



## CONTENTS

### PAGE 2

- FT update
- NCAT visit
- Latest on WCH redevelopment

### PAGE 3

- Extension to Oncology facilities
- Lung cancer services joint best in England

### PAGE 4

- New Consultant Histopathologist
- Director of Nursing off to pastures new
- Non-Executive Director appointed

### PAGE 5

- Spotlight – Improvements to Antenatal screening

## DIRECTORY

All our consultants, secretaries and contacts, updated each month

## TOP 40 FOR THIRD YEAR RUNNING

North Cumbria University Hospitals NHS Trust has been named one of the top 40 hospital trusts in the country for the third year running.

The Trust, which runs the Cumberland Infirmary in Carlisle and West Cumberland Hospital in Whitehaven, picked up the accolade at the CHKS 40 Top Hospitals for 2011 awards in London last week.

These awards 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.



Trust Directors receive the award

The winners were announced at an awards ceremony in London last night hosted by CHKS, the UK's leading independent provider of healthcare intelligence and quality improvement services.

Carole Heatly, Chief Executive of North Cumbria University Hospitals NHS Trust, said: "I am delighted that once again our hospitals in north Cumbria have been recognised nationally and we are among the top 40 best performing in the country for the third year in a row. It is a great credit to all our clinical staff and teams and shows that we are continually driving for clinical excellence and delivering the best for our patients."

"Patient access and quality of care is always at the top of our agenda and we have continued to deliver on both in this last year, which has included reducing our infection rates dramatically. So much so, we have not had a case of MRSA at either of our hospitals in the last 10 months. We continue to build on our success and maintain our excellent standards for our patients, which is our number one priority."

The CHKS 40 Top Hospitals Awards are based on the evaluation of 21 indicators of clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. Revised annually to take into account newly-available performance information, this year's indicators 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.

## MERGER & ACQUISITION UPDATE

The Trust Board announced in February that we will be seeking a partner to strengthen our organisation so that we can achieve Foundation Trust (FT) status through a merger or acquisition and continue to deliver high-quality and safe patient care in the future. It is a national requirement that we become an FT by the year 2014.

We have been working closely with NHS North West and our advisers, Deloitte, over the last few weeks to ensure we develop a process which is transparent, competitive and aligned to our strategic objectives for providing acute healthcare for the people of north Cumbria. The key steps to identifying a preferred partner in Phase 1 are:

- Establish an external stakeholder group, chaired by Caroline Shaw, Director of Provider Development for NHS North West
- Establish working groups to develop the objectives and criteria against which potential options will be evaluated
- Undertake initial discussions with potential partners involving our senior clinical staff
- Undertake an independent economic evaluation of options
- Prepare and circulate a questionnaire for Foundation Trusts expressing an interest in merger or acquisition with our Trust
- Undertake an evaluation process using the questionnaire responses, evaluated against the objectives and criteria
- Undertake meetings with all Foundation Trusts returning the questionnaire
- Evaluate the findings and prepare a report to go to our Trust Board for approval in October 2011

## NATIONAL CLINICAL ADVISORY TEAM VISIT

The NCAT visit to the Trust in March was a planned return visit to north Cumbria in order to review progress that had been made by the PCT and our Trust in respect of the nine conclusions and two recommendations that were made following an initial visit last September.

NCAT said that collaborative development of the new Clinical Strategy was proof that the two Trusts had responded to the recommendations for better working between clinicians in primary and secondary care and the team was reassured that both Trusts are doing all they can to ensure patients receive high quality services now and which are sustainable in the future.

## WCH REDEVELOPMENT

In a significant step forward, our Trust Board last week approved the Full Business Case for the £90 million redevelopment of West Cumberland Hospital.

The Full Business Case (FBC) will now be forwarded to NHS Cumbria to secure commissioner support and to NHS North West for strategic health authority approval. Subject to SHA approval, the FBC will then be submitted for final approval by the Department of Health. It is anticipated that building work on the main new build will commence in October 2011.

## EXTENSION TO CANCER FACILITIES, THANKS TO FUNDRAISERS

Cancer patients will benefit from brand new facilities at the Cumberland Infirmary after supporters raised more than £300,000 for an extension and refurbishment to the Oncology Department.

The number of cancer patients referred to the department has increased dramatically from 646 in 1986 to 1,118 in 2009. As a result, the facilities had become cramped and no longer fit for purpose. It was decided that an extension was the best option and fundraising began in earnest two years ago.



Oncology staff survey the building work

So far more than £270,000 has been raised, and a further £70,000 has been pledged from North Cumbria University Hospitals NHS Trust's general Charitable Funds pot.

Work began last month on the extension, which will also see the current facilities refurbished, with the layout of the reception area and waiting room remodelled to improve patient privacy.

Radiotherapy Manager Gwen Barker explained: "The reason for the extension is because our facilities have become so crowded as the number of patients has increased over the years. When the department opened in 1986 we had one consultant and now we have four, so we treat a lot more patients who previously would have had to travel out of the area. For example, prostate cancer patients used to have to go to Newcastle but now we see them here."

The money for the redevelopment has been raised by former patients, relatives and supporters through a huge range of activities, including sponsored walks, bike rides, musical evenings, charity balls and even a wedding fair. Work on the extension is expected to be completed by August.

## LUNG CANCER SERVICES ARE JOINT BEST IN ENGLAND

Our lung cancer services are the best in the northern region and joint best in England. The service scored 94% in a national peer review, an annual review that tests the quality and safety of cancer services. This has placed our lung cancer multidisciplinary team at the top in the North of England Cancer Network and joint first in England with the University Hospitals of Birmingham.

The National Cancer Peer Review (NCPR) programme is a national quality assurance programme for NHS cancer services. The reviews are carried out by a team of professional peers such as doctors, nurses and oncologists, who assess services against nationally agreed quality measures.

The Trust's lung cancer services have also scored well in achieving the Government's waiting list targets for cancer.

Helen Roe, Consultant Cancer Nurse, said: "We continually seek and act on the feedback we have from our patients and provide the latest treatment options by offering an increased portfolio of clinical trials as well as standard treatments. These efforts are recognised not only in these peer review results but also in the improvements seen in clinical outcomes for patients with lung cancer in north Cumbria."

## CONSULTANT HISTOPATHOLOGIST JOINS CIC



Name:  
Dr Susan J Davies

Qualifications:  
MBBS, FRCPath

Job Title:  
Consultant  
Histopathologist

**Dr Susan Davies**

### Training

I did my undergraduate training at University College London, followed by house jobs in High Wycombe and Bolton, then a brief stint as a medical SHO in Hereford. I then returned to London for my postgraduate SpR training, where I spent most of my time at University College Hospital (UCLH).

After obtaining the FRCPath, I spent a year as a locum consultant histopathologist at Papworth Hospital in Cambridge, before gaining a substantive post at the Cumberland Infirmary.

Special Interests:  
Gastrointestinal pathology

Interests and Hobbies:  
A knee injury has finished my career as a long distance runner, but I very much enjoy fell walking and head for the hills most Sundays.

## PASTURES NEW FOR OUR DIRECTOR OF NURSING

Sandy Brown, our Director of Nursing, Quality and Governance and more latterly the Director of our turnaround programme, has decided to take up a new career opportunity with an ambulance trust in the Midlands.

Sandy will be leaving on 1 July 2011 to join the West Midlands Ambulance Service as Executive Director of Nursing and Primary Care.



**Sandy Brown**

Sandy joined our Trust 10 years ago and was the first critical care nurse consultant in the country. He has held senior management posts in surgery and ITU. He became an Executive Director in January 2008. He has developed patient safety and quality programmes and most recently, an award-winning project with the introduction of a real-time patient and staff experience monitor.

## PROFESSOR OF PSYCHOLOGY JOINS TRUST BOARD



**Professor Vicki Bruce**

Professor Vicki Bruce OBE has joined the Trust as a Non-Executive Director. Her appointment takes effect from 1 April 2011 and will be for a period of four years.

Professor Bruce, who is Head of the School of Psychology at Newcastle University, is an Honorary Fellow of the British Psychological Society and a Fellow of the British Academy and has held senior academic posts throughout the UK. In 1997 Professor Bruce was awarded the OBE for services to psychology and also received the Presidents' Award from the British Psychological Society.


 A graphic featuring a spotlight beam shining down on the word "Spotlight" in a stylized, white, serif font against a dark background with some light speckles.

## IMPROVEMENTS TO SCREENING FOR DOWN'S SYNDROME

Pregnant women in north Cumbria are now being offered improved antenatal screening for Down's syndrome.

The new test, known as the Combined Test, offers a better detection rate and therefore reduces the number of women subsequently offered unnecessary invasive diagnostic procedures which carry the risk of miscarriage.

As well as being more reliable, the Combined Test is done earlier in pregnancy, giving parents more time to decide how to proceed once they have their test results. The two-part test is carried out at around 12 weeks of pregnancy, when the expectant mother goes to the hospital for her early pregnancy ('dating') scan.

Screening for Down's syndrome is optional. If a woman accepts screening, the fluid under the skin at the nape of the baby's neck - known as Nuchal Translucency (NT) - is measured using ultrasound, usually during her early pregnancy scan. Following the scan a blood sample is taken from the mother, to measure the amount of two hormones from the placenta, found naturally in the mother's blood in early pregnancy. The results of both parts of the test, together with other factors, are combined to estimate the chance of the unborn baby having Down's syndrome.

Locally, the Combined Test has a detection rate for Down's syndrome of 85% to 90% and a 'screen positive' rate of between 2% and 2.5%. The screen positive rate is the number of women identified as being at 'higher risk' (or chance) of their baby being affected by Down's syndrome; this group of women will be offered further counselling and diagnostic testing. Women in the 'higher risk' group are offered Chorionic Villus Sampling (CVS) or Amniocentesis – both diagnostic tests, which may lead to miscarriage in around 1% of women undergoing the procedures.

The alternative screening test for Down's syndrome, later in pregnancy, is the Quadruple (or Quad) Test; a blood test that measures the levels of four hormones in the mother's blood. This test is most accurate at 16-17 weeks of pregnancy and is offered to women who access maternity care later in pregnancy or for whom it is not possible to complete the Combined Test in early pregnancy.

Compared to the Combined Test, the Quad Test has a lower detection rate of 79% to 82% and a significantly higher screen positive rate of around 3.5% - meaning more women are identified in the 'higher risk' group and offered diagnostic tests, with the potential risks to their unborn child.

Nationally, the move from the Quadruple Test to the new Combined Test means there will be potentially 23,000 fewer subsequent diagnostic tests carried out each year, cutting the number of related miscarriages by around 230.



**An antenatal ultrasound scan**

Nuchal Translucency measurements above the expected level in early pregnancy may be associated with a higher likelihood of the unborn baby having Down's syndrome. However, an increased NT may also be linked with other health problems (physical or genetic) in babies.

Georgina Quigley, Antenatal Screening Co-ordinator for North Cumbria University Hospitals NHS Trust, said: "We are constantly working to improve our screening programmes, and also to provide women with information about the screening tests available to help them to make an informed choice. The Maternity Department is pleased to be able to offer combined screening at both West Cumberland Hospital and the Cumberland Infirmary.

"The Combined Test is the nationally recommended method of screening for Down's syndrome in pregnancy because women benefit from a more accurate screening test available earlier in pregnancy; and an earlier diagnostic test, should that be required.

"The improved accuracy means 40-50% fewer women each year will need to be offered diagnostic tests, therefore fewer pregnancies will be lost as a result. This really is a significant improvement in the screening programme."

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