

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Title	Chief Executive's Report
Report date	September 2014
Indicative discussion time required	10 minutes
Please classify the paper as: <ul style="list-style-type: none"> • To note • To endorse • To approve 	To note
Executive Summary	<p>All clinical commissioning groups are required to submit revised Better Care Fund Plans in the third week of September.</p> <p>This quarter's meeting of the West of England Academic Health Science Network Board was held earlier this month. Good progress is being made with in-year priorities.</p> <p>Monitor has instigated a monthly collection of financial information for all FTs to allow the Department of Health to estimate its performance against the Parliamentary votes.</p>
Please describe as appropriate the link to: <ul style="list-style-type: none"> • The Trust Strategic Objectives • The Trust In-Year Objectives • The Trust Mission • The Trust Values 	
Please describe how this affects patients/staff/carers etc.	
Please describe what stakeholders think about this.	
Please describe how this affects our: <ul style="list-style-type: none"> • performance • quality and safety • cost • activity 	
Is what is described in the paper affordable?	N/A
Please explain when you will be able to report progress about this issue.	Further updates will be given in future monthly CEO reports.
Please identify the risks associated with this issue and describe how they will be dealt with. Please set out in the report in risk register format the risks associated with the issue.	N/A
Please describe the aspects of this paper that might require wider stakeholder engagement or public consultation, and early engagement with Governors.	
Please identify any other significant impact or outcomes (where applicable) in relation to Financial issues, Equality and Diversity, the NHS Constitution, Legal issues or Sustainable Development.	
Recommendation	The Board is asked to note the report.
Author/Presenting Director	Dr Frank Harsent, Chief Executive

**MAIN BOARD – SEPTEMBER 2014
REPORT OF THE CHIEF EXECUTIVE**

1. National

1.1 All clinical commissioning groups are required to submit revised Better Care Fund Plans in the third week of September. The fund for Gloucestershire is £40m.

2. Regional

2.1 This quarter's meeting of the West of England Academic Health Science Network Board was held earlier this month. Good progress is being made with in-year priorities, e.g. all five hospitals in the Network have agreed to implement the Magnesium Sulphate project to reduce the incidence of cerebral palsy.

3. Regulators

3.1 Monitor has instigated a monthly collection of financial information for all FTs to allow the Department of Health to estimate its performance against the Parliamentary votes and thereby ensure the annual revenue and capital expenditure limits are met.

4. Our Trust

4.1 At the meeting of the local Health Overview and Scrutiny Committee on 8th September 2014 the Clinical Commissioning Group presented a review of the first year of the changes to the Cheltenham General A & E service. The overall report was accepted by the Committee.

4.2 ED attendances reduced in month to the level that was seen in 2012 but picked up again as September progressed.

4.4 The following Consultant has been appointed:

Anaesthetics and Pain Medicine - Owen Bodycombe

4.5 This month's learning from complaints / concerns includes:

Issue raised	Feedback method	Lessons learned
Care of patient with Parkinson's Disease on a medical ward – understanding of staff about condition and timing of medication	Complaints	<ul style="list-style-type: none"> • Ward now has identified Parkinson's Disease Link Nurse • Programme of teaching sessions initiated for all ward staff • Timers purchased so that staff can ensure medication is given on time
Missed fracture in Emergency Department	Complaints	<ul style="list-style-type: none"> • Revision of training for use of Ottawa guidelines for fracture identification • Revision of local guidelines for patients with head injury who are on anticoagulants in line with NICE guidelines
Lack of communication between ward staff and families	Complaints	Dedicated time put aside during visiting times for families to speak to staff
Staff attitude for example rudeness	Friends and Family Test	The comments are shared with staff for staff to reflect and consider how they may need to adapt their behaviour.

Staff provided an excellent service	Friends and Family Test	Positive comments shared with all staff to continue the good service they provide as evidenced by the overwhelmingly positive comments from patients.
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4.6 The Risk Register is attached at Annex A.

Dr Frank Harsent
Chief Executive

September 2014

TRUST RISK REGISTER – SEPTEMBER 2014

Risk	Controls	Responsible Director & Key Meeting	Assurance Committee	Review date	Likelihood score	Impact score	Risk rating score
M1 Inability of the local health and social care system to manage demand within the current capacity leading to significant fluctuation of attendances in ED	<ul style="list-style-type: none"> • Weekly Emergency Care Board • Emergency Care Plan <ul style="list-style-type: none"> ○ Addressing three main areas of concern <ul style="list-style-type: none"> ▪ Demand ▪ Staffing (Medical & Nursing) ▪ Beds and capacity 	Director of Service Delivery Emergency Care Board	Finance and Performance	Monthly	5 (4)	5 (5)	25 (20)
M1a The clinical risk of delay in treating patients arriving at Accident and Emergency during periods of high demand or staff shortage	<ul style="list-style-type: none"> • Further external review involving IST • Monthly Emergency Care project report • Delivery of relevant QIPP plans 	Director of Service Delivery Emergency Care Board	Trust Board	Monthly	4	4	16
M1b Lack of available middle grade doctors in all clinical areas that creates gaps in rota and increased use of locums and delays in clinical pathways	Develop plan to manage the expected medical staffing shortfall by developing Advanced Nurse Practitioners and aligning with Health Education South West on development of Physician Associate role.	Medical Director Medical Staffing Review Group	Trust Management Team	Monthly	5	4	20
M1c The hospital has been working at full capacity including the winter pressure beds throughout the summer so there is no ability to accommodate surges in admissions during the winter months further exacerbated by the loss of Hazelton Ward	<ul style="list-style-type: none"> • Implement the LOS plan to reduce LOS by 0.5 days, as part of the Emergency Care Plan • Complete capacity modelling exercise to identify further improvement • Examine wider community alternatives to support capacity surges 	Director of Service Delivery	ECB F&P Board TMT	Monthly	4	4	16

Risk	Controls	Responsible Director & Key Meeting	Assurance Committee	Review date	Likelihood score	Impact score	Risk rating score
C4 Risk to patient / organisation due to delayed completion/ submission of discharge summaries contravening Commissioning contract	<ul style="list-style-type: none"> Project team chaired by Medical Director Monthly monitoring – identifying top / bottom 10 compliant teams sent to divisional boards QC monitoring 	Medical Director Discharge Summary Steering Group	Trust Management Team	Monthly	5	3	15
F2 Failure to demonstrate expected savings through workforce projects	<ul style="list-style-type: none"> Project sponsors and leads assigned to each work stream with Project plans and mile stones. Divisional representatives responsible for ownership of actions within the Divisions. 	Director of Human Resources & Organisational Development - Workforce Review Board	Finance & Performance committee	Monthly	4	5	20
C3 Risk arising from the sequence of surgical related Never Events leading to potential regulatory intervention and the potential effects on the reputation of the Trust	<ul style="list-style-type: none"> Each event has had a full root cause analysis and resulting action plan and is monitored for closure and completion of the actions as part of our governance arrangements <p>Further mitigation\monitoring underway includes</p> <ul style="list-style-type: none"> A high level review of all surgical Never Events of the past 3 years Audit of actions plans agreed following the Never Events Increased Observational audits of theatre practice around the WHO checklist. Safety culture evaluation in GRH Theatres and Labour suite (pilot) Development of “Always Events” in OPD\clinic settings for surgical procedures 	Medical Director Director of Safety	Quality Committee	Monthly	3	5	15

Risk	Controls	Responsible Director	Assurance Committee	Review date	Likelihood score	Impact score	Risk rating score
DSp1 Inability to maintain business continuity for the OPMAS computer systems	<ul style="list-style-type: none"> OPMAS contingency Mitigation Plan Chemotherapy Sub Group Oncology, Haematology and Palliative Care Board 	Director of Service Delivery Emergency Planning Group	TMT	Monthly	3	5	15
N17 Increasing number of adolescents (12-17yrs) presenting with self harming behaviour are admitted because of required medical care but stay longer periods of time in the acute (paediatric or adult) wards as there appears to be insufficient external facilities for their mental health care. There is significant risk of these patients further harming themselves or other patients and visitors.	<p>Internal Controls</p> <ul style="list-style-type: none"> High Level Review of current process and incidents to enhance local controls <p>External Controls</p> <ul style="list-style-type: none"> The Local & Specialist Commissioners have been alerted. CQC and the Safeguarding Board (County Board and Executive County) Board have been informed of the concerns. 	Director of Nursing Safeguarding Board	Quality Committee	Monthly (at TMT)	5	4	20

Risk	Controls	Responsible Director	Assurance Committee	Review date	Likelihood score	Impact score	Risk rating score
S100 Continued failure to meet 62 day cancer standard leading to delayed treatment and increasing the risk of intervention by Monitor	<ul style="list-style-type: none"> • Appoint to posts in Histopathology (See also High Level Review of backlog delays) • Increase access to CT scan • Improve the access information provided to patients • Resolve pathway problems in Urology, Lower GI, Gynae, Lung & Head & Neck • Weekly internal monitoring with leads Exec lead. 	Director of Service Delivery	Cancer Management Board.	Monthly	3	5	15
DSP 148 Regular breakdown of a CT scanner which is nine years old that leads to the ability to deliver diagnostic capacity which has an effect on waiting times and critical patient pathways.	<ul style="list-style-type: none"> • The required replacement equipment and funding has been identified and an implementation plan is being developed. • Further extended failures would need to be reviewed and external\private CT facilities considered 	Finance Director	Capital Replacement Group	Monthly	5	3	15
C11 Failure of timely transport arrangements provided by the new Commissioner led contract with ARRIVA, this detrimentally affects the patient experience, leads to cancellation of procedures and adds staffing costs to supervisor OP waiting for transport	<ul style="list-style-type: none"> • Agreed Recovery plan and monitoring • Weekly performance dashboard • Regular contract performance meetings • Sharing of individual patient stories 	Director of Service Delivery	TMT	Monthly	5	3	15

Risk	Controls	Responsible Director	Assurance Committee	Review date	Likelihood score	Impact score	Risk rating score
C12 Delayed discharge of patients who are on the medically fit list above the agreed 35 limit leading to detrimental effects on capacity and flow of patients through the hospital from ED to ward	<ul style="list-style-type: none"> • Delivery of the Urgent care action plan 	Director of Service Delivery	Emergency Care Board	Monthly	5	4	20
M1c Increased LOS in excess of plan leading to unplanned opening of capacity increased agency cost and patient outliers and delayed closure or winter pressure beds	<ul style="list-style-type: none"> • Delivery of the Urgent care action plan 	Director of Service Delivery	Emergency Care Board	Monthly	4	4	16
F7 Delay in providing follow up appointments in a number of specialties - Neurology, Cardiology, Rheumatology, Breast, Ophthalmology	<ul style="list-style-type: none"> • Establish Speciality specific plans • Monitor performance at Divisional Operational performance meetings 	Director of Service Delivery	Planned Care Board	Monthly	4	4	16
N22 - New The Trust has a duty to report all grade 3&4 graded pressure ulcers as serious incidents and potential safeguarding issues, this system has been improved and as resulted in large numbers of reported incidents.	<ul style="list-style-type: none"> • A CQUIN plan is in place with associated training based on best evidence • Analysis of the root cause analysis is informing practice • Continuous and open monitoring is in place through the Quality Report • Commissioners are aware of the trends and reports 	Director of Nursing	TMT	Monthly	4	4	16