

<b>Report to:</b>	<b>Public Trust Board</b>	<b>Agenda item:</b>	<b>20</b>
<b>Date of Meeting:</b>	<b>31 October 2012</b>		

<b>Title of Report:</b>	<b>Chief Executive's Report</b>
<b>Status:</b>	<b>For Information</b>
<b>Board Sponsor:</b>	<b>James Scott, Chief Executive</b>
<b>Author:</b>	<b>James Scott, Chief Executive</b>
<b>Appendices</b>	<b>Appendix 1 – The Changing NHS Architecture</b>

<b>1. Purpose of Report (Including link to objectives)</b>
The purpose of the Chief Executive's Report is to highlight key developments within the Trust which have taken place since the last Board meeting.

<b>2. Summary of Key Issues for Discussion</b>
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### **2.1 Care Quality Commission Unannounced Visit**

The Care Quality Commission made an unannounced planned inspection at the Trust between 20<sup>th</sup> – 24<sup>th</sup> September 2012, which focussed on the regulated activity of surgical procedures.

### **2.2 The Changing NHS Architecture**

The NHS is undergoing significant change and the architecture of the NHS is changing to accommodate the changes in legislation and functions of the various component parts. Attached in Appendix 1 is a summary of the known changes and how the different groups will interact with each other. The major changes reflect the move to an all NHS Foundation Trust model by 2014, the instigation of a new National Commissioning Board, supported by regional arrangements, as well as changing arrangements for learning and development.

### **2.3 NHS Trust Development Authority**

The NHS Trust Development Authority is due to take on full oversight for NHS Trusts, from Strategic Health Authorities, on 1<sup>st</sup> April 2013. David Flory, Chief Executive of the NHS Trust Development Authority has now written to all NHS Trust Chief Executive's outlining how the transition will take place and sharing their publication, Introducing the NHS TDA. This publication sets out the transition arrangements, including regional management arrangements, how the NHS Trust Development Authority will work with key stakeholders, and the responsibilities which transferred during week commencing 5<sup>th</sup> October 2012. These responsibilities included:

- approval of Foundation Trust applications and organisational transactions at national level, with SHAs continuing to oversee and assess applications and proposals through their initial stages;
- national oversight of progress on commitments in Tripartite Formal Agreements, along with escalation decisions and recommendations to Ministers on triggering the Unsustainable Provider Regime;
- oversight of NHS Trust planning for 2013/14, including issuing national guidance and signing off Trust plans;
- approval of NHS Trust capital investment proposals at national level; and
- making non-executive appointments to NHS Trusts following the closure of the

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Appointments Commission.

The Trust will be working closely with the NHS Trust Development Authority, in parallel to the NHS Foundation Trust application.

#### **2.4 Kingsmill Hospital Investigation – Pathology Services**

Professor Sir Bruce Keogh, NHS Medical Director, wrote to NHS Chief Executive's on 8<sup>th</sup> October 2012 following the recent issues highlighted at Kingsmill Hospital in relation to Pathology services and the misclassification of oestrogen receptor status affecting the treatment of women with breast cancer.

The RUH's breast cancer workload is much larger than that which is undertaken at Kingsmill Hospital. The Trust has discussed the expected incidence of receptor positive cancers for our patient population with Dr David Parham, the Lead Clinician for Breast Screening in our region. His view is that we should be seeing an incidence of approximately 80%. For the last 3 quarters, the incidence reported by our Pathology department has been 77%, 78% and 84%. Dr Parham's view is that this is entirely as expected.

Our laboratory services are covered by our participation in NEQAS, the National External Quality Assessment Service. In particular, our receptor status recordings are monitored as part of the background checks for quality assurance visits. Our staining is optimised for receptor status detection and the scores for our processed material are very good. In addition, we recently validated our caseload and compared our results before making some changes to the way we provide the service. These changes were around process and not quality assurance driven.

Any questions around staining that might arise internally would be addressed immediately. As stated above, our cancer workload is large and we need to respond straight away to any QA concerns that the department itself has. Our response to issues with any staining technique is to react quickly to address them and to consider out sourcing the service whilst we take any corrective action needed.

#### **2.5 NHS Foundation Trust Update**

As at 22<sup>nd</sup> October 2012, 5,463 public members have signed up to support the Trust's NHS Foundation Trust application.

The Governor Elections to elect our first Council of Governors are underway. Forty-eight nominations were received across all constituencies and voting opened on 10<sup>th</sup> October 2012 to all of our members. Ballot papers have been sent to all qualifying public and staff members' home addresses by the Electoral Reform Services (via Royal Mail). Voting closes 5pm, 2<sup>nd</sup> November 2012 and the results will be announced on 5<sup>th</sup> November 2012.

The next Caring for you Event is taking place on 29<sup>th</sup> November 2012 at 6pm in our Post Graduate Medical Centre. Consultant Cardiologist, Dr Jacob Easaw and Consultant Urologist, Chris Gallegos will be leading the session on Men's health. If you would like to attend this event please contact the Membership Office on 01225 821299.

## **2.6 2012 Chief Executive's Patient Safety Award**

Anne Plaskitt, Senior Nurse Quality Improvement, was awarded the Chief Executive's Patient Safety Award at the Annual General Meeting for the best use of IT to promote patient safety. Anne was recognised for the work she has undertaken on the development and introduction of multidisciplinary risk assessments as part of the electronic patient record system, Cerner Millennium.

The aim of this project was to increase compliance in the completion of risk assessments within a defined time period and provide a robust system for auditing compliance. The assessments also trigger interventions, for example a patient recorded as being at risk of pressure ulcers will have on-going assessments and the need for a care plan would be triggered. The introduction of these assessments has allowed Clinicians to obtain real time information when required. Data available has shown improvements in the number of assessments completed within the defined target time from 40% to 98%.

## **2.7 National Awards**

The Trust's 'Team Green' won a national award for its environmental work at the 2012 Health Service Journal Efficiency Awards on 25<sup>th</sup> September 2012.

'Team Green' won in the energy efficiency category for the work undertaken to improve the environment by cutting carbon and waste, whilst saving both energy and money.

Several projects have been carried out, of which the most significant has been the opening of a new Energy Centre, which has enabled the Trust to save 3,000 tonnes of carbon a year and is saving the Trust around £600,000 in fuel bills.

## **2.8 Visit from National Clinical Director for Dementia**

The National Clinical Director for Dementia, Professor Alistair Burns, visited the Trust on 2<sup>nd</sup> October 2012 to see how staff at the RUH are raising standards for dementia care. Professor Burns heard how the Trust is aiming to diagnose dementia earlier and he also found out more about the RUH Charter Mark, which is helping our staff to ensure care for people with dementia is the very best that it can be.

Towards the end of his visit Professor Burns said "the great thing for me is the enthusiasm; the staff are extremely motivated and caring, and on top of that is their interest and enthusiasm for caring for people with dementia. I've been absolutely impressed overall with the RUH."

The RUH Charter Mark was developed with the voluntary organisation Alzheimer's Support. It provides a gold standard for staff to ensure care for people with dementia on all adult wards, not just those specifically for older people, is the very best it can be. So far, nine hospital wards and one outpatient area have been awarded the Charter Mark.

## **2.9 Consultant Appointments**

Dr Gurjit Chohan was appointed as a Consultant in Neurology on 8<sup>th</sup> October 2012. Dr Chohan's start date is to be confirmed as she will be joining the RUH following

completion of the specialty training programme, which Dr Chohan completed within the Peninsula Deanery.

Mr Edward Courtney was appointed on 10<sup>th</sup> October 2012 as a Consultant in Colorectal Surgery, he will join the Trust on 19<sup>th</sup> November 2012. Mr Courtney completed his specialty training in December 2011 and has been working as a Clinical Fellow in New Zealand for the past year.

Dr Rebecca Winterson was appointed to Consultant in Paediatrics on 15<sup>th</sup> October 2012. Dr Winterson is currently working at the RUH as a Locum Consultant in the same post, the start date for her substantive post is to be confirmed. Prior to her Locum Consultant post at the RUH, Dr Winterson was a Severn Deanery trainee.

<b>3.</b>	<b>Recommendations (Note, Approve, Discuss etc)</b>
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The Board is asked to note the report.
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<b>4.</b>	<b>Care Quality Commission Outcomes (which apply)</b>
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Not applicable
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<b>5.</b>	<b>Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc)</b>
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Not applicable
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<b>6.</b>	<b>NHS Constitution</b>
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None identified
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<b>7.</b>	<b>Risk (Threats or opportunities link to risk on register etc)</b>
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Strategic and environmental risks are considered by the Board on a regular basis and key items are reported through this report.
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<b>8.</b>	<b>Resources Implications (Financial / staffing)</b>
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Not applicable
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<b>9.</b>	<b>Equality and Diversity</b>
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Not applicable
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<b>10.</b>	<b>Communication</b>
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Not applicable
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<b>11.</b>	<b>References to previous reports</b>
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The Chief Executive submits a report to every Trust Board meeting.
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<b>12.</b>	<b>Freedom of Information</b>
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