

## Chief Executive's Report to the Trust Board

### Part 1: Senior Leadership Team (SLT)

The Senior Leadership Team met on 24 July. The following provides a summary of the key items which were discussed:

#### Update from Executive Team

Paula Clark advised that she has introduced a weekly 'Monday Message' to go to all staff and go out on the Staff App. Also the latest position on the IRP visits, which had been largely positive especially about the clinical engagement and sign up to the clinical model. There was also discussion about the Cost Improvement Programme with scoping being undertaken initially by Deloitte. The fragility of the rota in anaesthetics was discussed and the importance of clinical professional standards. Concerns around the IT digital strategy were discussed.

#### Update from Care Group Leadership Teams

Each Care Group gave a brief update on Workforce, Finance, quality and Performance.

#### PEOPLE

- There was an update from **Freedom to Speak Up Guardian (FTSU)** Kate Adney. She updated on the role of the FTSU Guardians and FTSU Advocates and how they could support the work of the Senior Leadership Team. The top three concerns related to Datix unresponsiveness, inconsistency of line managers with HR Policies and treating each other with respect
- There was an update on the current **Meeting Structure** from Richard Stephens (KPO Specialist). He outlined good practice and the umbrella goal of more effective meetings. Care Groups were challenged to reduce meetings by 1/3 and all Terms of Reference to be reviewed.
- Rhia Boyode (Workforce) gave an update on the **NHS Staff Survey**. The SLT was disappointed that there had not been greater improvement. Work is in progress to improve staff engagement and communication.
- Members of SLT were given **Thank You Letters** - received in June/July - for them to personally deliver to wards and departments to thank teams and contribute towards greater visibility.

#### PERFORMANCE

- **Cancer** achieved 71% for 62 day target at end of June and July currently at 74%. Focusing on colorectal, lung, upper GI and urology. West Midlands Cancer Alliance have funded £500k for nursing and pathway roles.
- **ED** – It was noted weekly urgent care meetings are still in place and that minors and GP streaming was generally good, although there were differences between sites.
- **RTT** – noted performance was 87% at end of June but trajectory of 92% for end of July would not be achieved, although benchmarking data showed SaTH performing above average. Discussions about maintaining day surgery performance.

#### SERVICE DECISIONS

- Wendy Southall updated on **Stroke Services** which focused on four key priorities and joint work with local health partners to deliver seven day services and other actions arising from NHSE clinical networks meeting.
- Dianne Lloyd gave a **Therapies Service Update** which looked at Community Stroke Pathway, Orthopaedic Rehab Pathway, Therapy-led Ward and Therapy Assistant/HCA blended roles.

#### SUSTAINABILITY

- Nigel Lee (Chief Operating Officer) updated on the **Internal Audit Plan 2019/20** with Complaints, Datix, Ward to Board Assurance and Recruitment as non-core audits. The meeting also noted the latest **Board Assurance Framework** and new high risks reported.
- Stuart Mason (Emergency Planning Officer) gave a **Business Continuity Policy Update** and asked Care Groups to identify leads to attend bi-monthly emergency planning meetings.
- Dave Thomas (Estates) advised that **Space Utilisation Review** was in progress and the results would be feedback to Execs/SLT when returns completed and analysis/recommendations agreed
- Dave Thomas advised that the latest **Fire Update** covered action plan agreed with Fire Service for Copthorne Building and inspection of arrangements in RSH ITU/HDU/Theatres, which will be followed by same at PRH.

Any Board member seeking to obtain further information regarding the items considered by the Trust Senior Leadership Team should contact Julia Clarke, Director of Corporate Governance.

## Part 2: NHSI Improvement Provider News

Each week we receive a bulletin from our regulators at NHSI which provides us with an overview of national policy developments, key events and details of actions that we are required to take forward. Some key highlights from July's news include:

- This year's **NHS staff flu vaccination** campaign materials will be published this month to help us communicate the importance of staff vaccination. This has been shared with Workforce so they can register for campaign materials
- The first national **NHS Patient Safety Strategy** has been launched. It sets a vision for continuous safety improvement, underpinned by a safety culture and effective safety systems. The strategy emphasises the need to support staff and look at systems rather than blaming individuals when incidents occur. This has been shared with the Director of Nursing, Midwifery & Quality, the Director of Clinical Effectiveness and the Medical Director
- A **new guide in using statistical process control (SPC) charts** has been issued to help Trusts make the very best use of data. The Board received an update earlier in the year and this approach is being extended across reporting
- New **e-learning programme supporting mums-to-be to have a smoke-free pregnancy**. Midwives and teams will benefit from using the e-learning resources to ask the right questions and help ensure mums-to-be have safe pregnancies, reducing stillbirths and increasing full-term pregnancies. This has been shared with our Maternity team
- **Helpforce Champions Awards 2019** - a charity improving the lives of NHS staff and patients through volunteering, have opened their 2019 Helpforce Champions Awards. Their national awards provide recognition for the fantastic contribution volunteers make to the NHS. SaTH Community Engagement Team will be nominating a number of individuals and teams.
- **Health and Care Innovation Expo 2019** - Wednesday 4 September and Thursday 5 September 2019, Manchester. There's still time to sign up to Expo. Join us to get inspired, bring the NHS Long Term Plan to life and to meet the people leading transformation across the NHS. Over 2,300 people have already signed up.
- **Upcoming changes to the Friends and Family Test (FFT)** - NHSI have listened to views on how the FFT could work better in maternity services, emergency departments and inpatients services, so they will be changing the standard questions to improve the tool for enabling continuous improvement in healthcare. They are expecting to publish revised FFT guidance in September for implementation from April 2020.

## Part 3: Chief Executive's highlight report

### 3.1 Introduction to SaTH

I'm delighted to have joined SaTH as Interim Chief Executive. I've been with SaTH for four weeks now and I've had a chance to meet a number of colleagues and hear their views about what we need to do.

I've had a lot of feedback about improving communications and visibility within the Exec team, so that's why I'm starting writing a weekly Monday Message that talks about what's happening at Board and partner level, but also spreads the word about some of the great things that are going on across our organisation.

As part of our work to improve the way we communicate and engage with staff, the Trust recently launch 'My SaTH' – a new staff app. The Comms team has done an incredible job spreading the message about it. Nearly 1,500 members of staff have now downloaded the app and I hope this number continues to grow as we will be putting some exclusive content onto it in the future.

The hot weather has been welcomed by all of us in recent week, but I'm aware that some of us working in very warm conditions in clinical and support areas. We've also seen some real pressures coming through both of our Emergency Departments, in turn putting pressure on us at levels we usually see in winter. We are not alone and I understand the whole region is under pressure too, so it's great to hear that the work in our EDs to keep our minor injuries streams going is holding and I have congratulated the team.

The pressure was added to with the norovirus outbreak on Ward 23 at RSH but the team there, along with our IPC colleagues, did done a tremendous job over a couple of weeks in mid-July.

During July I was introduced to our brilliant transformation programme in partnership with Virginia Mason. We are now four years into our five-year programme, so it's vital we take advantage of that privilege in the closing months and embed the methods. They really do work to help staff unblock problems, but most importantly improves services to our patients. We will be making it mandatory for our new senior leaders from Band 7 and upwards to get trained and engaged.

We held the Wear Red for Sepsis Day at the Trust to raise awareness of this vital issue and we publicised with pictures on the website and on social media. Well done to everyone who took part.

While I'm saying 'well done', I also want to say congratulations to one of our volunteers, Jules Lock, who has been shortlisted in the Volunteer of the Year category in the Shropshire Star's Great Big Thank You Awards. Jules has worked tremendously hard to help improve end of life care at SaTH and I hope lots of you will vote for her on the Shropshire Star website.

Over the last three or four weeks we've been visited and scrutinised by the Independent Review Panel (IRP) in terms of NHS Future Fit. The IRP will make recommendations to the Secretary of State for Health around our plans. I was incredibly impressed by the clinical leadership I saw and the commitment to the service model. The hard work is still ahead on delivering the business cases to our regulators, but having a clinical vision that is agreed, well-formed and backed by the clinical leaders in the Trust and primary care is an excellent place in which to be.

### 3.2 Changes to the Executive Team

Over the past months, there has been a number of changes taking place within the Executive Team:

- Dr Arne Rose is our new Medical Director
- Barbara Beal is our new Interim Director of Nursing, Midwifery and Quality. She is also Director for Infection Prevention and Control
- Bev Tabernacle is our new Interim Deputy Chief Executive
- James Drury is our Interim Finance Director
- Dr Edwin Borman has taken up the role of Director of Clinical Effectiveness

Other members of our Executive team are: Nigel Lee (Chief Operating Officer), Victoria Rankin (Workforce Director) and Julia Clarke (Director of Corporate Governance). We are still advertising for a Director of Strategy and Transformation.

### 3.3 Quality Improvement Plan (QIP)

Of the 79 “must do” actions found as a result of the most recent CQC inspection, 23 have been signed off with evidence. A further three are complete but require sign off, while 39 are on track.

Our investigations revealed 266 root causes relating to the 79 “must do” findings, with the majority having multiple root causes to address. Of these, 136 (51%) are either signed off with evidence or complete and awaiting sign off.



I am delighted to report improvements in the ‘environment’ of our Emergency Departments, following a number of concerns raised by the CQC. These include:

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- An induction pack being created for agency nurses
- Regular Matron spot checks being carried out
- Electronic monitoring through RATE (with twice daily checks)
- Executive walkabouts are taking place to identify urgent maintenance work.

These improvements have been embedded through regular staff meetings, development days and senior nursing forums. All staff are involved in conducting and analysing audits, while the RATE results are on show in staff rooms.

In May, we held an event to learn from recent Never Events in our Theatres to reduce the risk of them happening in the future.

Plans were unveiled following that event and I am delighted to confirm that the pre-operative checklist has now been completed and was launched on 15 July on both sites. The Five Steps to Safer Surgery has also been completed. The Never Event Task Group meeting will continue in theatres. This is a monthly meeting looking at actions around the Never Events, alongside actions from the theatre safety day. There is also a monthly theatre safety meeting.

Another of the Root Causes identified, when looking at the CQC actions, was that there was no consistent awareness in our Women and Children’s Department regarding which clinical events should be reported. To ensure incidents are accurately graded to reflect level of harm, the following has been done:

- A weekly multi-disciplinary review of patient safety incidents has been introduced

- Each clinical incident is now reviewed, logged and evidenced within the Datix system
- Staff receive regular feedback through ward and safety huddles
- The grading of every incident is now reviewed by members of the multi-disciplinary Obstetric Risk Meeting

### 3.4 New staff App – My SaTH

In July we launched a staff app – called My SaTH – to improve the way we communicate and engage with staff.

The app, which has been created by our Communications Team at no cost to the Trust, allows staff to read:

- Read the latest news, staff messages and newsletters
- Access staff rotas using e-Roster, as well as NHS Mail
- Access the staff handbook - with key information such as the Trust’s Major Incident Plan and Information Governance rules available at our finger tips
- A helpful ‘Help for Staff’ section with key information about health and wellbeing campaigns, how to access the Small Things Make a Big Difference Fund and how to contact one of our three Freedom to Speak Up Guardians
- Lots of really excellent ‘hot deals’ and discounts

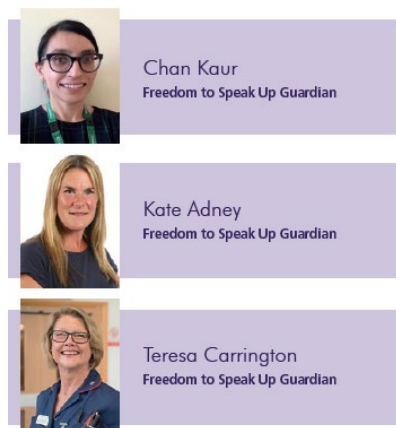


I have downloaded the app myself and am very impressed. I even got the chance to join our communications team on their launch as they walked around our hospitals dressed as mobile phones and talking about My SaTH to thousands of our staff. It was very impressive and the uptake has been extremely popular with 20% of our workforce downloading the app already.

### 3.5 Freedom to Speak Up

We now have three Freedom to Speak Up Guardians, with Chan Kaur and Teresa Carrington joining Kate Adney. We also have 24 Freedom to Speak Up Advocates.

I wish Chan and Teresa all the very best in their new roles – which is really important as we strive to become an organisation where raising concerns is common practice.



### 3.6 Start of Change Weeks

We have carried out two Acute Medicine Start of Change Weeks at RSH and PRH to improve our urgent and emergency care.

The redesign work, carried out across a fortnight with The Emergency Care Intensive Support Team (ECIST), aimed for patients to be seen by the right senior clinician for their needs more quickly and to be cared for in a better environment.



Pressure was relieved on our Emergency Departments, allowing them to stream patients more efficiently and Acute Medical Unit (AMU) ward staff benefitted from receiving appropriate patients with less delay.

During the Acute Medicine Start of Change Weeks there was a number of really great innovations, including:

- A revised Acute Medical Model with a mix of beds and Acute Medical Assessment trolleys to assess patients 'at the front door'
- Protected ward areas for emergency patients
- An enhanced skill mix of staff with extended hours of service and increased weekend cover across acute medicine and improved systems and processes
- Our AMU, Short-stay and Same Day Emergency Care teams will continue to develop the successful changes that were introduced across the Acute Medicine Start of Change Weeks.

Congratulations to everyone involved in this work and I look forward to seeing where we go next to ensure the great work done is sustained.

### 3.7 ThinkON

More than 80 people took part in a new programme during July that is aimed at providing staff with skills and tools to enhance their thinking.

The ThinkON People Manager Workshop has previously been delivered to the Board – including myself - and the Senior Leadership Team, but is now being rolled out across the organisation.

Two more courses – both to be held in Telford – are currently available for staff to book onto through the Training Diary on the Intranet, while more dates will be made available soon.

I hope everyone enjoyed the course, it certainly gave me a lot to think about. I know our Chair Ben Reid is a big advocate of ThinkON and from my experience of it so far I can see so many great benefits of it and how it links in so nicely to the great work we are also doing through our Transforming Care Institute.



### 3.8 Getting It Right First Time (GIRFT)

As part of our quality improvement work, the Getting It Right First Time (GIRFT) programme has been a big focus over the last 12 months.

The GIRFT programme looks at unwarranted variation in the way services are delivered and the outcomes they achieve. 12 of our departments have already welcomed the GIRFT team, with three more visits already booked for the coming months.

The visits have highlighted a number of areas of good practice, such as:

- In paediatrics, where any child who is admitted after presenting at the Emergency Department is allocated a named paediatrician to co-ordinate their care
- The orthopaedic department has also been praised for reducing its loan kit spend by reviewing and re-negotiating contracts

Other departments are also making good progress against their GIRFT actions:

- The Renal team were commended for good practice in a range of areas including: Definitive access, infection control, low bacteraemia and peritonitis, low hospitalisation of prevalent Haemodialysis cohort, home therapies service, low amputation rates and data returns.
- The clinical coding team is meeting regularly with surgical colleagues to share information and review coding practices, with particular success in oral and maxillofacial surgery, where a dedicated specialty coder has been assigned to validate work
- In orthopaedics, we are undergoing a significant redesign of services, which has seen 14 ring-fenced beds secured for elective and emergency surgery
- The anaesthetic list for orthopaedics has also been standardised and consultants are now using a cemented prosthesis, as recommended, for hip replacements
- In obstetrics and gynaecology, three consultants are offering laparoscopic hysterectomy, moving away from open surgery which carries both a greater risk and longer recovery time. In some cases, this surgery is now being offered as a day case

### 3.9 Transforming Care

The five Trusts in partnership with NHS and the Virginia Mason Institute came together at SaTH in July for the annual Sharing Event.

It was just before I started here but what I have been told by my colleagues is was an excellent event whereby the five organisations share their experiences of how they are developing a lean culture of continuous improvement which puts patients first.

What was particularly interesting for our teams is that a lot of the topics being discussed were relevant to us and what we need to do to improve. For examples, Surrey and Sussex Healthcare NHS Trust gave a presentation on the work they have done to become ranked in the top 20% of hospitals nationally as a place to work and receive treatment in the most recent national NHS Staff Survey.



### 3.10 Reducing length of stay

A new model of care has been launched at SaTH to improve outcomes and reduce the length of stay in hospital for patients undergoing hip and knee replacements.

It follows a successful year-long pilot of an Enhanced Recovery programme at PRH for those having elective surgery for joint replacements.

This new approach aims to improve the patient's experience and recovery and halve the amount of time they spend in hospital by making them active in their own recovery, and helping to ensure that they are better prepared to manage when back at home.

The MSK (musculoskeletal) team at SaTH is behind the launch of the project, but it involves a multidisciplinary team - including orthopaedic consultants, specialist nurses and therapists – working



together to ensure a patient is discharged from hospital following their joint replacement as quickly and as safely as possible. The aim is to reduce a patient's length of stay in hospital from an average of 6.3 days to 3 days.

Under the programme, the new model of care has:

- A new orthopaedic ring-fenced bedded ward (Ward 8) at PRH dedicated to Enhanced Recovery for hip and knee replacement patients
- A new Joint School which will educate patients and prepare them for their surgery and rehabilitation at home. They, and their 'buddy' (a relative, carer or friend, will also be able to meet the team involved in their treatment
- New protocol written for anaesthetic pathways to aid recovery
- New booklet developed to guide patients through their pathway

To quote our COO Nigel Lee: "This is a real success story for SaTH."

### 3.11 Maternity Movement Bracelets

I was really pleased to hear about a new Maternity Movement Bracelet that has been launched to help pregnant women track the movements of their unborn baby. Funded and supported by The Local Maternity System (LMS) in Shropshire and Telford & Wrekin, the Maternity Movement Bracelet will be given to expectant mums at 24 weeks of pregnancy under our care.

The Maternity Movement Bracelet has 14 beads and expectant mums then simply move a small hoop around each bead on the bracelet when an episode of movement is experienced. By doing this they should find it easier to notice their baby's pattern of movement and understand when to expect to feel movement. This is a really simple yet excellent idea – well done!

