

**REPORT TO THE BOARD OF BARNSLEY HOSPITAL NHSFT**

<b>SUBJECT:</b>	<b>CHIEF EXECUTIVE'S REPORT</b>	
<b>DATE:</b>	JULY 2011	
<b>PURPOSE:</b>	To record particular events, meetings or publications that the Chief Executive would like to bring to the Board's attention	
<b>RECOMMENDATIONS:</b>	The Board of Directors is asked to receive and note this report	
<b>AUTHOR:</b>	Paul O'Connor Chief Executive	

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## **1. INTRODUCTION**

- 1.1 This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since last month's report and highlight a number of items of interest.

## **2. NHS COMMISSIONING BOARD**

- 2.1 Sir David Nicholson announced on 8<sup>th</sup> July 2011 that following the publication of the NHS Commissioning Board design document, he has asked Bill McCarthy, Chief Executive of NHS Yorkshire and The Humber, to lead its development and implementation (subject to the passage of the Bill) as Managing Director, NHS Commissioning Board. Mr McCarthy will not be taking on this role full-time until secure arrangements are in place for succession of the Strategic Health Authority (probably by September).

## **3. LOSS OF THE TRUST'S IT SYSTEM**

- 3.1 At 08:35am on Wednesday 20<sup>th</sup> July 2011, as part of the estates and facilities business continuity and resilience program, the hospital's emergency generators were tested. This procedure takes place every six weeks and includes starting the generators and running them at full load for a short time, to check that all the Trust's essential areas of power are well served. The switch over to the generators caused an unexpected complete shut down of the Uninterruptable Power Supply (UPS) that serves the Trust's central data centre and switchboard in the Womens' and Childrens' block. This caused a complete shut down of the IT systems and switchboard in the hospital, which serves all the key services; Emergency Department, Radiology, Theatres, Pathology and Wards.
- 3.2 Under normal circumstances the UPS maintains power supply to the IT data centre whilst the Trust's diesel generators come on line. This sudden loss had a profound effect on all the Trust's IT and communications systems. At 09:05am, following a quick briefing from IT managers, a Silver Incident Room was opened in the Edith Perry Room (as it was established that a number of the systems were coming back on line). Most IT systems were operational by 10:30am with Radiology being fully functional at 14:15pm.
- 3.3 As always patient safety was maintained at all times and no patients came to any harm; a number had to be subject to re-appointments or re-directed to GPs and the Trust retained its major incident response capability.
- 3.4 An investigation is currently underway to determine the cause of the sudden UPS shutdown and generator tests have been put on hold for the foreseeable future.

## **4. UNICEF UK BABY FRIENDLY INITIATIVE**

- 4.1 BHNFT Maternity Unit achieved a successful accreditation against the prestigious UNICEF's standards for breast feeding at stage 2 of the Initiative. This achievement was in collaboration with our partners in primary care and the Borough Council. Barnsley, as a community is one of the very few organisations to aim to be fully Baby Friendly compliant by a joint working approach.

- 4.2 Particular acknowledgement for this fantastic achievement to Linda Robinson and Kim Kennedy, Infant Feeding Coordinators, for their inspiration, motivation and commitment to improve breast feeding rates in hospital and the community, and the long term benefits to society.
- 4.3 The UNICEF UK Baby Friendly Initiative helps services to adopt recognised best practice standards so that all parents are supported to make informed decisions about feeding their babies. Healthcare facilities which adopt these standards can apply to be assessed and accredited as 'Baby Friendly' and by changing their practices, health professionals can give mothers the support, information and encouragement to continue their chosen method of feeding for as long as they wish.
- 4.4 Barnsley has been recommended to be assessed for the final step of the Initiative in 12 months time.
- 4.5 Dr David Hicks will be able to give more details if required at the Trust Board.

## **5. NATIONAL LEARNING MANAGEMENT SYSTEMS (NLMS) TOP 20 PERFORMING ORGANISATIONS**

- 5.1 I am pleased to report that the recent improvements in mandatory training has led to this Trust being named as the number one performing organisation nationally for NLMS for May 2011. These figures were based on local completions on the NLMS.
- 5.2 The Trust has also been named in the top 20 performing NHS organisations for the number of employees completing e-learning as a percentage of the workforce during March to May 2011.

## **6. SENIOR MANAGEMENT CHANGES AND INTERIM ARRANGEMENTS**

- 6.1 Juliette Greenwood is leaving the Trust at the end of September 2011 to take up the post of Chief Nurse at The Rotherham NHS Foundation Trust. Juliette joined Barnsley NHS Foundation Trust in January 2005 as Director of Nursing and in her six and a half years with the Trust has been instrumental in providing strong nursing leadership for more than 1,000 nursing staff as well as ensuring that professional standards, patient safety and their experiences while in hospital have been the highest possible. Her leadership, commitment and dedication to continually improving patient care have been her hallmark.
- 6.2 Matthew Chobbah, Director of Strategy and Business Development has also left the Trust. Matthew, who took up the post in June 2009, left at the end of June this year. Matthew worked hard to develop the Trust's plans for the future and leaves behind a robust three-year business plan which has helped set the Trust on a strong course for success.
- 6.3 Our thanks and best wishes go to both Juliette and Matthew.
- 6.4 The Trust has also put in place interim arrangements covering two Senior Management positions as a result of sick leave. I am grateful to Dr David Hicks for covering the role of Medical Director and to Dr Julian Humphrey for covering the role of Divisional Director for Integrated Medicine.

6.5 I look forward to welcoming back Dr Jugnu Mahajan and Dr David Bullimore into their respective positions in due course and wish them both a speedy recovery.

## **7. ANY QUALIFIED PROVIDER**

7.1 The Department of Health has published “Liberating the NHS: Greater Choice and Control – Government Response. Extending Patient Choice of Provider (Any Qualified Provider)”. This means that NHS patients will have more freedom to choose where they go for their health care from April 2012.

7.2 When patients are referred for selected services, usually by their GP, they should be able to choose from a range of qualified providers who meet NHS quality prices and contracts. These providers could be NHS providers, independent sector providers, or voluntary or third sector organisations. To date, choice has only been available in non-urgent hospital care but this guidance states that choice will be extended to community and mental health services for the first time.

7.3 Full details are given at [www.dh.gov.uk/en/consultations/responsestoconsultations/dh\\_125442](http://www.dh.gov.uk/en/consultations/responsestoconsultations/dh_125442)

## **8. TELEHEALTHCARE PROPOSAL**

8.1 Sir Keith Pearson, Chairman of the NHS Confederation, recently spent time looking at the Barnsley approach to Telehealth and as a result asked for an urgent business case to present to Ministers to build on the way in which the current Barnsley Telehealth programme supports long-term conditions in the community.

8.2 This Trust along with NHS Barnsley, Barnsley Metropolitan Borough Council (BMBC) and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) is a joint signatory to a proposal worth circa £3.5 million submitted to Sir Keith Pearson on 19<sup>th</sup> July 2011.

8.3 I will keep the Board up to date with its progress.

## **9. TRUST PRUDENTIAL BORROWING LIMIT (PBL) FOR 2011/12**

9.1 Monitor has indicated that the Trust PBL for 2011/12 has been calculated as £27.6 million. This will be published on Monitor’s website on the coming weeks. We also expect to receive the full results from our annual plan review from Monitor in early August. All Foundation Trusts whose plans require a further review (Second Stage Review) have now been notified and unlike last year this Trust is not one of them.

## **10. ELECTRICAL SERVICES ON WARDS 27 AND 28**

10.1 An electrical fault occurred on the evening of 5<sup>th</sup> July 2011 but the Trust’s on-call electrician was able to provide lighting to all areas within the Wards until the following morning. By midday on 6<sup>th</sup> July 2011 it had become evident that one of the circuit breakers was damaged and that the cause of the failure could not be traced safely whilst patients remained in the Wards. As a result patients were moved from Ward 28 to Ward 36 and a Serious Incident was logged as the moves clearly had an impact on patients. However, when the Trust’s Non-Clinical Risk Advisor contacted the Health and Safety Executive, the HSE did not deem the incident as requiring reporting under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) as no fire or explosion was involved.

- 10.2 On 7<sup>th</sup> and 8<sup>th</sup> July 2011 the extent of the electrical shutdown was found to be impacting on the central core lift corridors and also the Treatment Ward to Ward 27 and therefore, as it was clear that there would be some considerable remedial work required, a controlled move took place involving the patients from Ward 27 to Ward 35. This move supported the continuation of sharing nursing resource across a landing by placing Wards 27 and 28 adjacent to each other once again in their new decant facilities.
- 10.3 As a result of a fixed wire test undertaken in October 2010 no remedial works were deemed to be required and whilst appreciating that this test is only a snap shot, it is very unusual to subsequently find significant failures as appears in this case. The Trust's Estates Team rigorously follow the requirements of Health Technical Memorandum 06-02: Electrical Safety Guidance for Low Voltage Systems, and as such have asked the Trust's authorised engineer to attend the site to undertake an independent review. Follow up investigation has found two faults on the lighting circuit that jointly had the effect of creating the failure as subsequent damage to cabling. As a result a complete re-wiring and replacement of the fittings will be carried out therefore removing the risk. Thermal imaging will also be undertaken at distribution boards and targeted areas of wiring circuits across the Trust, to identify any further "hot spots" not previously highlighted in the fixed wire tests.
- 10.4 This work will take until the end of September 2011 to complete and will therefore in effect remove both decant Wards (35 and 36) from being used for escalation for any bed pressures during that period.