

Report to:	Trust Board	Agenda item:	17
Date of Meeting:	9 November 2011		

Title of Report:	Chief Executive's Report
Status:	For Information
Board Sponsor:	James Scott, Chief Executive
Author:	James Scott, Chief Executive
Appendices	Appendix I - Cooperation and Competition Panel - Recommendation on Remedies

1. Purpose of Report (Including link to objectives)
The purpose of the Chief Executive's Report is to highlight key developments within the Trust which have taken place since the last Board meeting.

2. Summary of Key Issues for Discussion
<p>2.1 Implementing a Duty of Candour</p> <p>A consultation has been launched on implementing a 'Duty of Candour', a contractual requirement on NHS providers to be open with patients when things go wrong with their healthcare. The contractual Duty of Candour, which forms part of the Government's plans to modernise the NHS by making it more accountable and transparent, will be an enforceable duty on providers.</p> <p>The aim is to ensure providers are open and honest with patients, or their families, and give them information about any investigations that have taken place or any lessons learned.</p> <p>The consultation asks:</p> <ul style="list-style-type: none"> • how best to design a contractual requirement for organisations to be open, including the scope and the kinds of sanctions that should be available; • how best to support patients and clinicians to ensure people are told when things go wrong. <p>The consultation runs until 2 January 2012. Further information can be found at: http://www.dh.gov.uk/health/2011/10/candour-consultation/</p> <p>2.2 Rooting Out Poor Performance</p> <p>The Secretary of State for Health, Andrew Lansley spoke at a conference on 27th October 2011 about rooting out poor performance within the NHS and for Trust's to show how they can achieve the quality and sustainability of services consistent with Foundation Status.</p> <p>Ongoing support will be provided to the small number of hospitals struggling with PFI deals, to ensure that local services are protected and one-off transparent loans to help recapitalise hospital trusts and enable them to sustain high standards of care and</p>

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service. Hospitals will only be able to access this support once they have met the following four key tests:

- the problems they face must be exceptional and beyond those faced by other organisations;
- they must show that the problems are historic and that they have a clear plan to manage their resources in the future;
- they must show that they are delivering high levels of annual productivity savings; and
- they must deliver clinically viable, high quality services – including delivering low waiting times and other performance measures.

Mr Lansley reiterated that he would hold Trust Board's to the tripartite formal agreements they had signed with the Department of Health, their Strategic Health Authority and their Commissioners and that he has the power to remove or replace management teams that fail to deliver.

2.3 Cooperation and Competition Panel - Recommendation on Remedies

The Cooperation and Competition Panel published its Recommendation on Remedies on 30 September 2011 following its investigation into a complaint by Circle Health Limited that Wiltshire PCT was seeking to impose restrictions on providers through its contracting process which are inconsistent with the Principles and Rules of Cooperation and Competition (Principles and Rules). Further details can be found in Appendix 1.

2.4 Dementia Peer Review

The Dementia Peer Review took place on 13th October 2011 where the focus of the review was to assess how the Trust is performing against the eight standards of Dementia care.

Feedback on the day was extremely positive and the team were impressed by the enthusiasm, commitment and strong clinical leadership. Of particular note was the Dementia Charter Mark which sets standards of care related to exemplary practice, e.g. identifying patients with Dementia, numbers of staff trained, mealtimes and use of the Malnutrition Universal Screening Tool, the ward environment and information for patients and carers.

The importance of Millennium was recognised as an ideal opportunity for senior nurses to audit the completion of patient assessments and in identifying patients with Dementia.

There were a number of areas where the Trust had identified the need for improvement. These were the inclusion of carers and volunteers, the continued training of clinical and non clinical staff at induction and on an on-going basis, the availability of a Mental Health Liaison Service, specific training related to End of Life care and discharge liaison in particular the challenges we face with Wiltshire.

It was an ideal opportunity to use the Qulturum as a base for the day and for the café event in the afternoon demonstrating ward based staff and Qulturum staff working together. The peer review team felt that this was a fantastic way to showcase our work and gave them the opportunity to meet other staff not based on the wards.

We will be receiving a report by the end of December which will contain more detail of their findings. In the meantime, we will continue to work with our improvement plan for 'Improving Dementia Care'.

2.5 Opening of New Hip Fracture Unit

Some of the Trust's frailest patients are now receiving improved care, following the opening of a new Hip Fracture Unit.

Previously these patients were primarily looked after by the hospital's Orthopaedic team, but a new team of Geriatric Medicine specialists are now working alongside the Orthopaedic surgeons to provide day-to-day care on the 20-bed unit. Whilst the Orthopaedic team provides the surgery and post-surgical reviews, holistic medical care begins from the patient's admission.

The new unit will provide a number of benefits to patients including ensuring they are operated on more quickly following their admission, reducing the amount of time they need to stay in hospital, and providing a dedicated time slot for a doctor to talk to patients' relatives about their care.

For a Trust our size, we see a relatively large number of patients with a broken hip, or fractured neck of femur, and as the elderly population rises this number will only increase.

One of the hospital's main priorities for the current year is to improve the quality of care received by elderly this group of patients. Along with introducing the new hip fracture unit, we are looking at ways to free up our busy theatres to provide more time for trauma operating time.

2.6 Update on NHS Foundation Trust application

The Trust has now entered the second phase of the application process during which NHS South of England assesses the Trust's readiness to apply to the Secretary of State for support to apply to Monitor (the NHS Foundation Trust regulator). The Trust Board is due to meet with the Board of NHS South of England, at which it will present its NHS Foundation Trust application and answer questions from the NHS South of England Board.

Membership recruitment to support the NHS Foundation Trust application is continuing and as at 1st November 2011, 3,428 public members have signed up. A programme of face to face recruitment in and around the hospital, and also in the major towns across the constituency areas, has successfully recruited over 1,700 new members over the last 4 weeks. Work will continue to achieve the initial target of

3,500 public members and the Trust will ensure that this membership is as representative of the local population as possible.

3. Recommendations (Note, Approve, Discuss etc)

The Board is asked to note the report.

4. Care Quality Commission Outcomes (which apply)

Not applicable

5. Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc)

Not applicable

6. NHS Constitution

The Trust, through undertaking wide and comprehensive consultation on its proposals to become an NHS Foundation Trust, has demonstrated on-going compliance with the obligations under Principle 7 of the NHS Constitution – The NHS is accountable to the public, communities and patients that it serves. When the Trust achieves NHS Foundation Trust status it will continue to deliver its obligations against principle 7 through its public and staff membership base.

In addition the consultation reinforces the rights of individuals to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided and in decisions to be made affecting the operation of those services.

7. Risk (Threats or opportunities link to risk on register etc)

6.2 Achievement of £6.2m surplus in 2011/12
6.3 Achievement of 18 week targets in 2011/12

8. Resources Implications (Financial / staffing)

Not applicable

9. Equality and Diversity

Not applicable

10. Communication

Not applicable

11. References to previous reports

The Chief Executive submits a report to every Trust Board meeting.

12. Freedom of Information

Public