

Chief Executive's Report to the Trust Board

Part 1: Senior Leadership Team (SLT)

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

Update from Executive Team

Bev Tabernacle, Interim Deputy CEO, informed the SLT that interviews for the new CEO of SaTH are taking place this week (w/c 23/09/19). She passed on a message from our Chair, Ben Reid, that he has been impressed and pleased by the level of interest in the role.

Update from Care Group Leadership Teams

Midwifery

- Jo Banks, Care Group Director for Women and Children's, informed the SLT that shortlisting for the Director of Midwifery was taking place this week (w/c 23/09/19) and she was pleased with the number of applications received.
- Nigel Lee, Chief Operations Officer, added that the job advert to replace Jo Banks is currently live.

Scheduled Care

- Neil Rogers, Assistant Chief Operating Officer for Scheduled Care, updated on the positive progress that has been made on ISGs, including a broadened approach ahead of the next CQC visit and increased visibility via genba walks.
- He raised concerns about high nurse turnover and informed the SLT that nurses were citing repeated movement to other wards as their key reason for leaving. Solutions are being discussed and fulfilled with newly recruited nurses. Particular focus is being given to Ward 35 and to reducing the movement of nurses around wards.

Unscheduled Care

- Kevin Eardley, Care Group Medical Director for Unscheduled Care, informed the SLT that four middle grade ED doctors have been recruited and will be starting by the end of September. Agency doctors are required while the new recruits are supported in the department (10 wte to support throughout the Winter period).
- ED consultants are aiming to create more time to proactively manage operations.
- The department has 135 wte ward based nurse vacancies. HEE Global Learners estimated 175 wte (Trust) appointments. Kevin thinks there is the potential to fill the majority of vacancies in USC.
- Kevin talked about the need to get the infrastructure right while demand is increasing rapidly.

Pharmacy 7 day working

- Vicki Jefferson, Operational Head of Pharmacy, outlined proposed options to transition towards providing a seven-day pharmacy service. An increased clinical pharmacy service would increase clinical effectiveness and help to reduce length of stay.
- SLT recommended we start with a Saturday service as this could be done while plans to increase automation are worked through. This option allows progress without being contingent on automation timings.
- This recommendation will now go to the Performance Committee for their consideration.

CQC

- Barbara Beal, Interim Director of Nursing and Maggie Bayley, Interim Associate Director of Nursing informed the SLT that on 12 September 2019 a large number of documents that were requested at short notice were submitted to the CQC on time.
- They also informed the group that a mock CQC inspection was scheduled for next week (W/C 30/09/19) to help with preparations.
- Aside from some actions that need to be dealt with promptly following a mental health visit, the team are up to date on all enquiries from the CQC.

Emergency Department IT system implementation

- James Drury, Interim Finance Director, advised that the ED IT system implementation plan had been agreed. Mark Cheetham requested that end-user views are accommodated in the plan.

Procurement Transformation Plan

- Paula Davies, Head of Procurement, proposed a transformation plan which was agreed.

Community Engagement

- Hannah Roy, Governance and Membership Manager and Kate Ballinger, Community Engagement Facilitator, gave a presentation on Section 242 – our legal duty to engage with the public and stakeholders about potential changes to services.
- Their message was clear in a request to leaders to talk to Hannah or Kate before any decisions are made to service changes, however small the changes in provision.
- Mr Tony Fox cited his experience of working with the engagement team and thanked them for making the recent changes to the ophthalmology services work so smoothly.

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 September's news include:

- A new **flu campaign** has been created by Public Health England with the support of NHSI. It takes a different approach to flu season — emphasising the protective benefit of the flu vaccination. There is a range of campaign materials available for Trusts to promote the flu vaccination to your workforce, including posters, social media tools and a communications toolkit. The SaTH Communications Team have been sent all of these.
- The **cancer patient survey** supports Trust to provide better cancer care by monitoring national progress and driving local quality improvements. Following participation from 145 trusts, the 2018 national cancer patient experience survey has revealed a trend of continued improvement in cancer care. Patients with cancer have rated their treatment at SaTH as 'very good', highlighting the dignity and respect they received.
- **Develop your senior leadership skills** with the Nye Bevan programme. This programme will support the Trust to build personal resilience, confidence and capability to meet the challenges and demands of being an Executive Director and to perform better at board level.
- A **revised friends and family test guidance** has been published on using the friends and family test to improve patient experience. This follows nine months of consultations with healthcare professionals and the public.
- A **£210 million funding boost for frontline NHS staff** has been announced to support NHSI's drive to make the NHS the best place to work, retain our nursing workforce by supporting long-term career progression, and improve patient care. The funding includes a £1,000 personal development budget for every nurse, midwife and allied health professional to support their personal learning and development needs over three years.
- Organisations that issue national **patient safety alerts** will soon be required to use a single, standardised safety alert template.
- NHSI have published the **NHS Oversight Framework** for 2019/20. This outlines the approach NHS England and NHS Improvement will take to oversee organisational performance and identify where providers and commissioners may need support. The new framework incorporates approaches and measures used in both the Single Oversight Framework and the Improvement and Assessment Framework.

Part 3: Chief Executive's highlight report

3.1 Annual awards

Our recent Long Service Awards followed by the VIP Awards evening was a day I will never forget; I could not have been more proud of the people who work at SaTH.

This was my first experience of the awards and it was wonderful. There was a real buzz in the room and it was great for everyone to hear the stories from the finalists.



I want to say many congratulations to all of the winners and to everyone who was nominated, and well done and thank you to everyone who was involved in the organisation of a great occasion.

3.2 Scrapping DBS check charges as a result of staff feedback

We have listened to our staff and removed staff charges for criminal background checks.

A DBS check can cost up to £60, with many staff needing it renewed every three years. Many NHS organisations charge for the service.

Our newly-appointed Staff Engagement Champions raised concerns about staff having to pay for their own checks and, as of August 23, we the Trust started to absorb these costs.



We also hope that by removing these costs it will encourage more people to come and work at SaTH and build a long and successful career, which in turn will hopefully help our recruitment and retention rates.

The Engagement Champion role was introduced in June as a result of disappointing NHS Staff Survey feedback, and this is another example of us improving what it feels like to work at SaTH. Having an engaged workforce is critical to us becoming a better organisation, and the news that we are going to stop charging people for DBS checks as a result of staff feedback is evidence of exactly that.

3.3 £7m investment in radiology – including a new CT scanner

A new CT scanner will be installed at Princess Royal Hospital as part of a £7 million investment in Radiology equipment across the Trust, which will also include a full upgrade to digital X-ray equipment, a cardiac catheter laboratory and a vascular and interventional laboratory.

The additional scanner, which we hope will be ready to go live in December, will help us ensure the sustainable and reliable delivery of emergency and urgent CT scanning. Its superior technology will also allow for improved image quality and advanced imaging such as cardiac.

This is a significant investment for our hospitals. The new scanner will provide excellent quality images at the lowest possible radiation dose to patients using the latest scanning technology. It is a real boost for our patients and our Radiology team.

3.4 Areas of good practice highlighted

I am delighted to confirm that areas of good practice at our hospitals have been highlighted by the national NHS clinical improvement programme- GIRFT (Getting It Right First Time).

The programme looks to improve NHS care by reducing unwarranted variation in the way services are delivered.

A number of areas of practice have been praised by the programme; for example, the care of children admitted through A&E being led by paediatricians, with the input of other specialities where required, was praised, as was the reduction of surgical equipment costs and the delivery of a high-quality home therapy service for renal patients.



Other improvements made through the GIRFT programme include the ring-fencing of 14 beds for orthopaedic surgery, with a view to reducing cancellation rates and minimising infection risks, while in Obstetrics and Gynaecology we are now offering more laparoscopic procedures, which carry a lower surgical risk than general anaesthetic and shorten recovery times.

GIRFT is led by clinical experts and so far we have welcomed them to 13 of our departments. We have three more visits booked for the coming months.

3.5 Procurement team ranked in top five

Our Procurement team has achieved yet more praise – this time for being ranked 5th out of 133 acute Trusts across the country.

The Procurement League Table ranks NHS Trusts for their efficiency in buying goods and services, so this result means our Procurement team is amongst the very best at delivering value for money for both patients and tax payers.

Recognition for this achievement comes after the team was named as a finalist at the Health Service Journal's Value Awards 2019.

3.6 World Sepsis Day

To mark World Sepsis Day we took delivery of 60 new blood culture pods to dramatically reduce the time it takes for samples to be transported to its labs.

The new plastic pods are safer than the glass pods they replace, and initial calculations suggest as much as one hour could be saved in the time it takes for a sample to reach the Pathology labs using the air tube systems.



3.7 Nurses complete preceptorship programme

I would like to congratulate 36 newly qualified nurses who have completed the preceptorship programme that helps them on their journey to becoming registered nurses.



The beginning of a newly qualified nurse's career can be a challenging time, and initial experiences can shape how they develop in their career. The preceptorship programme ensures newly qualified nurses, midwives and allied health professionals receive the best possible start to their career.

During the preceptorship programme, the nurses were supported by an experienced practitioner to develop their confidence and to refine their skills, values and behaviours.

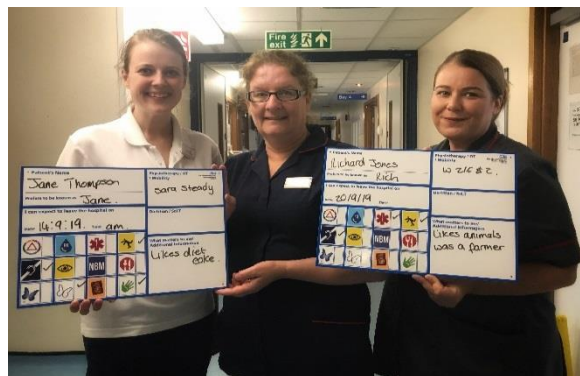
3.8 Patient Information Boards

Standardised patient information boards have been created and are in the process of being rolled out across both of our hospitals.

The introduction of standardised patient information boards will improve safety and communication by providing clear and easy to understand patient information a glance.

The symbols used on the patient information boards are consistent with those already used across the Trust to provide uniformity for staff who move between wards and departments.

Key information on the information boards includes clinical alerts for diabetes, dementia, allergies and if the patient is a risk of falling.



We trialled the information boards within a number of clinical areas before agreeing on the final concept, which we are in the process of rolling out across all adult wards and departments, while further trials are taking place in maternity and paediatrics, with the help of patients, carers and staff.

The use of symbols to code information allows staff to be sensitive and discreet. No detailed patient information is ever displayed on the boards, but what is provided is important and can be easily digested at glance to improve the delivery of safe and kind care.

3.9 Hospital at Night

Our Hospital at Night has come up with a really clever solution to improve the care of patients who need medical treatment during the night.

They have developed highly-visual alert labels which can be placed in a patient's notes to ensure that those who were unwell overnight are seen first when medical teams do their rounds the following morning.

The scheme is being rolled out across RSH and PRH this week.

The plan is to eventually include the information on the Trust's electronic patient information screens.

3.10 Waiting area for patient treated with cancer

A new waiting area for patients being treated for cancer has been officially opened at RSH – and has been named after a former patient who helped create it.

The Bernadette Roberts Waiting Room was opened at the O'Connor Haematology Unit by members of Bernadette's family.

The new area looks fantastic and I would like to say a big thank you to Bernadette and to her family for the generous bequeathment Bernadette gave the department which has enabled us to make this happen.



In the six months since the expansion was completed, over 10,794 patients have used this area and we have received so many comments from patients saying how comfortable it is and how the environment has improved.

3.11 Improving end of life care

Five stunning sky murals are to feature on two wards at PRH to improve care for patients.

The LED lit ceiling tiles will feature natural sky scenes and will be fitted in five side rooms on Ward 15 (Acute Stroke Unit) and Ward 16 (Rehabilitation), with one already completed.

The aim of the murals is to provide a distraction and reduce feelings of anxiety for patients receiving treatment, giving them a more positive experience of being in hospital.

