

**TRUST BOARD**

<b>Date of Meeting:</b> 08/03/2011		<b>Enclosure:</b> 4
		<b>Agenda Item No:</b> 7
<b>Title of Report:</b> Chief Executive's Report		
<b>Aims:</b> This report provides the Board with an update on key national and local announcements and policy developments that have emerged in the past month.		
<b>Summary:</b> The issues considered in this paper are: <ul style="list-style-type: none"> <li>▪ Merger &amp; Acquisition update</li> <li>▪ Strategic Aims and Principal Objectives 2011/12</li> <li>▪ Management Review</li> <li>▪ Percutaneous Coronary Intervention (PCI) development</li> <li>▪ Inquests into West Cumbria shootings</li> <li>▪ Faster test for heart failure</li> <li>▪ Dignity in Care</li> </ul>		
<b>Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):</b>		
<b>Financial</b>	No specific implications.	
<b>Workforce</b>	Progress with implementing the recommendations following the management review.	
<b>Other</b>	Outlines key strategic issues facing the Trust during 2011/12.	
<b>Recommendations:</b> That the Board notes the updates in this report.		
<b>Document previously approved by:</b> Not applicable. Report directly to the Trust Board.		
<b>Prepared by:</b>  Ramona Duguid Company Secretary	<b>Presented by:</b>  Carole Heatly Chief Executive	

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

**1. INTRODUCTION**

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

**2. DEVELOPMENT OF THE PLANS TO PROGRESS WITH THE MERGER OR ACQUISITION**

At a meeting held on 16 February 2011 the Trust Board concluded that the best way forward for the Trust to achieve Foundation Trust Status within the required timescales, as set out in the White Paper, was to formally seek to merge with or be acquired by an existing NHS Foundation Trust.

This move is necessary in order to achieve the plans set out in the new government's White Paper, which requires all NHS Trusts to become Foundation Trusts by 2013.

The Board's decision was based on careful consideration of the following issues:

- Changes to the timeline available for Trusts to achieve Foundation Trust status as outlined in the White Paper: *Liberating the NHS* and the Operating Framework for 2011/12.
- Realigning the clinical strategy in partnership with GP commissioners at the same time as facing a challenging contract position next year.
- The challenge of providing two district general hospitals, based 40 miles apart, necessitating duplication of services within their current configuration, as well as below average activity levels, resulting in a higher cost base than the income the Trust receives.
- PFI scheme at Carlisle.
- National efficiency requirements and the repayment of historic debt further impacting on the overall financial position.

I have been liaising closely with NHS North West during the last two weeks to agree the next steps in setting up the project management arrangements as well as discussing how the other important strategic programmes of work continue within the Trust. These include the development of the Full Business Case for the new West Cumberland Hospital Development as well as the work on developing a sustainable integrated clinical strategy for services across North Cumbria.

The timeline that has been provisionally discussed to complete the transitional arrangements are intended to take 12-18 months.

A specific Project Board is currently being set up which will be chaired by NHS North West and will include key representatives from:

- North Cumbria University Hospitals NHS Trust
- GP Commissioners
- NHS Cumbria
- Cumbria County Council
- Cumbria LINK
- NHS North West

The overall process will be led and managed by the Trust with support and direct input from NHS North West. It is anticipated that the inaugural meeting of the project board will take place by the end of March 2011.

Extensive communication with our staff, stakeholders and the local public has taken place over the last three weeks. There have been a number of questions regarding the timescales and the consultation that we will undertake as part of the overall process in making a final decision on a merger with or acquisition by another provider.

A monthly update report will be provided to the Trust Board on the current status of the merger and acquisition plans.

### **3. STRATEGIC AIMS AND PRINCIPAL OBJECTIVES 2011/12**

The Trust's five key strategic aims have formed have formed the baseline for the more detailed annual plans and Integrated Business Plan (IBP) which incorporated a range of objectives and specific outcome measures. The strategic aims for the organisation have been:

1. To ensure we provide high quality, safe and effective care for all our patients
2. Achieve sustainable financial balance through comprehensive and challenging financial recovery programme
3. Develop and implement system change through comprehensive service reconfiguration
4. Develop a new healthcare facility in West Cumbria which is fit for the 21st Century
5. Develop our organisation to become a Foundation Trust

Each objective in the 2010/11 Annual Plan was assigned to a Director with timescales for delivery. Directors are currently reviewing the year end position in terms of achievements and this will be reviewed for Board approval by the Director of Strategic Planning at the end of the financial year.

The Board will be aware that following the publication of the NHS white paper 'Equity and excellence – liberating the NHS' the Operating Framework was published in December 2010 which set out the key NHS reforms and priorities for the future. The NHS changes set out in the Operating Framework have had an immediate and significant impact on the local Cumbria Health Economy with the Department of Health approval of the local GP led Commissioning Consortia as a national pathfinder.

In addition the local collaboration on the Clinical Strategy (reported to the Board in February), the health economy turnaround programme and the PCT commissioning intentions are at a critical stage of development.

Work associated with these initiatives is scheduled to be completed in the next 4 to 6 weeks and this will drive the specific objectives and outcomes for the next 1-3 years.

In this context the Executive Management Team have had initial discussions regarding our strategic aims going forward and the specific objectives we need to put in place to ensure their delivery in the new financial year.

It is proposed that the Strategic Aims are refined in the context of the strategic issues facing the Trust both now and in the future, which include:

1. To ensure we provide high quality, safe and effective care for all our patients, including meeting the essential standards of safety and quality as set out by the Care Quality Commission.
2. To develop a viable integrated clinical strategy for secondary care services across North Cumbria which is sustainable and affordable.
3. To develop a new healthcare facility in West Cumbria that is fit for the 21st Century.
4. To achieve sustainable financial balance through; the delivery of the Trust's internal cost improvement programmes; securing a viable income contract in conjunction with GP commissioners and contributing to the wider health economy turnaround plans to realise system wide cost reductions.
5. To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust.

In delivering these strategic aims the principles of targeted disinvestment, service consolidation and developments which repatriate patients currently travelling to out of area services still apply as described in the IBP. The development of community based services to support long term conditions (avoiding the need for secondary care based management) and elective surgery provided by GPs with special interests will continue to drive the need for 'right sizing' our capacity whilst our programme of work on the clinical strategy will improve access, continuity and performance with the development of the Emergency Floor and specialist teams working across both hospital sites to provide a single north Cumbria service.

Our key service developments will be Stroke Telemedicine to support 24/7 thrombolysis and the development of a new cardiac service (angioplasty) at the Cumberland Infirmary. Greater emphasis is required in 2011/12 on redesigning our services to deliver greater productivity and efficiency such as redesigning the surgical pathways to increase the volume of activity provided as a day case and admitting patients on the day of surgery.

It is important that whilst there is significant strategic change both within the organisation and across the local health economy that the Trust is clear on the specific outcome measures that need to be achieved within the next 12 months. The outcome measures will be discussed in greater detail at the Trust Board away day in March 2011.

#### **4. MANAGEMENT REVIEW**

In November 2010, Jim Mackey, Chief Executive of Northumbria NHS Foundation Trust (FT) was asked if he would assist with a review of the management arrangements and costs for the Trust. This Review was undertaken during December 2010.

It is important to highlight to the Board the outcome from the SHA wide benchmarking exercise which showed that the Trust's management costs were one of the lowest across the whole of the North West.

The main findings of the report have been reviewed and the following six specific recommendations are being progressed. I have provided an update for the Board against each of the recommendations.

- The clinical leadership roles in relation to the Associate Medical Directors and Clinical Directors are to be reviewed to ensure they are integral to the management and strategic direction of the Trust.

*Update: Dedicated time with the Associate Medical Directors has now been set up. Further work to review the clinical director and clinical lead roles is still required, which will be progressed within the respective Divisions, this includes current vacancies that we have for these roles across the two hospital sites.*

- The development of Trust-wide clinical teams will be progressed as part of developing the Trust's clinical strategy, which will require clinical teams to work radically different across the two hospital sites.

*Update: This is a key action that will be progressed as part of the development of clinical strategy and the development of the clinical rotas to support the service models across North Cumbria.*

- The senior nursing structure to be reviewed as part of the current nursing review.

*Update: The Trust wide nursing review is progressing. It has been agreed that the current Deputy Directors of Nursing roles will be reviewed as part of the nursing review.*

- Further benchmarking on estates and facilities should be undertaken.

*Update: This is currently being undertaken.*

- Additional support and focus to be put in place regarding risk and assurance, which will be reviewed as part of the Governance Review. A key aspect of this will be reviewing the current role of the Company Secretary.

*Update: In view of the additional support we need to put in place regarding assurance that the Trust's core governance systems are working, as well as the position with the Trust's Foundation Trust application and the need to set up arrangements to move to a new organisational form, I am reviewing the job description and the responsibilities of the Company Secretary role with the Chairman to ensure this reflects what the organisation needs going forward over the next 12-18 months.*

- Consideration to be given to the development of further strengthening the engagement with primary care as the role of GP commissioning develops across North Cumbria.

*Update: This will continue to be developed during 2011/12 as the new GP commissioning roles and the locality teams develop across Cumbria.*

## **5. PERCUTANEOUS CORONARY INTERVENTION (PCI) DEVELOPMENT**

Percutaneous Coronary Intervention (PCI) will be offered at the Cumberland Infirmary within the coming weeks – the first time the life-saving treatment has been available to patients within Cumbria.

Cumbria's lead GPs approved final plans for the repatriation of the service to Carlisle, to serve patients across the whole county. Patients currently have to travel to Blackpool, Newcastle or Middlesbrough for the specialised treatment.

It is estimated that around 700 patients will undergo the procedure at the Cumberland Infirmary each year. The procedure is used to clear arteries by inserting and inflating a small balloon which squashes any blockage. A rigid support is then left in place to restore blood flow.

The service is expected to be up and running before the end of May 2011.

## **6. INQUESTS INTO WEST CUMBRIAN SHOOTINGS**

The inquests into the deaths of the 12 people who died during the shootings in West Cumbria in June 2010, and the inquest into the death of Derrick Bird, began last week. We know this will be a very distressing time for our staff who were involved or knew the families in such a close-knit community and have therefore made sure professional help is available for those who need it due to these events and the further stress of the inquests.

A page has been set up on our internal intranet with advice on where to go for counseling or emotional support, plus information on what the inquests will entail. Staff have also been given advice on what to do if approached by a member of the media during the inquests, which will attract national interest.

## **7. FASTER TEST FOR HEART FAILURE**

Patients in north Cumbria who are suffering from breathlessness can now benefit from a new faster test for heart failure.

A blood sample is taken at the GP surgery then transported to the Cumberland Infirmary where pathology staff use a state-of-the art analyser to measure the level of a hormone called pro brain natriuretic peptide (pro-BNP) in the blood sample. Pro-brain natriuretic peptide is only present when a chamber of the heart is struggling, a feature of heart failure.

This new test will allow the quicker diagnosis of heart failure and will also identify people who do not have heart failure so they may not need to undergo unnecessary further tests.

The test was introduced in January and local lead GPs thanked our pathology staff for getting it up and running so quickly.

## **8. DIGNITY IN CARE**

The National Dignity Action Day took place on 25 February and our staff were asked to take action to promote dignity in their place of work. The campaign was aimed at ensuring people in care are treated as individuals, are given choice, control and a sense of purpose in their daily lives and provide stimulating activities.

The Department of Health, in partnership with the Social Care Institute for Excellence (SCIE) and the Care Services Improvement Partnership (CSIP) have developed an online practice guide for Dignity in Care, which describes eight main factors that promote dignity in care:

- **Choice and Control** – enabling people to make choice about the way they live and the care they receive
- **Communication** – speaking to people respectfully and listening to what they have to say; ensuring clear dialogue between workers
- **Eating and Nutritional care** – providing a choice of nutritious, appetising meals, that meet the needs and choice of individuals, and support with eating where needed.
- **Pain Management** - ensuring people living with pain have the right help and medication to reduce suffering and improve their quality of life.
- **Personal Hygiene** – enabling people to maintain their usual standards of personal hygiene.
- **Practical assistance** – enabling people to maintain their independence by providing ‘that little bit of help’.
- **Privacy** – respecting people’s personal space, privacy in personal care and confidentiality of personal information.
- **Social inclusion** – supporting people to keep in contact with family and friends and to participate in social activities.

Our Trust was also asked for input into a new web page within Cumbria County Council’s website, as part of the local Dignity in Care campaign. The page can be viewed at: [www.cumbria.gov.uk/adultsocialcare/dignity/](http://www.cumbria.gov.uk/adultsocialcare/dignity/)

Maintaining privacy and dignity and involving people who use our services is part of the Care Quality Commissions (CQC) ‘Essential standards of quality and safety’ and forms part of the specific legal Regulations and Outcomes that all NHS Trust’s are assessed and regulated against on an ongoing basis.

In February 2011 the CQC confirmed that they will be reviewing selected wards from 100 NHS hospitals across the Country. The hospitals will be chosen from the information the Regulators already hold about organisations as well as random selections.

The review will be a targeted inspection programme of NHS hospitals looking at whether older people are treated with respect and how they are helped with food and drink when they need it.

## **9. RECOMMENDATION**

The Trust Board is requested to note the report.

Carole Heatly  
**CHIEF EXECUTIVE**