

TRUST BOARD

Date of Meeting: 07/06/2011		Enclosure: 4
		Agenda Item No: 6
Title of Report: Chief Executive's Report		
Aims: This report provides the Board with an update on key national and local items that have emerged in the past month.		
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ Merger & Acquisition ▪ Clinical Strategy Update ▪ Top 40 hospitals ▪ Support with breastfeeding ▪ Flying the flag ▪ Licensing of new Chaplain ▪ Consultant nurse advises TV show ▪ Senior Appointment 		
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):		
Financial	No specific implications.	
Workforce	No specific implications.	
Other	Updates the Trust Board on the current status and timeline for the Merger and Acquisition.	
Recommendations: The Trust Board is asked to note the report.		
Document previously approved by: Not applicable. Report directly to the Trust Board.		
Prepared by: Ramona Duguid Company Secretary	Presented by: Kevin Clarkson Deputy Chief Executive/Chief Operating Officer	

**TRUST BOARD
CHIEF EXECUTIVE'S REPORT
JUNE 2011**

1. INTRODUCTION

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

2. MERGER AND ACQUISITION

The Merger and Acquisition process for phase one began in May 2011 with the development of the following:

- An External Stakeholder Group with representation from the PCT, Local Authority, Trust and patient representatives
- A series of 'clinical dinners' establishing contact between representatives of the Trust's clinicians and potential FT partners
- Development of a financial assessment framework for potential FT partners by Deloitte and the Director of Finance
- Development of a non-financial assessment framework for potential FTs through a series of internal workshops and a workshop with GP representatives

Clinical engagement in the process has been very positive with over 38 consultants and senior managers and 10 GPs attending the workshops. It is hoped that this level of engagement will continue as these stakeholders have a key role to play throughout the process.

In addition to the above activities the Trust needs to ensure that the Tripartite Formal Agreement (TFA) is agreed with the PCT and Department of Health. A meeting is scheduled at the SHA on 6 June which will be key to finalising the agreement.

The key stages and milestones in the process for developing the merger and acquisition proposal for phase one will need to remain flexible in order to respond to stakeholder and market views. In addition the process must respond to the views of key stakeholders and the FTs expressing an interest in acquiring NCUH. The timeline below should therefore not be taken as final, but as an early guide to the approximate timings.

TASK	FINANCIAL EVALUATION	NON FINANCIAL EVALUATION
Internal discussion on evaluation requirements and questions to ask FT bidders	By 16 May	End May
FT gathers responses to questions	17 May – 27 May (10 days)	Mid June (3 weeks)
NCUH provides financial and non-financial information for FTs	Early/Mid June	Early/Mid June
Trust internal evaluation of responses	Early June (2 weeks)	Mid/End June (2 weeks)
Clarification meetings with FTs to ensure responses are clear and understood	End June/Early July (2 weeks)	End June /Early July (2 weeks)
Moderation and finalised analysis	Mid July (4 weeks)	Mid July (2 weeks)
FT Meeting with External Stakeholder Group	September	September
Trust and PCT/GP Commissioner Board to Board	September	September
Board sign off	October	October

Whilst the Trust will not be producing a traditional prospectus for the organisation we will be providing an information pack for all interested FTs reflecting financial and non-financial aspects of our organisation. It is intended that the information provided will be similar to that requested from the FTs in order to demonstrate an early commitment to mutual information sharing.

The key step which has been added to the process in response to feedback from the market is the provision of Trust information to interested parties in early/mid June. In addition FTs will be given the opportunity to present their approach to acquisition to the stakeholders' group (scheduled for September) and a board-to-board discussion between the Trust and PCT/GP commissioners will take place before the former takes a decision about the preferred acquirer.

At the conclusion of this work (circa end of July) Deloitte will produce a Feasibility Report and present the conclusions from the external review process for consideration by the Trust Board during August / September. The recommendations in the report will be shared with the SHA and External Stakeholder Group for their consideration with consensus and next steps being agreed with the Trust.

3. CLINICAL STRATEGY UPDATE

The Trust and PCT through the spring developed its high level clinical strategy. As part of the Deloitte/Finnamore engagement the clinical strategy was to be further developed, in detail, and costed to ensure affordability across the economy. The detailed development of the clinical strategy is progressing well, principally across 5 key areas, these being

- Emergency floor
- Paediatrics
- Planned Care
- Anaesthetics
- Diagnostics

Additional areas will be developed as we go through the process. There is full clinical engagement in the detailed development of the costed clinical strategy which is anticipated to conclude in the next six weeks.

4. TOP 40 HOSPITALS

I am pleased to report that our Trust has been named one of the top 40 hospital Trusts in the country for the third year running. We picked up the accolade at the CHKS 40 Top Hospitals for 2011 awards which celebrate excellence and are based on the evaluation of 21 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

This year's indicators, which are revised annually to take into account newly available performance information include: risk adjusted mortality and length of stay; rate of emergency readmission to hospital within 28 days or following treatment for a fractured hip; overall data quality; percentage of elective inpatients admitted on day of procedure; pre-op length of stay for fractured neck of femur, or for elective surgery; reported MRSA bacteraemia rate; reported Clostridium difficile rate for patients aged 65 and over.

5. SUPPORT WITH BREASTFEEDING

Maternity staff are leading a number of initiatives within the community to increase breastfeeding uptake rates.

Infant feeding coordinators have arranged for breastfeeding cafés to run in Carlisle and Whitehaven, where they are on hand to offer advice, along with breastfeeding support workers and peer supporters who are volunteers who have successfully breastfed their own children and have now been trained to help other new mums.

The team have also produced directories for Carlisle and West Cumbria, listing breastfeeding friendly cafés and other venues, and a number of other initiatives will be launched to mark Breastfeeding Awareness Week in June including a teddy bears' picnic and Bump to Baby Fair in Carlisle.

6. FLYING THE FLAG

The Trust flew the rainbow flag at the Cumberland Infirmary on 17 May to show support for the International Day Against Homophobia and Transphobia (IDAHO) and to back the campaign by the Lesbian & Gay Foundation (LGF), which encourages public buildings, public spaces and organisations to fly the flag once a year to publicise the day of awareness.

7. LICENSING OF NEW CHAPLAIN

The Trust will officially welcome the Cumberland Infirmary's new Chaplain on 9 June. The Rt Revd James Newcome, Bishop of Carlisle, will present the licence to the Revd Anne Roberts and speak as lead Bishop on Healthcare Issues in England. Children from Caldew Lea Primary School will sing for the assembled guests.

Originally from Kent, Anne was ordained as a priest in the Church of England in 1996. She previously worked in parish ministry in Beverley, Reading and Shrewsbury, and was Chaplain at hospitals and a hospice in Shropshire. She is currently Healing Adviser for Carlisle Diocese and has just finished as Acting Diocesan Director of Ordinands. Anne is married to Kevin, Archdeacon of Carlisle, and the couple have three grown-up children and two little grandsons.

8. CONSULTANT NURSE ADVISES TV SHOW

Helen Roe, Consultant Cancer Nurse for the Trust, is assisting the BBC with a future storyline for the medical drama series *Holby City*.

Helen is holding discussions with story writers and researchers from the programme, focusing on a particular storyline relating to the development of nursing roles. She is able to offer her expertise on how realistic different scenarios are and how they might play out, to ensure key aspects of life in the NHS are accurately represented.

One of the first Consultant Cancer Nurses to be appointed in the country, Helen was named one of the top five cancer nurse leaders in the UK by the *Nursing Times* in 2009.

9. SENIOR APPOINTMENTS

Following interviews held in May 2011, Mr Patrick Armstrong, Consultant Orthopaedic Surgeon based at West Cumberland Hospital has been appointed as Associate Medical Director for Surgery.

10. RECOMMENDATION

The Trust Board is asked to note the report.

Kevin Clarkson
DEPUTY CHIEF EXECUTIVE/CHIEF OPERATING OFFICER