

# Board of Directors Meeting

**Subject:** Chief Executive's Report  
**Date:** Thursday 27 March 2014  
**Author:** Paul O'Connor  
**Lead Director:** Paul O'Connor

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| <p><b>Executive Summary</b></p> <p>This report provides an update on the latest issues affecting the Trust.</p>  |
| <p><b>Recommendation</b></p> <p>The Board is asked to note the content of this paper and specifically where verbal updates will be given at the Board meeting.</p> |

| Relevant Strategic Objectives (please mark in bold)         |  |
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| <b>Achieve the best patient experience</b>                  | <b>Achieve financial sustainability</b>  |
| <b>Improve patient safety and provide high quality care</b> | <b>Build successful relationships with external organisations and regulators</b> |
| <b>Attract, develop and motivate effective teams</b>        |  |

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

## 1. **Quality for All**

On 20th March the Trust launched its *Quality for All* Programme at King's Mill Hospital with a subsequent similar event at Newark Hospital on the following day. *Quality for All* introduces to the Trust staff and local people our shared values, standards and behaviours. It follows a number of listening events which the Board will be well aware of that have enabled us to distil what a bad day looked like for our staff but more importantly what a good day looked and felt like. *Quality for All* has confirmed 4 key values for the Trust as follows:

- **Communicating and Working Together**
- **Aspiring and Improving**
- **Respectful and Caring**
- **Efficient and Safe**

The attached Appendix A shows how a series of standards are developed from these values as well as behaviours that should be seen and those that should not be seen. The launch concluded with an opportunity for staff to make their own commitment to role model the values of the Trust or to help colleagues to live up to them more consistently. Over the course of the next few weeks all Executive and Non Executive Directors will be promoting the messages within *Quality for All* across a number of different departments and areas of the Trust.

Also at the Board meeting, I will present the Trust's "Plan on a Page", which is designed to give Board members an opportunity to present the journey that the Trust has been on since its regulatory difficulties at the end of 2012 up to the present day. It is intended to describe the change in culture driven by the Board, the values, standards and behaviours described in *Quality for All*, the movement from a recent history of heavy regulation to a future of greater autonomy as part of "Better + Together" and consistency with the "Strategic Bridge" agreed by the Board earlier this year.

## 2. **Arrangements for the CQC Inspection week commencing 21 April 2014**

In my report to the Board in February I outlined the details of the CQC inspection which is planned to begin on 23<sup>rd</sup> April 2014. I have subsequently held discussions with Tim Cooper, CQC's Head of Hospital Inspections. I hadn't directly met Mr Cooper before but he was part of the David Levy Team Visit on 4th December 2013, so he has already had an opportunity to familiarise himself with the Trust and to be part of a process that has recognised some degree of improvement already. Our discussion were planned so that the Trust would understand more fully the arrangements for the inspection itself, any data submissions required of the Trust and the timetable of events prior to, during and subsequent to the inspection itself. The Trust's Director of Nursing & Quality is leading the submission of the CQC's inspection information.

I have made it clear to Mr Cooper, as I am reiterating to all of our own staff as well as any other external visitors from the CQC, that the visit on 23<sup>rd</sup> April 2014 is something that we welcome. We are clearly continuing to learn, but we also want an opportunity to demonstrate the significant efforts and improvements that have been made at this Trust over a number of months.

Prior to the 23<sup>rd</sup> April 2014 inspection, Mr Cooper will meet the Trust Chairman on a one to one basis to get the Chairman's perspective on the journey that the Trust has been through. We await full details of how the whole inspection process will work and we also await the name of the individual who will lead the Inspection Team from the CQC.

We expect a data pack to be sent to us in advance of the inspection and we expect an inspection style in which the CQC are not trying to pick up where Keogh or NHS England left off in June or December of last year, but are instead involved in a much more comprehensive inspection starting

from scratch. Mr Cooper has emphasised that the CQC inspection is intended to identify areas of good practice as well as identifying areas where improvement may still be required.

Further to my initial discussions with Mr Cooper, I met him again on 19th March 2014 at the FTN Quality of Care Conference which he attended as a speaker. Mr Cooper clarified that the Inspection Team will be meeting for the first time on Tuesday 22nd April 2014 and they will invite us to give a half hour presentation to them at some point towards the end of that day. This will take place off site at a local hotel. The inspection itself is likely to be over 2 days on 23rd and 24th April 2014, leading a high level overview response to us on the evening of Thursday 24th April.

It is emphasised, however, that this is merely a short overview rather than a report of a definitive outcome and that we are unlikely to hear anything else for a further 6 weeks until we receive a report that comes to us for factual accuracy. A quality summit would then be held around 3 weeks after this (around the end of June 2014) which would comprise 3 components. Firstly the Clinical Chair and Mr Cooper himself would present the report's findings to us, secondly, the Trust would be asked to respond on behalf of the Trust and thirdly all stakeholders present would then be asked to determine any subsequent follow up action required. In other words the emphasis would, at this point, be on what happens next, especially for any areas where work is required that is outside the gift of the Trust. My sense is at this point there will probably be more emphasis on local health economy collective work than there was necessarily in our Risk Summit in July 2013. I will keep the Board updated as and when any further details emerge.

### **3. NHS Pay Review Body and Doctors and Dentists Review Body Recommendation**

On 13th March the Government responded to the NHS Pay Review Body and Doctors and Dentists Review Body Recommendation for a 1% uplift to all pay scales. The recommendations were rejected. A 1% increase for all staff was agreed but this would be either through contractual increments or a non-consolidated payment but not both. In essence, this means that staff will either receive an increase of at least 1% through incremental progression or a 1% non-consolidated/non-pensionable payment. The same approach will be applied in 2015/16 when the non-consolidated element will equate to 2% of pay (i.e. 1% for each of the 2 years). The Government also stated that if the NHS Trade Unions were prepared to agree to an incremental progression freeze for 1 year in 2015/16, the payments would be consolidated.

The detailed pay circulars are currently being drafted, these are essential to support consistent implementation. These revised assumptions will be reflected within our Annual Plan forecast. The Trade Unions are currently considering their position.

### **4. Human Tissue Authority Inspection**

On 26th February the Human Tissue Authority carried its cyclical inspection of King's Mill Hospital under Licence Number 12451 led by its Regulation Manager Mr Ron Montgomery. The inspection covered the Histopathology department as well as other areas involved in licencable activities including Maternity and ED. The purpose of the inspection was to review areas where any removal of tissue from a deceased patient or consent for perinatal post mortem examination takes place. As the HTA's Corporate Licence Holder, I was interviewed along with a number of members of staff from the Trust. We still await formal feedback as a result of the inspection but the informal verbal feedback at the end of the visit was excellent. Mr Montgomery and his team were very positive about all of the areas that they inspected and very appreciative of the staff involved and the evidence of team work that they saw. They reported a number of areas of good practice and had no areas of concern, but included 5 examples of advice that they provided from their experience of issues recorded from elsewhere. We expect the final report to be on the HTA website by the end of April.

## 5. Budget 2014

On 19th March the Chancellor of the Exchequer set out the case in his 2014 budget statement for difficult decisions that needed to be made in order to secure the UK's economic recovery. The Office for Budget Responsibility had revised growth forecasts up to 2.7% from 2.4% for 2014 and the 2014 Health Departmental expenditure limit was estimated at £105.6b in 2013/14, compared to a planned £106.9b in the 2013 budget. The Trust's Director of Human Resources and Organisational Development is currently assessing potential changes involving pensions for NHS staff and will be able to report initial findings at the Board meeting.

## 6. VitalPAC Roll Out

The countdown is on to the launch of VitalPAC on the adult wards at King's Mill Hospital, improving quality of care, revolutionising patient safety and reducing mortality rates. The first ward goes live in the week commencing 24th March and I will give a verbal update at the Trust Board meeting of progress. Four newly appointed members of the VitalPAC training team will be delivering the necessary training to all staff groups including, nurses, doctors, healthcare assistants, physiotherapists, pharmacists and others as required. They will also be supporting wards before, during and after their individual "go live" dates.

## 7. Formal Sign Off for Special Measures Buddying Arrangements

On 28th February, the Chairman and I visited Newcastle Upon Tyne NHS Foundation Trust to formally agree the contractual buddying arrangements between our two Trusts and Monitor. We spent some considerable time with our counterparts at Newcastle Upon Tyne NHS Foundation Trust, its Chairman, Kingsley Smith OBE and Chief Executive Sir Leonard Fenwick CBE. Their advice was very useful in helping us to finalise arrangements for the contractual aspects of our buddying arrangement and also in terms of their broader thinking on a number of issues that concern both Trusts at the moment, including PFI arrangements, primary care relationships and governance. We concluded our visit with a tour of parts of the Freeman Hospital including the Transplantation Centre. Monitor are aware of the progress made with the buddying arrangements.

## 8. Star of the Month

I am delighted to confirm that 2 Star of the Month presentations have been held since my last Board Report. We have presented Star of the Month Awards to Gary Else and Denise Millhouse and I am delighted to enclose in full the citations for Gary and Denise as follows:

**Gary Else, Charge Nurse, Emergency Department (*Nominated by Sheila Burscough, ED Operational Practice & Service Development Lead*)**

"I would like to nominate charge nurse Gary Else for star of the month for January.

As well as having excellent skills in co-ordinating shifts in the emergency department, he is very committed to the education and training of our staff and students.

Twice yearly he facilitates our 2 day in-house trauma day for new, newly qualified, junior, student nurses and healthcare assistants, producing a manual and CD, mostly in his own time.

He also does lots of ad hoc teaching in the department during shifts. The team value his input very highly and he has been nominated in the past by student nurses for a mentorship award.

He also represents the department and Trust in undertaking charity work, particularly with the homeless, later this month he will be sleeping rough to support Framework in raising money for and the profile of local homeless people.

He asks for nothing in return for these endeavours, therefore I would like his commitment to the department, Trust, Patients and local population to be acknowledged in a more formal way”.

**Denise Millhouse, Specialist Neurological Physiotherapist (*Nominated by Amy Southam, Specialist Neurological Physiotherapist*)**

“Dee is a specialist neurological physiotherapist who works across multiple services, her main role is working on Ward 54 at KMH with stroke patients and she also works in neurological outpatients at Mansfield Community Hospital. Dee has also been helping out at Newark Hospital during a time when they have been short staffed. She has strong working relationships with all teams/departments. Dee is extremely dedicated and passionate about her role and she frequently goes over and above what is expected of her to ensure that patients receive optimal quality care. Dee often works extra, unpaid hours and is always there to support other staff both clinically and personally. She consistently strives to help patients with neurological conditions achieve their maximum potential and always takes time to listen and problem solve with them”.

**2<sup>nd</sup> nomination received from Fran Platts, Therapy Operational Manager for Community Services**

“I would like to nominate Denise Millhouse for December’s star of the month. She is a band 6 specialist neurological physiotherapist.

Dee has been working tirelessly over 3 sites, including inpatient stroke rehabilitation at Kings Mill Hospital and neurological Outpatients at both Mansfield Community Hospital and Newark Hospital. This is not through her own choice as she is only contracted to one base but due to extenuating circumstances she has been incredibly flexible and adaptable to support provision of services.

Also on top of her work commitment she has almost completed her master’s module in Advancing Physiotherapy Practice just having her dissertation left to end an enormous amount of hard work and dedicated study outside of work.

She is an asset to SFHT her motivation/enthusiasm and passion rubs off on all who work with her and she has the most amazing results with her patients.

I am indebted to her for all her resolve and feel that an appropriate reward would be star of the month”.

**3<sup>rd</sup> nomination received from Frances Tweddle, Therapy Operational Manager**

“I would like to add my support to these nominations for Dee.

Therapy services at Newark have gone through a difficult time and Dee has been a great asset, both for her patients and for our team. She always puts her patients first, adapting her clinics if necessary to suit their needs which can be quite complex in this speciality. She always has time to discuss queries from her MSK colleagues and seeks their advice about what is available for her patients within the Newark area.

Before taking on our neuro outpatient service, Dee, at very short notice, also spent some time helping to cover our medical inpatients and again she just slotted in doing anything that was needed for the patients and giving great support to the staff.

Dee is an excellent physiotherapist and colleague who is caring and professional at all times, she just gets on with things and has become a valuable and loved member of the team at Newark.

She thoroughly deserves recognition from the Trust”.

## 9. Partnership Events

On 7th March myself and the Chairman presented to the Action Group of the Newark Business Club. The club brings together a large number and variety of public and private businesses that operate in and around the Newark area. We were given the opportunity to present and to take questions from the group, numbering around 120 people. Our presentation highlighted the increased number of patients who have been treated or diagnosed at Newark Hospital in 2013 compared to 2012 (133,498, up by nearly 2,000 from the previous year). We were also able to talk about 5 specific services that had all started in the last 12 months at Newark, namely, Fernwood Community Unit, Bramley Children's Unit, Cardio-respiratory Unit, CT Colonography and Urological Oncology. These were presented as part of an overall presentation which listed all of the different services available at the hospital, linked them to the county-wide "Better + Together" Programme and other national drivers for changing health provision. We also presented headlines of a number of media stories in the last 12 months about Newark Hospital and its services and gave the audience the opportunity to question us on any of the issues that had been raised.

**Paul O'Connor**  
**Chief Executive**