Chief Executive’s Report  
Board of Directors: Part One  
25 July 2012

1. Merger Programme

Significant activities continue with the merger work programme. Work continues in responding to questions raised by the OFT following the draft submission including the request for and development of a ‘Benefits Case’. This case will provide the OFT with a clear focus of the clinical benefits and will be the basis upon which Monitor can comment. Clarity is needed in relation to the Monitor process and timescales for assessing mergers following the Health and Social Care Act 2012. A meeting between Monitor, Chris Bown, Tony Spotswood, Gareth Corser and Debra Matthews was held on 10 July and further discussion took place on the timing and status of Monitor’s assessment. The outcome was that the Trusts would follow the existing 2006 guidance upon which the merger would be risk rated. Gareth Corser is seeking to clarify what this means for the role of governors going forward.

The King’s Fund have been commissioned to support the Organisational Development Strategy for the new Trust. This work will include a process of identifying the best of both Trust’s cultures as the basis for the development of the new organisation. Work will also include leadership and board development and supporting staff who have been impacted on by change.

The outputs of Stage Two of the clinical strategy and CIP planning work will be considered at a Clinical Workshop being held on 20 July and an oral update will be provided at the Board meeting.

The Proposed Board appointments process has concluded and below is a list of those appointed to the proposed board of Directors:

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<tr>
<th>Proposed Chairman</th>
<th>Jane Stichbury</th>
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<tr>
<td>Proposed Chief Executive</td>
<td>Tony Spotswood</td>
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<td>Proposed Chief Operating Officer</td>
<td>Helen Lingham</td>
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<td>Proposed Medical Director</td>
<td>Dr Mary Armitage</td>
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<td>Proposed Director of Finance</td>
<td>Stuart Hunter</td>
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<tr>
<td>Proposed Director of Nursing</td>
<td>Paula Shobbrook</td>
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<td>Proposed Director of Strategy</td>
<td>Richard Renaut</td>
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<td>Proposed Director of Human Resources</td>
<td>Karen Allman</td>
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<td>Non-Executive Directors:</td>
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<td></td>
<td>David Bennett</td>
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<td></td>
<td>Pankaj Davé</td>
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<td>Michael Mitchell</td>
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<td>Steven Peacock</td>
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<td>Alex Pike</td>
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<td>Angela Schofield</td>
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<td>Nick Ziebland</td>
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Whilst it is disappointing that no Executive Directors have been appointed to the Proposed Board it is important that the Trust does not lose sight of the reasons why we believe merger is the best way forward for our patients. This merger is not about individuals, nor indeed organisations, but is about securing the development and sustainability of healthcare for the populations we serve. It is this that we must remain focussed on over the coming months.
The Proposed Board will now undertake a range of visits across both Trusts to meet staff and answer any questions.

2. **2012/13 Annual Plan: Quarter 1 Progress**

Progress remains good against the annual plan objectives and targets. Financial, quality and operational performance is reflected in monthly board reporting, as too does the key objectives of merger. However, there are a range of other key priorities included in this year's annual plan and progress against these is as follows:

- **Establishing services for young people and teenagers with cancer**

  In September 2011 Poole Hospital was accredited as the designated Shared Care Centre for Teenagers and Young Adults with cancer in Dorset. The Trust works alongside Southampton Hospital, which is the appointed Principal Treatment Centre, to provide high quality care and service provision for Teenagers and Young Adults (TYA) with Cancer. As the designated TYA unit, Poole Hospital will provide age appropriate treatment and facilities for patients between the ages of 19 and 24 years which recognises the unique needs of this patient group.

  To date a TYA steering group has been established to lead on the implementation of service requirements at Poole and across Dorset, which includes representation from the Primary Treatment Centre and Dorset Cancer Network.

  The work this group has taken forward has concentrated on developing the following areas:

  - Referral guideline and pathways, which have been agreed and implemented locally and in collaboration with the Primary Treatment Centre
  - Sharing of care between the Primary Treatment Centre and treatment facilities at Poole Hospital
  - Sharing of responsibility for patient management between the TYA Multi-Disciplinary Team and site-specific Multi-Disciplinary Teams
  - Transition from paediatric to adult services
  - Provision of age-appropriate inpatient and outpatient facilities
  - Compliance with national cancer peer review measures
  - Training and education of nursing and AHP staff.

  Plans are currently being developed to progress the provision of age-specific inpatient and outpatient facilities for this group of patients which will ensure a high quality patient experience and compliance with the requirements of designation status and peer review measures.

- **Developing a paediatric strategy with partners**

  Following a major launch workshop a working group has been established consisting of representatives from Poole Hospital, Dorset County Hospital, Yeovil Hospital, Salisbury Hospital and commissioners. Each organisation is committed to ensure the delivery of a safe, sustainable and cost-effective paediatric service which meets the needs of its patients. Baseline data regarding services and activity is currently being compiled to help identify service reconfiguration opportunities and determine the potential options for pan-Dorset models of care.
• Applying for Level 3 NICU status

A business case is being prepared for consideration by the Hospital Executive Group (HEG). Clarity is being sought on how the specialist commissioners intend to progress with this application in the context of the changing commissioner landscape.

• Transferring a small number of oncology beds from RBCH

Ongoing discussions are taking place with RBCH and the PCT to facilitate the transfer of beds as soon as possible. The commercial arrangements will be discussed in part two.

• Improving facilities in Maternity and NICU

The initial scope and costs from the tendering process is proving challenging and the development group are currently reviewing whether it will still be possible to achieve what is required within the £2m budget. The group will report to the Board in September with an assessment of:

(1) What can be delivered for the original budget of £2m and the implications on service
(2) What investment is required to deliver the full requirement, for example, a building capable of meeting service objectives for the next five years.

• Developing a Private Patients Facility

The private patient facility (‘The Cornelia Suite’) will open in September 2012 about 10 weeks later than planned as the procurement and build timetable was longer than originally anticipated. The finance report routinely monitors private patient income against plan and the impact of this delay will be monitored and assessed as part of this reporting process.

• Implementing the new IM&T Strategy

A joint informatics steering group has been established with RBCH under the chairmanship of Robert Talbot to deliver the following vision:

“The delivery of excellence in health care through an integrated and adaptable Electronic Patient Record which is effective, efficient, reliable and resilient”

Interviews for the joint Director of IT were held on 11 July, however the selected candidate was not able to accept the offer of appointment due to unplanned personal reasons. Clearly this was very disappointing and the recruitment process has recommenced.

• Joint application with RBCH for university status

Good progress is being made with Bournemouth University.

3. Monitor Bulletin

Each month, Monitor sends a bulletin to NHS foundation Trust chief executives, chairs, finance, medical and nursing directors. Others can subscribe via the Monitor website to receive the bulletin.
The FT Bulletin presents in six categories;

1. For information
2. For action
3. Monitors publications
4. Consultations/engagement
5. Events and development programmes
6. External news/updates

The Executive Directors of the Trust confirm that they received the June 2012 Monitor FT Bulletins and are cognisant of the information and the requirements contained therein. At the time of producing this report the publication of the July 2012 Monitor Bulletin is awaited.


Poole Hospital’s financial recovery process has been commended by Monitor in its recent annual report. Monitor cites Poole as a case study in its 2011/12 report and notes that over an 18-month period, the Trust made significant improvements both financially and to its leadership and governance, leading to the Trust’s release from significant breach in January 2012.

Richard Guest, former Director at Monitor, comments in the report: “Recovering from a challenging financial position is always difficult for a Trust and requires a real effort from its board and staff. Since being found to have breached its terms of authorisation, Poole Hospital has significantly improved its finances and strengthened its board. As a result, the Trust is now in a stronger position to focus on delivering quality services for patients.”

As the Trust moves through a period of transition, Monitor’s comments serve as a timely reminder of the achievements of staff and the Board during the last two years, and underline the importance of our goals as we move forward: to sustain vital clinical services and ensure the highest standards of care for local people.

5. Pain Service Tender

The Trust will be submitting a joint bid by the end of July 2012 with RBCH for the provision of the PCT’s new Community Based Pain Service, which has been subject to a competitive tendering process. The outcome of the tendering process will be reported to the Board in due course.

6. Health & Wellbeing Boards

Discussions have taken place between the acute provider CEOs, Dorset County Council over whether providers should have membership of the new Heath & Wellbeing (H&W) Boards. DCC are clear that these new boards are commissioner focussed whereas the Foundation Trust providers believe, with their significant public membership, that we could make a significant contribution. However, we will continue to ensure that the Trust remains engaged with the Dorset H&W Board’s activities whether a board member or not. Discussions with the joint Bournemouth and Poole H&W Board have yet to take place.

Information on the role and membership of local H&W Boards can be found via the council websites.
7. **South West Pay, Terms and Conditions Consortium**

There has been significant recent national and local media interest in the work of the consortium and attached is the latest statement that was sent to all staff on 16 July 2012 in response (attached).

Chris Bown
Chief Executive
ANNEX 1

South West Pay, Terms and Conditions Consortium

Latest statement sent to all staff on 16 July 2012:

You may have seen or heard in the media over the weekend reports concerning the South West Pay, Terms and Conditions Consortium, of which this Trust is a member. As you will know, the Consortium is looking at ways in which we can use our resources more efficiently in response to the serious financial and operational challenges the NHS is facing. The project is specifically looking at how our largest expenditure - staff pay - can be better designed to ensure that our organisation can secure financial health and sustain clinical services now and in the future.

The reports at the weekend contain extracts from a confidential document written in January 2012 and which outlines in simple terms a variety of ways the aims of the consortium may be achieved. I would like to reassure you that no decisions have been taken, regardless of what may have been implied in this coverage.

The consortium is currently developing detailed plans which will form part of a full business case to be presented to each Trust’s board later this year.

I and my colleagues in the South West remain committed to seeking to work positively and constructively with our staff and representatives once these plans do take shape. We will work closely with you and keep you informed of the progress of this project as it develops. We are also carefully monitoring the national negotiations on Agenda for Change which have been taking place for the last 18 months, and remain fully supportive of these talks.

It is a time of unprecedented challenge for the NHS locally and nationally - this requires us all to consider how we can respond to this challenge to ensure we have healthy and sustainable organisations in the years ahead.
ANNEX 2

MONITOR BULLETINS JUNE 2012

JUNE 2012

For Information

- Updated briefing on Monitor’s future role
- Monitor YouTube channel
- Updated Model Core Constitution
- Heather Lawrence confirmed as Monitor’s new Non Executive Director.

For Action

- Laying your 2011/12 annual reports and accounts before Parliament
- Review updated Schedule 6 of terms of authorisation
- Fair Playing Field review – for the benefit of patients

Monitor Publications

- Best practice guide for boards of directors

Engagement

- Monitor report into ‘Enablers and Barriers to Integrated Care’
- New independent report on costing.

Events/Development Programmes

- Monitor’s presence at the NHS Confederation’s annual conference in June
- Delivering safe and sustainable cost improvement programmes conference – 11 September 2012 – London
- Induction Seminars for newly appointed chairs and chief executives

External News/Updates

- None

JULY 2012

Not available at this time.