

To: Board of Directors

Date of Meeting: 31st May April 2017

Agenda Item: 5

Title
Chief Executive's report
Responsible Executive Director
Chief Executive
Prepared by
Chief Executive
Status
Public
Summary of Proposal
The report highlights the first meeting of the new oversight arrangements; the initial feedback from the CQC inspection; progress with the corporate and clinical structures; and the Executive and Board away days
Implications for Quality of Care
None applicable to this report
Link to Strategic Objectives/Board Assurance Framework
None applicable to this report
Financial Implications
None applicable to this report
Human Resource Implications
None applicable to this report
Recommendation
The Board is asked to NOTE the report
Communication and Consultation
Not applicable
Appendices
None

Report to the Board of Directors, 31st May 2017
Chief Executive's report

1. Oversight arrangements

The first meetings in the new streamlined oversight arrangements took place on 23rd May. This comprised an Integrated Delivery Meeting (IDM) with NHS Improvement (NHSI) and a Quality Oversight Committee (QOC) with NHSI, NHS England and the CCGs, which was independently chaired.

The meetings were positive and stakeholders were supportive of the direction of travel described by the Executive Team, welcoming the progress made to date, while also recognising the scale of the improvement journey, particularly the challenges around the organizational culture.

2. CQC Inspection

The CQC re-inspection took place from 25th to 27th April at both the RSCH and PRH, with further unannounced inspections, which is normal CQC practice, following the main inspection.

CQC provided initial verbal feedback on 27th April, confirmed in a letter on 28th April.

CQC commended staff on the honesty and openness of their approach to the inspection and patients were very positive about their experience. Specific improvement initiatives were commended, including work in reducing falls and comfort rounds in the Emergency Department. Mandatory training and appraisal had improved as had the experience of patients as measured by the national in-patient survey.

Further work is required to improve waiting times for patients, workforce force and staff engagement, and infection prevention and control practice, and to enhance paediatric support at PRH. There will also be a focus moving forward around the required improvements in leadership, governance and culture

The Trust will receive a draft report, with publication of the inspection report expected around August.

3. Away Days and Development of Trust Objectives

An Executive away day was held in May and a Board away day is planned for 26th June to discuss and shape the Trust Vision and Objectives (True North) based on the Patient First approach.

Patient First was discussed with senior leaders from the clinical and corporate directorates at the first meeting of the Trust Executive Committee on 16th May. Its implementation will be enabled by the new Divisional leadership model and corporate restructure, which in turn will be supported by a new Leadership Development Programme to be launched in September.

Aligned with this, the Executive Medical Director will lead the development of the Trust Clinical Strategy, which will consolidate and expand existing plans, providing a clear direction for the Trust, its staff and partners.

4. Strengthening Management and Leadership arrangements

We have issued, for consultation, revised senior leadership arrangements across our corporate functions. Meetings with staff are taking place. We intend to issue our proposals for strengthening clinical directorates in June.

5. Prizes and Awards

Of particular note this month is the Clinical Assistants project which was short-listed for a prestigious HSJ Value in Healthcare Award. This is an excellent example of what can be achieved when frontline staff identify an issue, and work together across disciplines to develop and roll out a solution. Five healthcare assistants, who have been specially selected for their clinical skills and care of patients, are now working with trainee doctors on the general surgery inpatient wards. The clinical assistants free up the doctors from certain paperwork, such as writing requests for laboratory tests or x-rays. They also assist by providing routine clinical skills like taking blood, inserting cannulas and taking patient specimens, as well as supporting with patient observations.

As a result, the trainee doctors have more time for more complex patient care, to ensure they complete their own training, and do not work excessive hours and have proper breaks within and between shifts. The clinical assistants undertook an intensive period of additional training and assessment and the project was evaluated at pilot stage to ensure patient care would benefit – as well as the education and working experience of trainee doctors.

The HSJ described the project as “outstanding practice” with “cutting-edge Innovations.” It has been praised for improving services for patients, trainee experience and career development for healthcare workers, whilst also delivering significant financial savings.

The Children’s Critical Care Team have been shortlisted for the Patient Safety Awards. Their submission ‘Paediatric acute non-invasive ventilation – the future?’ has been recognised in the ‘Patient safety in critical care and trauma patients’ category. The awards ceremony takes place on 4 July where winners will be announced.

Marianne Griffiths
Chief Executive
May 2017