

Board of Directors Meeting

Subject: Chief Executive's Report
Date: Thursday 25 June 2015
Author: Karen Fisher, Acting Chief Executive
Lead Director: Karen Fisher. Acting Chief Executive

Executive Summary	
This report provides an update on issues and activities during June 2015.	
Recommendation	
The Board is asked to note the content of this paper and specifically where verbal updates will be given at the Board meeting.	
Relevant Strategic Priorities (please mark in bold)	
To consistently deliver a high quality patient experience safely and effectively	To develop extended clinical networks that benefit the patients we serve
To eliminate the variability of access to and outcomes from our acute services	To provide efficient and cost-effective services and deliver better value healthcare
To reduce demand on hospital services and deliver care closer to home	

Links to the BAF and Corporate Risk Register	
Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	N/A
Links to NHS Constitution	N/A
Financial Implications/Impact	N/A
Legal Implications/Impact	N/A
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	N/A
Monitoring and Review	N/A
Is a QIA required/been completed? If yes provide brief details	N/A

Chief Executive Report – June 2015

1. Weekly Staff Engagement Sessions

The staff engagement sessions continue to take place on a weekly basis. Recent sessions include raising and responding to concerns, both from a staff and patient perspective and the opportunity for staff to hear and feed back on the key messages given to the CQC via the Executives presentation at the commencement of their inspection.

The session this week will focus on reflecting on the CQC inspection itself and discuss what went well, what could be improved and activities we wish to continue. Verbal feedback will be provided at the Board meeting.

2. Development Activities with the CCG

The externally facilitated 'Ways of Working Together' session took place with Executive Teams from the Trust and the CCG on Monday, 8 June 2015.

The session provided the opportunity for the respective teams to share current challenges and influences and commitments were made to future ways of working.

Two weekly meetings of the CCG and Trust Executive Teams continue.

3. First Clinical Senate

The Trust held its first Clinical Senate on Friday 5th June 2015. The purpose of the senate was to:

- Contribute to the development of our opening presentation to the CQC;
- Consider the Strategic Narrative of the Trust and contribute to its further development;
- Showcase and share best practice around the CQC domains;
- Consider issues such as raising concerns and communications and identify priority actions for improvement.

The Senate was well received by attendees and the next Senate is already being scheduled for September

with a focus on finance and sustainability.

4. CQC Inspection

On Tuesday 16th June we welcomed 57 CQC Inspectors into the Trust to undertake a comprehensive review of our services under the five CQC domains.

A detailed update on the inspection is contained within a separate paper.

I wish to record my thanks to our staff who have worked tirelessly over many, many months to ensure that we continue on our journey of continuous improvement in the care we provide to our patients.

5. Star of the Month

Volunteers, Cardiorespiratory Department, Newark Hospital

Nominated by Lynne Knowles, Cardiorespiratory and Vascular Manager

I would like to nominate the Volunteers in the Cardiorespiratory Department at Newark Hospital. They have been there on a trial basis and have been a tremendous success with staff and patients. The department uses the Eastwood Unit Reception but it is not always manned. Having a Volunteer around has offered the reassurance to patients that they are in the right area and can re-direct if patients come to the Department when they should be in the Outpatients Department.

Comments from Cardiorespiratory staff:

- Have witnessed at first hand the positive effect the volunteers have – answering queries from patients, assuring them they are in the right place, keeping them occupied, notifying staff of patient arrivals, dealing with late arrivals and helping out with various aspects of paperwork etc.
- Agree with the sentiments about usefulness of having volunteers on reception. They are very helpful and it is so reassuring for patients when they come into reception.
- Coming to end of trial and all staff overwhelming say please continue.

Ad-hoc clinical sessions have been put in and even these have been covered by the Volunteers.

6. External Reports/Policy

The NHS Confederation Conference saw the launch of a number of policy statements with Simon Stevens, NHS Chief Executive identifying four areas to address over the next five years relating to:

- **Putting the NHS on a financially sustainable basis**

The need for the NHS to manage within its resources, taking collective action around temporary staffing spend, using collective purchasing power and developing realistic workforce plans. The Success Regime – with new measures to tackle poor performance in three areas – North Cumbria, Essex and North-West Devon.

- **Taking the next steps on care redesign**

A call for demarcation of physical and mental health, combining of health and social care and blurring of the boundaries between primary and specialist care. Recognising this has already begun through the vanguard sites and will be continued through 47 CCGs, which are to work out new service models.

- **Changing the national debate**

A focus on public health issues, including smoking, alcohol, exercise and obesity.

- **New ways of working**

A focus on the 'systematic filtration' of BME staff and other protected groups within the NHS and a redesign of how the healthcare system works, particularly urgent and emergency care.

7. CQC to Assess Use of Resources in NHS Hospitals

On 5th June the CQC announced that from 2016 onwards they will review the use of resources as part of their inspections of NHS hospitals. This work, which will be developed as part of CQC's new strategy for 2016 onwards will focus on organisations' ability to deliver high quality patient care that is also efficient and sustainable.

8. Simplifying Waiting-Time Standards

On 4th June NHS England announced measures to make waiting-time standards 'work better for patients', including abolishing admitted and non-admitted measures and standardising performance reporting arrangements. A copy of the letter is attached to this report.

9. Carter report: Hospitals could save £5 billion a year

In June 2014, Lord Carter of Coles was appointed as Chair of the NHS Procurement and Efficiency Board. He was tasked with helping the NHS identify opportunities to cut waste, save money and drive efficiencies. Since October 2014, Lord Carter and his team have been analysing data from a cohort of 22 trusts to identify a more sophisticated and comparable way of measuring efficiency between hospitals.

Based on this work, Lord Carter has published his interim report, which is attached. A fuller update will be published in Autumn 2015.

The Carter report identified that NHS hospitals in England could make savings of £5 billion a year through measures including improved procurement management and better guidance on staffing levels.

It is clearly a rapidly changing landscape for the NHS and we will now need to assess the impact of these in light of our strategic development activities.

10. Horizon Scanning

A procedure for horizon scanning together with the development of an horizon scanning schedule is being developed. The attached draft documents will be considered by the Executive Team next week and comments are welcomed by Board members.

As stated in the procedure, reports will be drawn from the Health Management Bulletins and Keeping Your Finger on the Pulse Bulletins which are circulated by the library service fortnightly, these will be supplemented by other intelligence available. An example of a Health Management Bulletin has been uploaded to the reading room for your information.

The Executive Team will agree those items which are to be included in reports to Board, together with the Executive lead and timeline for reporting back to Board. The Board will be asked to agree which of those reports may require a 'True for us' exercise in order to understand the full implications of the report and the potential impact on the Trust.

11. Themes and Lessons Learnt from the NHS investigations into matters relating to Jimmy Savile

In October 2012 the Secretary of State commissioned an independent review of the investigations into the allegations that the late Sir Jimmy Savile committed sexual abuses on hospital premises.

The Secretary of State for Health asked former barrister Kate Lampard to produce a 'lessons learned' report, drawing on the findings from all published investigations and emerging themes.

The report includes 14 recommendations for the NHS, the Department of Health and wider government. The Trust has analysed the findings and recommendations of the report, completed a gap analysis and developed the action plan - see attached.

The delivery of this action plan will be monitored by the Clinical Quality & Governance Committee and the Charitable Funds Committee.

Karen Fisher
Acting Chief Executive