepared By:** Prof Tricia Hart, Acting chief executive & Amanda Marksby, Head of Communications

**Presented By:** Prof Tricia Hart Acting chief executive

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

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<th>Implications (mark with x in appropriate column(s))</th>
<th>Legal</th>
<th>Financial</th>
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<th>Risk &amp; Assurance</th>
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South Tees Hospitals NHS Foundation Trust
1. PUBLIC CONSULTATION ON THE FUTURE OF CHILDREN’S AND MATERNITY SERVICES AT THE FRIARAGE

NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) last week put the public consultation around children’s and maternity services at The Friarage Hospital on hold.

The announcement was made after the Board of NHS North Yorkshire and York confirmed that it would not include an option to retain a consultant-led paediatric and maternity service at The Friarage Hospital in the formal consultation process as it was not clinically sustainable.

The CCG now anticipates that the North Yorkshire Overview and Scrutiny of Health Committee will refer the consultation process to the Sectary of State for review, so has decided to pause the consultation until it has received the Health Secretary’s feedback.

In a statement chief clinical officer designate at NHS Hambleton, Richmondshire and Whitby CCG, Dr Vicky Pleydell, said: “In the interest of preserving precious public funds, and the public’s time and effort, the CCG will be pausing the consultation until after feedback from the Secretary of State has been received.

"As we have explained throughout this process, the issues around children’s and maternity services at the Friarage Hospital are complex and our duty, as commissioners, is to ensure they are safe and sustainable for the future.

“We are full committed to working with the OSC and members of the public to ensure they understand the problems faced at The Friarage and the options for solving them.”

The decision whether to refer the plans will be made at the North Yorkshire County Council Scrutiny of Health Committee in November.

2. IMPROVING CLINICAL OUTCOMES FOR PATIENTS

A national audit for adult critical care has highlighted the good work being carried out in the trust’s intensive care units. ICNARC, the Intensive Care National Audit and Research Centre, has – for the first time – made public its case mix programme (CMP) annual quality report which compares mortality rates in similar intensive care units at hospitals across the country.

Both The James Cook University Hospital and the Friarage Hospital had a lower mortality rate most units nationally (an SMR of 0.8), which means fewer people died in intensive care than would have been expected given the area, age and health of the population the hospitals serve.

These outcomes are excellent and an absolute testament to the skill, expertise, leadership and commitment of the fantastic teams working in our intensive care and high dependency units, often under great pressure.

The trust’s orthopaedic team also shared some superb clinical results recently. Patient reported outcome measures (PROMS) placed the trust as the top performing in terms of patient satisfaction post knee and hip replacement in the North east and equivalent to the top five in the country.
The recently published ninth annual report from the Joint Registry also placed James Cook as one of the best in terms of revision rates of hip and knee replacements with results showing you are four to five times less likely to require further surgery than the national average. In addition we have the fifth lowest length of stay for total hip and knee replacements. Again, these are excellent results and a credit to the team.

3. NEW TREATMENT FOR LUNG CANCER PATIENTS

Lung cancer patients can now have their tumours removed using a specialist keyhole surgery procedure, known as a VATS (video-assisted thoracic surgery) lobectomy, at The James Cook University Hospital.

This is much less invasive than traditional surgery so can be offered to elderly patients who may previously have been deemed not fit enough for surgery. It also halves the amount of time patients have to spend in hospital, dramatically reduces pain and discomfort experienced during recovery and enables patients to get back to their normal lives much more quickly.

A total of £28,000 was invested in the specialist equipment to enable the cardiothoracic team to carry out the procedure and consultant Joel Dunning completed his training in Edinburgh with Bill Walker - world leader for the procedure – who helped with the hospital's first VATS lobectomy in September.

4. ACUTE ONCOLOGY – FAST-TRACK CANCER SERVICE LAUNCHED

World renowned artist Mackenzie Thorpe officially opened the trust’s new acute oncology service at The James Cook University Hospital last week, which will help ensure all cancer patients get an expert opinion without delay – even if they have not been admitted to a cancer ward.

The new fast-track service, which operates from a bay next to ward 14, aims to give the patient a better hospital experience and reduce the length of time they spend on a ward.

Patients who have complications directly relating to their cancer treatment will be admitted onto the ward which is manned by acute oncology service co-ordinator Terri Jasper and specialist nurse Jane Moses.

The service will also support other divisions by helping to care for patients who have been admitted to a ward that might not traditionally be associated with cancer such as when a patient is admitted through accident and emergency.

This will ensure patients have quick access to expert opinion which will help speed up recovery times and reduce the length of time patients have to spend in hospital.

5. OPENING OF NEURO-IMAGING CENTRE

An official opening of the new 3-Tesla MRI scanning suite at The James Cook University Hospital – a joint project between the trust and Durham University – will take place on 23 November.

The new scanner was purchased by the university, primarily to maintain and advance its world reputation for human brain research, but it will also be used on
an equal basis by clinicians for diagnostic scanning and for joint health-related research between the hospital and university.

This constitutes a perfect example of how universities and the health service can work together for the good of the community as well as for their own mutual benefit and the suite will be opened by Paralympian gold medallist Lily Van den Broecke, followed by a lecture by Professor Colin Blakemore, professor of neuroscience at the University of Oxford.

6. TRUST TO CAPTURE ‘REAL-TIME’ PATIENT STORIES

A new project capturing real-time patient experiences’ in hospital - and reviewing their feedback directly with the teams involved in their care – is underway after the trust (in partnership with King’s College Hospital in London and University Hospitals of South Manchester) received over £100,000 of national funding to film patients talking about their experiences of care.

Their stories will then be shown to – and discussed with – the clinical teams looking after them and improvement plans drawn up and tracked based on the insights in the video.

It is hoped the ideas and lessons learned will not only be shared with colleagues in the organisation but also lead to wider improvements and change across the NHS.

The project was one of only nine successful bids, from 140 across the country, to receive funding from the NHS Patient Feedback Challenge fund, which is designed to find and spread great approaches which use feedback from patients to improve services.

The fund is managed by the NHS Institute for Innovation and Improvement and funded by the Department of Health and the final projects have to be completed by the end of March 2013.

Already, two areas have been identified to take part - the orthodontic outpatient department (from a young patient’s viewpoint) and capturing the experiences of a group of patients with COPD – chronic obstructive pulmonary disease – in both acute and community settings. The initiative will be overseen by a project group, led by a senior nurse seconded into the post.

7. DIVISIONAL MOVE FOR ACCIDENT AND EMERGENCY

With the support of the executive directors it has been decided that management of accident and emergency (in the division of acute medicine) would transfer to the division of trauma from the start of this week.

The current level of activity in accident and emergency prompted the discussions about the move, which is designed to support our front-of-house services in dealing with the high numbers of patients coming through our doors in, what is a very challenging environment.

It will also allow acute medicine to focus on a wide-ranging transformation programme, including dealing with an increasing number of frail elder people, working with colleagues to reduce medical patients outlying and improving discharge processes.
Staff in accident and emergency deserve our appreciation and thanks for the way they are managing this difficult situation, and we are working hard both within the trust and with our partner organisations to try to find ways of easing the pressure on our front-of-house services.

8. REPORT OF THE HILLSBOROUGH INDEPENDENT PANEL

In September, the report of the Hillsborough Independent Panel was published which highlighted failures of a number of agencies in their response to a major incident. Much of the report concentrated on the police response and the subsequent inquiries and reviews, although one chapter did describe the emergency response and aftermath.

There have been many improvements to emergency and acute care and responding to major incidents since then, but it is important that we - as an organisation - look at the findings and review our current major incident arrangements and processes, including the way we work with local agencies, to ensure that any lessons identified in the report are incorporated into our response plans.

This work is currently being led by the trust’s emergency preparedness lead Donna Jermyn but in summary, the report concluded that Sheffield hospitals’ major disaster procedures functioned without significant problems and it is considered that our trust would respond to a similar incident likewise.

9. THE AHCM COMMUNICATING HEALTH AWARDS

Congratulations to the communications/public relations team which has been shortlisted in six categories of the Association of Healthcare Communicators and Marketeers’ Awards including:

- Best partnership working
- Best brand
- Best website
- Best crisis management
- Communication team of the year
- Communicator of the year

The awards, which showcase best practice in communications and marketing in the healthcare sector, take place in Leicester on 22 November.

ACTING CHIEF EXECUTIVE – PROFESSOR TRICIA HART