

TRUST BOARD

Date of Meeting: 02/11/2010		Enclosure: 5
		Agenda Item No: 7
Title of Report: Chief Executive's Report		
Aims: This report provides the Board with an update on key national and local announcements and policy developments that have emerged in the past month.		
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> • Breast Services • Coalition Government's Spending review • Fit for the Future • Care Quality Commission – Meeting Essential Standards of Care • Winter Planning • Caldicott Guardian • Celebrating Excellence 		
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):		
Financial	Outlines the NHS implications from the Spending Review.	
Workforce	Fit for Future road shows and engagement with staff on the delivery of our cost efficiency plans.	
Other	Outlines the Essential Standards of Care which became legally enforceable on 1 October 2010.	
Recommendations: That the Board notes the updates in this report.		
Document previously approved by: Not applicable. Report directly to the Trust Board.		
Prepared by: Ramona Duguid Company Secretary		Presented by: Carole Heatly Chief Executive

**TRUST BOARD
CHIEF EXECUTIVE'S REPORT
NOVEMBER 2010**

1. INTRODUCTION

This report provides the Board with an update on key national announcements, policy developments, and issues significant to this Board.

2. BREAST SERVICES

The breast screening service has been temporarily suspended by the Primary Care Trust (PCT) since 29 June 2010 while work is carried out to make improvements and strengthen the service to ensure the highest standards of patient care are provided. This decision was taken following an interim visit by a radiologist from the regional Quality Assurance Team because there were a small number of issues that required further investigation. This included some early indications that some women may not have received some additional tests.

The Trust and the PCT commissioned an independent review of around 1,600 patient care records with the help and support of other screening centres. This review relates **only** to those women who were **called back** for further assessment following their routine screening from 1 April 2007.

This review is now completed and the PCT is preparing a report on the incident which is expected to be shared with the public in early November.

The telephone helpline remains in place for all patients and all calls have received a response. The symptomatic service continues to be provided locally.

I attended the Cumbria Health and Wellbeing Overview and Scrutiny Committee last week with Dr Nigel Calvert to discuss the incident and the next steps which were required following the completion of the review. A key concern from Councillors was the urgent need to re-commence the screening programme. The PCT have approached Newcastle to temporarily provide the radiology input into restarting the programme. This would be for a period of 6 months and the Trust will make every effort to assist Newcastle in starting this as soon as possible.

3. COALITION GOVERNMENT'S SPENDING REVIEW 2010

On 20 October 2010, the new Coalition Government published their spending review for the period 2011-12 to 2014-15.

The spending review has seen specific challenges that face the whole of the public sector, particularly in relation to the efficiency savings which will be required in future years.

In a separate letter to NHS Chief Executive's, Sir David Nicholson has highlighted the following aspects from the Spending review in relation to the impact on the NHS:

- **Total NHS expenditure will be protected in real terms** within that total increase, NHS revenue will increase in real terms, year-on-year. In addition, there will be a further redistribution of £1bn by 2014/15 from capital to revenue specifically to support greater integration between health and social care. The settlement will still provide sufficient capital for the major public capital schemes already approved nationally to continue and for the NHS to keep up essential NHS maintenance expenditure;
- **In common with the wider public sector, the NHS must make unprecedented productivity savings** in order to keep pace with demand. Our assessment 18 months ago of the scale of the £15-20bn quality and productivity challenge has been borne out and it is more important than ever that we pursue those quality and productivity improvements. Every penny of those savings will be available for reinvestment in frontline healthcare; and
- **The settlement represents a fantastic opportunity to support integration between health and social care services at the local level.** As well as NHS revenue rising in real terms, NHS commissioners will be allocated additional revenue amounting to £1bn in 2014/15 specifically for measures that support social care, which also benefit health. This upstream expenditure in meeting the needs of vulnerable people will represent a better quality and more efficient service across the health and social care system, preventing the need for greater expenditure downstream in acute healthcare.

The NHS Operating Framework for 2011/12 will be published in December 2010 and will set out the financial parameters for the service for next year, including use of surplus and financial risk management, in order to maintain strong financial discipline whilst managing the transition to the new system envisaged in *Equity and Excellence: Liberating the NHS*. Sir David Nicholson's letter also outlined three key items which were fundamental to achieving the quality and productivity improvements to secure a sustainable financial position for the NHS:

3.1 The need for change to improve quality

The ambition of the quality and productivity challenge is not to maintain the status quo, but to continuously improve services for patients and value for money. Evidence suggests that better, safer care is also more cost effective care.

Whilst the NHS has grown rapidly in recent years, productivity has remained at best flat. The focus now must be on increasing significantly the productivity we get out of the existing capacity to meet the underlying growth in demand.

The reforms proposed in *Equity and Excellence: Liberating the NHS*, which are due for Parliamentary consideration in the coming months, give us the tools to meet that challenge; for example, by aligning the responsibility for clinical and financial decision making at the point of GP referral.

In terms of our Trust, we have established a QIPP team which is leading on supporting our operational teams in achieving the improvements we need to make in relation to quality, productivity and efficiency. The key challenge for us is to ensure this is embedded and fully integrated into our core business as we move forward. We have also set with our GP colleagues strong foundations for us to work together which we need to further build on as we develop our clinical service strategy and work within new commissioning arrangements next year.

3.2 Working in partnership

A key driver both in the spending review and in the new White Paper is the focus on reducing the organisational boundaries both between primary and secondary care but more importantly between health and social care, in order to truly realise the levels of quality and productivity required. It will be important for the Trust to ensure the engagement with social care on its future plans are robust to ensure true partnership working across North Cumbria.

3.3 The importance of leadership

The uncertain and challenging times for the NHS are recognised, as well as the significant achievements which have been made to date, which all staff across the NHS should be proud of. However, the importance of leadership to allow true partnership working to take place across the health and social care system will be essential in making real quality and productivity improvements that are sustainable.

The leadership and effort from our staff at all levels, the senior management teams and our clinical leaders is significant and I am confident that we can work together to achieve the challenging agenda we have in the Trust and move our organisation forward.

4. FIT FOR THE FUTURE

As reported to the Board last month the second Fit for Future road shows were held in October 2010. The sessions were led by myself at the Cumberland Infirmary (CIC) and the Deputy Chief Executive at West Cumberland Hospital (WCH). Approximately 700 staff attended the session at CIC and 500 at WCH.

The purpose of the sessions were to re-cap with our staff what we said we needed to achieve this year in relation to our efficiency savings, how we were performing against those plans and what we needed to do next. The sessions posed some difficult questions in relation to reducing our workforce numbers and reconfiguring our bed base across the two hospitals. In addition the potential changes required in the services we provide across the Trust were discussed and recognised as key to ensuring we have a sustainable future.

It is also important to highlight the commitment from our staff in relation to the care they provide to our patients and local public. All staff questioned how we would achieve the levels of savings required whilst ensuring the safety of the care we provide does not diminish.

Board members are aware of the challenging cost improvement plans that we have in place and are being supported and monitored by our internal QIPP Team.

The next key steps for us in these plans include completing the next phase of our bed reconfiguration, which proposals are currently being discussed with our clinical teams. In addition, the nursing review will be fundamental to ensuring we have the correct number and skill mix of nurses in place for the services we provide. It is also important to inform the Board that I have also requested for a review of our management structure to be undertaken by an independent Chief Executive Officer and Medical Director from another NHS Acute Trust. This will reinforce the message that we are reviewing all aspects of how we operate.

We are working hard to ensure that whilst these are challenging times, and there are things we must achieve to secure our long term future, we engage with and work together with our staff. It is important to highlight that there is challenge and unrest from the local Trade Unions in relation to the changes we need to make, which we are continuing to try and work together to resolve. In these times of turbulence it is important to recognise the contribution staff make whilst not diminishing the challenges and changes we all face.

5. CARE QUALITY COMMISSION (CQC) – ESSENTIAL STANDARDS OF CARE

On 1 October 2010 a new Law about regulating health and adult social care in England came into force. Every health and adult social care service in England is legally responsible for making sure it meets new essential standards of quality and safety.

The CQC will register, and therefore license, care services if they meet essential standards and will monitor them to make sure they continue to do so. The essential standards of care include:

You can expect to be involved and told what's happening at every stage of your care

- You will always be involved in discussions about your care and treatment, and your privacy and dignity will be respected by all staff.
- You will be given opportunities, encouragement and support to promote your independence.
- You will be able to agree or reject any type of examination, care, treatment or support before you receive it.

You can expect care, treatment and support that meets your needs

- Your personal needs will be assessed to make sure you get care that is safe and supports your rights.
- You will get the food and drink you need to meet your dietary needs.
- You will get safe and co-ordinated care where more than one care provider is involved or if you are moved between services.

You can expect to be safe

- You will be protected from abuse or the risk of abuse, and staff will respect your human rights.

- You will be cared for in a clean environment where you are protected from infection.
- You will get the medicines you need, when you need them, and in a safe way.
- You will be cared for in a safe and accessible place that will help you as you recover.
- You will not be harmed by unsafe or unsuitable equipment.

You can expect to be cared for by qualified staff

- Your health and welfare needs are met by staff who are properly qualified.
- There will always be enough members of staff available to keep you safe and meet your health and welfare needs.
- You will be looked after by staff who are well managed and have the chance to develop and improve their skills.

You can expect your care provider to constantly check the quality of its services

- Your care provider will continuously monitor the quality of its services to make sure you are safe.
- If you or someone acting on your behalf makes a complaint, you will be listened to and it will be acted upon properly.
- Your personal records, including medical records, will be accurate and kept safe and confidential.

The CQC has published helpful guides for patients about the essential standards, which I have asked the Acting Director of Nursing, Quality and Governance and Medical Director to ensure we publish these standards in all our clinical areas and that our staff follow these standards on a daily basis.

The Board will be aware that the monitoring of the CQC regulations is undertaken by the Governance and Quality Committee and I have requested an update on the Essential Standards and our supporting evidence to be presented at the November 2010 meeting.

6. WINTER PLANNING

It is expected that this year will be challenging, not least in the context of QIPP and the new White Paper. Maintaining unprecedented quality and productivity improvements against the reconfiguration of service delivery will be essential therefore it is important to focus on delivery of care in a range of circumstances and across agencies.

Essentially the same eight areas that are deemed as core critical to service delivery have been reviewed as in previous years with health and social care colleagues. These eight areas are:

- Handover of Patient care from the Ambulance to Acute Trust
- Operational readiness (bed management, capacity, staffing and the New year elective 're-start')
- Out of hours arrangements
- NHS/Social care Joint arrangements
- Ambulance Service/Primary Care/A&E

- Critical care services
- Preventative measures, Vaccination campaigns
- Communications

The Trust has learned from previous year's pressures and performance and focused on ways to maximise what we do well and learn from what we did less well. The planning assumption is based on managing a 15% increase in winter workload within the Emergency Carestream; Emergency Medicine and Orthopaedic Trauma being the areas of predictable pressure.

The management of Norovirus has been reviewed and outbreak procedures amended to reduce the impact of outbreaks, learning from last year's prolonged outbreak at the Cumberland Infirmary.

It is expected that we will continue to see H1N1 (Swine Flu) circulate as a seasonal flu virus in the now post pandemic period for some years to come, while the level of concern is now greatly diminished, vigilance is especially critical in this immediate post pandemic phase, when the behaviour of H1N1 (2009) virus as a seasonal virus cannot be reliably predicted. Exception reporting of staff and patients with flu symptoms continues.

Work is continuing within the clinical divisions to ensure that a phased approach to levels of escalation are in place to minimise disruption to patient care and should it be necessary to expand internal capacity into the elective floor, that there is flexibility for a switch to Day surgery for the period of escalation.

7. CALDICOTT GUARDIAN

A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information.

The Department of Health has specific guidance for ensuring organisations comply with the necessary Caldicott principles set out in the Caldicott Guardian Manual 2010.

Following discussions with the information team and the new Medical Director, Mr Graham Putnam has been appointed as the Trusts Caldicott Guardian with effect from 1 September 2010.

The manual states that the Guardian should be, in order of priority:

- an existing member of the management board or senior management team of the organisation;
- a senior health or social care professional;
- the person with responsibility for promoting clinical governance or equivalent functions within the organisation.

It is important for the Board to understand the key differences between the Caldicott Guardian and the Senior Information Risk Owner, which for this organisation is the Director of Finance.

The Caldicott Guardian role:

- is advisory, and accountable for that advice;
- is the conscience of the organisation;
- provides a focal point for patient/service user confidentiality & information sharing issues;
- is concerned with the management of patient/service user information.

Whilst the Senior Information Risk Owner role:

- is accountable for IG processes within their organisation;
- fosters a culture for protecting and using data;
- provides a focal point for managing information risks and incidents;
- is concerned with the management of all information assets.

The Governance Committee receive an annual update on Caldicott issues or urgent issues as they arise, which I will also ensure a summary report is also reported by exception to the Trust Board before the end of the financial year.

8. CELEBRATING EXCELLENCE

The Trust will be hosting the Celebrating Excellence Awards for the third year running to recognise the achievements of our hospital staff who deliver extraordinary levels of care to many thousands of patients each year. We thank all our sponsors who make this event possible. As we face difficult challenges it is important that we recognise achievement.

We received many nominations for the awards over ten categories and these were judged by an external panel including representatives from our patient organisations – Patient Panels and Cumbria LINK. There were also judges from across the Border from Dumfries and Galloway hospital and the University of Cumbria.

The awards evening will be held at Rheged, Penrith on 11 November.

RECOMMENDATION

The Trust Board is requested to note the report.

Carole Heatly
CHIEF EXECUTIVE