


The North West London Hospitals 	Agenda Item	5
Trust Board	Paper	12/09/02
Meeting on: Wednesday 26 September 2012	Board Assurance Framework Reference	1
Subject: Chief Executive's Report		
Director Responsible: David McVittie Chief Executive	Author: David McVittie Chief Executive	
Summary: This report provides an update on external and internal key activities.		
Financial Implications: N/A		
Risk Issues (including legal implications, reference to Assurance Framework and Risk Register): The Board is updated on changes to the high level risk register and Board Assurance Framework in a separate paper..		
Communication & Consultation Issues (including PPI): N/A		
Workforce Issues (including training and education implications): N/A		
How this Policy/Proposal Recognises Equality Legislation: N/A		
Has an Equality Impact Assessment been carried out on this issue or proposal? N/A		
What impact will this have on the wider health economy, patients and the public? N/A		
What is required of the Board? The Board is asked to note the report		

26 September 2012

Chief Executive's Report

1. Update on merger

I am delighted to report that the final Full Business Case (FBC) has been prepared and submitted to NHS London to the agreed timetable w/c. 10th September 2012. The revised version of the FBC demonstrates that the merged Trust will deliver a 1% surplus of £5.2m by 2015/16. The Trusts have reflected the feedback from NHSL and the due and careful enquiry process in refreshing the FBC content. I would draw the Boards attention to the main changes from the second submission on 6th of June 2012:

- Updated Executive summary to reflect the revised timetable
- Performance information refreshed in chapter 3 Profile of Trusts to include Q1 2012/13 data
- A refreshed chapter 4 reflecting the latest position with NHS NWL commissioning strategy and consultation on Shaping a Healthier Future
- Chapter 8 on finance has been amended to reflect the output from the new LTFM and builds on the feedback regarding business as usual CIPs and scale of merger synergies/savings to be delivered
- Some refinements to chapter 9 on Governance in line with the feedback and a clearer Board subcommittee structure
- Some refinements to chapter 11 on integration and implementation plan
- A summarised version of the updated implementation plan in Appendix 11.2

The following standalone documents were also submitted:

- The Equality, Diversity and Human Rights Action Plan
- The Merger implementation plan from the workstreams.

As agreed with NHSL there has not been a full re-write of the FBC. The key chapters on the clinical case for change, chapters; 5, 6 & 7 have not been amended as these were deemed to be robust in making the case for merger. Chapter 10 on communications and engagement also remains accurate and unchanged.

The NHS London assurance process and the due and careful enquiry (DCE) refresh have now both re-commenced with a target completion date of early October. Assuming these processes progress as planned the final FBC and the final DCE will be presented to Trust Boards for approval in mid-October at exceptional Board meetings followed by the NHS London Board on 25th October.

The Trusts are now working to the proposed merger date of April 2013. I would like to thank all those who have contributed to the FBC and look forward to presenting this in full to the exceptional October Boards.

2. Shadow Board

In order to be in the best possible place for day one of the new organisation and beyond, we want to move towards as much joint working as is possible and sensible ahead of the merger. An important part of this is creating a shadow board, which we have agreed to do in phases, starting with the establishment of a joint shadow executive team this month.

Acting appointments to the joint shadow executive team have been made. These are temporary arrangements and there will be a separate process to appoint full substantive roles in the merged organisation at a later date.

The focus of the shadow executive team will be on progressing the merger and future planning for the new Trust, so that the transition is as smooth as possible. There is no change to day-to-day management arrangements at the moment. All executive directors will continue with their current areas of responsibility.

The joint shadow executive team will be led by me, and Julie Lowe, Chief Executive of Ealing Hospital NHS Trust, will join the shadow team as acting Joint Deputy Chief Executive and Chief Operating Officer. Julie and I will also continue in our roles as chief executives of our Trusts.

Members of the joint shadow executive team include:

Acting Joint Chief Executive Designate, David McVittie

Acting Joint Chief Operating Officer and Deputy Chief Executive, Julie Lowe

Acting Joint Chief Finance Officer, Simon Crawford (Senior Responsible Officer for the merger programme)

Acting Joint Chief Nurse, Carole Flowers (Director of Nursing, NWLH)

Acting Joint Medical Director, Dr William Lynn (Consultant Physician, EHT)

Acting Joint Director of Strategy, David Cheesman (Director of Strategy, NWLH)

Acting Joint Director of Information and Communications Technology (ICT),

Kevin Connolly

Joint Director of Estates, Paul Kingsmore

They will be supported by **HR Directors** Don Fairley at NWLH and Paul Stanton at EHT.

As you probably know, creating shadow operating arrangements to help prepare for organisational change is not unusual. That said we appreciate that this is a period of change for our executive colleagues and I would like to take this opportunity to thank them for their continued support and professionalism during this time.

The team will be based at Northwick Park Hospital, but there is a strong commitment from all of us to spend time across all sites. The team will report to the chief executives for each Trust until the legal merger takes place and our Boards will continue to meet in public, as they do now.

Following both Trust Boards' approval of the final Full Business Case, which we anticipate will be mid-October, we will look to establish the full shadow board. This will include a designate chairman and non-executive directors and we hope to be able to share more detail with you about this in October.

3. Commissioning update

The Trust has completed a pre-qualification questionnaire (PQQ) with Ealing ICO in response to the Brent procurement process for community outpatient services. As the PQQ covers 11 specialities, a prioritisation process based on a range of criteria (including strategic fit and affordability) is under way with our own clinical teams.

This will include a risk assessment of the potential impact of not bidding or of losing work. The prioritisation process will be completed before the invitation to tender (ITT) commences in October and the Board will be notified of any significant service changes that may arise.

In the meantime, the shadow executive team has appointed an experienced bid manager and a GP (from outside the local health economy) to support the procurement process and ensure the Trust's response is *GP* friendly. These are the first steps in the development of a business development unit spanning both Trusts and supporting similar procurement initiatives that are under way in Ealing, Harrow and beyond.

4. NWLH reaches finals of Health Service Journal Awards

The Trust has reached the finals of the Health Service Journal Awards in the acute and primary care innovation category. The accolade recognises our efforts to stop patients dying from community-acquired pneumonia. This condition is caused by a chest infection, which patients have a good chance of surviving if they are treated quickly.

The Trust uses a manageable checklist, called a care bundle, which ensures that all tests and treatments are given at the right time throughout a patient's care, giving them the best chance of recovery. When patients come into hospital with a possible chest infection, they have an x-ray. If it confirms the chest infection, they are treated using the care bundle.

We started work on this in November 2010, with the aim of improving patient care. A subsequent review of 195 patients who were treated using the care bundle showed we reduced avoidable deaths by an impressive eight per cent. I am delighted that the care bundles are working so well and that our hard work has been recognised by the HSJ as a relatively simple but innovative way of reducing avoidable deaths.

5. Maternity unit chosen to pilot premature babies DVD

Northwick Park Hospital's neonatal unit is taking part in a national change programme based on a new DVD called *Small Wonders*. The unit has been chosen as one of only three pilot sites in London to run a workshop based on the DVD which produced by the charity Best Beginnings. It offers support to parents of premature or sick babies and gives advice and guidance on how they can play a vital role in their babies' care, health and development.

The DVD follows 14 families through the challenges they face as they meet, care for and take home their babies, and will be given to parents in the neonatal unit free of charge. We are delighted to be part of this pilot, as it is important for parents to be involved in their babies' care from the beginning. We hope the advice on the DVD from neonatal experts will help parents gain confidence in caring for their premature or sick babies.

6. NWLH in the news

The past month has been dominated by local newspaper coverage of the North West London Cluster of PCTs' consultation on service reconfiguration. This report includes coverage that refers to our hospitals, plus coverage of other matters. Out of 181 articles covering Trust matters from 3 January to 13 September 2012, only 29 (16%) are negative:

Positive	101	56
Balanced	51	28
Negative	29	16
Total	181	100%

Coverage of other matters

[Stroke campaign honours duo's contributions](#)

Harrow Times – 8 September 2012

The Heart and Stroke Research Campaign, based at the Northwick Park Institute for Medical Research in Watford Road, funds work to find potentially life-saving treatments for patients.

[BBC Radio 4 interviews St Mark's Hospital about Patients know best](#)

BBC Radio 4 – 6 September 2012

Interview with Dr Simon Gabe, of St Mark's Hospital, about Patients Know Best, a system that enables patients to control their own medical records and makes it easier for relevant clinicians to access the information quickly.

[Want to get out of hospital in record time? Scoff yourself!](#)

Daily Mail 4 September 2012

And the method seems to be working: at St Mark's Hospital in North London, bowel surgery patients who would have previously spent two or three weeks in hospital are fit to go home after three to five days, thanks to an enhanced recovery programme.

[My doctor's orders? Crisps, doughnuts and strictly no veg!](#)

Daily Mail – 28 August 2012

Article about Justin Hansen, and his treatment for Crohn's disease at St Mark's Hospital.

Shaping a healthier future coverage that refers to NWLH

[People are afraid of losing A&E](#)

Harrow Observer – 13 September 2012

Reader's letter explaining local opposition to SaHF.

[A risk register is essential now](#)

Harrow Observer – 13 September 2012

Reader's letter complaining about NHS NW London not publishing a risk register in relation to potential A&E closures until after the consultation is finished and a decision is taken as to which option to go with.

[MP declines invitation to attend significant march](#)

Harrow Observer – 13 September 2012

Pete Firmin, chairman of Brent NHS campaign, said: "She said she is against the closure and wants people to support the campaign [to save CMH A&E] but she is not putting her political weight behind it."

[Onkar Sahota: With Jeremy Hunt running NHS who needs enemies?](#)

Ealing Gazette & Uxbridge Gazette – 10 September 2012

The Save Our Hospitals Ealing (SOHE) campaign is taking the fight to the Prime Minister, to protect against North West London NHS's proposal to close the A&E departments at Ealing, Hammersmith, Charing Cross and Central Middlesex hospitals.

[Residents urged to march for Ealing A&E](#)

Ealing Gazette – 6 September 2012

Determined to fight proposals to close emergency services at CMH, EHT, Hammersmith and Charing Cross.

[Sarah Teather urged to support the fight to save CMH casualty unit](#)

Brent and Kilburn Times – 6 September 2012

Under the proposals called Shaping a Healthier Future, the A&E department at CMH is guaranteed to close while casualty departments are also threatened at Hammersmith and Ealing Hospitals.

[Closures not all motivated by cuts](#)

Harrow Observer – 6 September 2012

Reader's letter supporting SaHF principles.

[Working together to save A&E](#)

Harrow Observer – 30 August 2012

The changes, which will affect some two million patients in north-west London, could be made under the *Shaping a healthier future* proposals, which people can comment on until October 8. Plans include closing the A&E at Central Middlesex.

[Brent Council accused of ignoring crusade to save Central Middlesex Hospital's A&E](#)

Brent and Kilburn Times – 25 August 2012

The Accident and Emergency unit in Central Middlesex Hospital will be axed alongside its counterparts in Ealing and Hammersmith Hospitals.

David McVittie
Chief Executive
September 2012