

Date of Meeting: 18/12/2012	Agenda Item No: 7.4	Enclosure: 9
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: West Cumberland Hospital Clinical Vision		
Aims: To provide the Trust Board with a brief update on the development of a WCH clinical vision delivery plan.		
Executive Summary:		
<p>The aim of this paper is to confirm the governance arrangements for the implementation of the Clinical Strategy for the re-developed West Cumberland Hospital. The Hospital is planned to open during 2015 and there is much that needs to be done to implement the Closer to Home public consultation. This paper sets out how we intend to take this important stage forward.</p> <p>The first three key work streams that need progressing are:</p> <ol style="list-style-type: none"> 1. Transfer of patients on either a high risk surgical or medical pathway. 2. Increased range of sub-specialisation and increased elective care closer to home, 3. Enhanced efficiency of care. 4. Transfer of acute care to a community hospital setting. 		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		✓
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		✓
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		✓
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		✓
Recommendations:		
The Trust Board is asked to approve this report and the requirement for a report at monthly intervals thereafter.		
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**WEST CUMBERLAND HOSPITAL
CLINICAL VISION
DECEMBER 2012**

1. INTRODUCTION

The aim of this paper is to confirm the governance arrangements for the implementation of the clinical strategy for the re-developed West Cumberland Hospital. The Hospital is planned to open during 2015 and there is much that needs to be done to implement the Closer to Home public consultation. This paper sets out how we intend to take this important stage forward.

The first three key work streams that need progressing are:

1. Transfer of patients on either a high risk surgical or medical pathway
2. Enhanced efficiency of care
3. Transfer of acute care to a community hospital setting

Work-stream 1: Transfer of patients on either a high risk surgical or medical pathway. The first stage is to create the headroom in the number of acute beds on the Cumberland Infirmary (CI) site to enable the transfer of the high risk patients. This work will be complete by December 2012. To maintain the bed availability at CI we need to enhance the efficiency of the patient flow in line with the Northumbria best standards and also ensure the patient flow from hospital to an appropriate setting (at home, community services or community hospital) is actively managed on a daily basis. We anticipate the transfer of patients from West Cumberland to Cumberland Infirmary from March 2013.

The initial high level analysis of cases in the 12 months October 2011 to September 2012 has shown that the maximum number of patients could be 384 surgical patients (one per day) and a similar number of medical patients. This would equate to around 5-7 beds for surgical patients and a similar number for medical patients. These high risk medical and surgical patients would only transfer to Cumberland infirmary for their immediate acute care and would be transferred to Care Closer to Home.

Clinical Business Units are developing a detailed service improvement plan and timetable indeed trauma and orthopaedics is being considered at the Trust Board in December.

Work-stream 2: Increased range of sub-specialisation and increased elective care closer to home. There is an excellent opportunity for a range of services to increase the sub-specialisation of care to match that available

within Northumbria, where appropriate, and for more patients to receive their elective treatment at West Cumberland Hospital. The first service to present to the Board is the orthopaedic service.

Work-stream 3: Enhanced efficiency of care. The surgical clinical business unit has made significant improvements in the efficiency of care pathways at West Cumberland Hospital in the last 12 months and is now equal to the best quality standards at Northumbria. There is much to do to share these lessons learnt with Cumberland Infirmary and this starts by a presentation on trauma and orthopaedics to the Trust Board in December. Further work is required by the emergency care and medicine clinical business unit across North Cumbria to match the higher efficiency and quality standards of Northumbria and an improvement plan has been implemented and we look forward to a transformation of key pathways over the next 12 months.

Work-stream 4: Transfer of acute care to a community hospital setting.

There is clear agreement by all key stakeholders on the valuable contribution that the community services and community hospitals make to the implementation of Care Closer to Home. In practical terms, the re-developed hospital was approved on the basis that up-to 40 community hospital beds would support the acute hospital. All partners are now working on the operation plan to bring this vision into effect. This will be a very exciting development for the local population in future years. NCUH has argued that the only way that these changed pathways will be delivered and work effectively is for the governance of these beds to sit with NCUH. A key element of this work is going to be how the elderly care physicians deliver regular and consistent medical cover and clinical leadership to these community hospital beds. We were very clear that we saw this as the health economy reshaping its pathways of care within its current resource base.

Les Morgan for NCUH, Caroline Rea for the CCG and Michael Smillie for the CPFT were tasked with developing the scope of this work stream and the findings will be reported to the Trust Board in January.

2. GOVERNANCE

The Trust Board agreed last month that the Clinical Business Units would lead this work and would report to the West Cumberland Hospital Clinical Reference Group. This Group will meet at monthly intervals and report to the Trust Board.

Whilst the time scale for individual work stream delivery plans will vary it is imperative that all the clinical change required delivering the new hospital within a reshaped system, is operational at least six months prior to the opening of the re-developed West Cumberland Hospital.

3. RECOMMENDATION

The Trust Board is asked to approve this report and the requirement for a report at monthly intervals thereafter.

LES MORGAN
DIRECTOR – WEST CUMBERLAND HOSPITAL