

Trust Board Report

Meeting Date:	27 January 2014
Title:	Chief Executive's Report
Executive Summary:	This report refers to certain reports published nationally, as well as policies approved by Trust Management Committee, and four consultant appointments, since the November Board meeting. There is also mention of our interaction with parts of the health economy we serve.
Action Requested:	To note the report.
Report of:	Chief Executive
Author: Contact Details:	David Loughton Tel: 01902 695950
Resource Implications:	Nil
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	None
Appendices References Background Reading	None
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny

Background Details

1.0	<p><u>Review</u></p> <p>Since the November Board the publication of reports into aspects of the NHS has continued unabated, and I mention some of these as background and context for our work here, along with one or two of the many instances of national expressions of interest in the work of the NHS. I also highlight our interaction with parts of the health economy we serve, as well as including details of the policies approved by the Trust Management Committee and the appointment of consultants to the Trust.</p>
2.0	<p><u>Policies Approved by Trust Management Committee</u></p> <p>A number of policies are due to be approved by the Trust Management Committee on 24 January. I will report these orally to the meeting.</p>

6.0

In early December figures released by NHS England on performance of NHS Trusts and FTs were seized upon by the news media, with particular interest being shown in ambulance times. The BBC has set up a page on its website to assist the public to monitor performance in their areas:

www.bbc.co.uk/nhswinter

6.1

Local Health Economy

The Trust was represented by the Chief Operating Officer at the Wolverhampton City Council's **Health Scrutiny Panel** on 19 December, when the following papers relating particularly to the Trust were considered:-

- Update on CQC Chief Inspector of Hospitals Inspection Report
- FT Application Update
- RWT Response to Government Report "Patients First and Foremost"

The **Health and Well Being Board** met on 8 January.

Details of these meetings are available on the local authority's website.

The Director of Planning and Contracting and the Deputy Chief Nursing Officer also attended a special WCCG Board on 17 December to give a presentation on the Nursing Workforce Skill Mix Review.

The monthly Board meeting of the **Wolverhampton Clinical Commissioning Group** (WCCG) was held on 14 January, and reports which were discussed in public can be found on their website.

7.0

7.1

National Reports and Issues

On 19 November the Government issued its response to the Robert Francis inquiry, **Hard Truths; the journey to putting patients first**, which can be found here:

<http://francisresponse.dh.gov.uk/>

The Government has accepted in full 204 of the recommendations made by Robert Francis QC following his inquiry into failings at Mid-Staffordshire NHS Foundation Trust. Of the remainder, 57 have been accepted in principle, 20 in part, and 9 not accepted at all. The new measures and actions are grouped under five headings: Preventing Problems, Detecting Problems Quickly, Taking Action Promptly, Ensuring Robust accountability and Ensuring Staff are Trained and Motivated. The Government also lists the changes that have already been made since the inquiry reported last February. These include: the appointment by the CQC of three chief inspectors (of hospitals, adult social care and primary care), the first wave of hospital inspections having begun, more independence being given to the CQC, NHS England publishing clinical outcomes by consultant for ten surgical specialties, and the launch of a leadership programme to recruit clinicians to senior roles.

The executive summary mentions the following points from the Government's plan of action:

- The introduction of monthly reporting of ward-by-ward staffing levels and other safety measures.

	<ul style="list-style-type: none"> • Hospitals must set out clearly how patients and their families can raise concerns or complain, with independent support available from local Healthwatch or alternative organisations. • Trusts will report quarterly on complaints data and lessons learned, and the ombudsman will significantly increase the number of cases considered. • A statutory duty of candour on providers will be introduced, and a professional duty of candour on individuals through changes to professional guidance and codes. • The Government will consult on proposals about whether trusts should reimburse a proportion or all of the NHS Litigation Authority's compensation costs when they have not been open about a safety incident. • Wilful neglect will be put into legislation at the earliest opportunity – so that those responsible for the worst failures in care are held accountable. • A new fit and proper person's test which will act as a barring scheme. • All arm's length bodies and the DH have signed a protocol in order to minimise bureaucratic burdens on trusts. • The introduction of a new care certificate to ensure that healthcare assistants and social care support workers have the right training and skills in order to give personal care to patients and service users. • The Care Bill will introduce a new criminal offence applicable to care providers that supply or publish certain types of information that is false or misleading, where that information is required to comply with a statutory or other legal obligation.
<p>7.2</p>	<p>The Dr Foster Good Hospital Guide was published at the beginning of December: http://myhospitalguide.drfoosterintelligence.co.uk/downloads/report/Report.pdf This year the Guide has focused upon four key areas:</p> <ul style="list-style-type: none"> • How financial austerity is affecting the way money is spent on hospital treatment. • The impact of drug and alcohol problems on patients and hospitals. • The quality of care at weekends • Measuring hospital mortality <p>There are three components to the 2013 Hospital Guide. First, a booklet, which explains everything they have measured and their main findings. Second, they have distilled all their data into a series of posters that explain what the analysis shows. Third, information about each individual NHS hospital trust and Clinical Commissioning Group. All the data, and the methodologies explaining how they made their calculations can be found on their website: www.myhospitalguide.com This Trust is not named among those deemed to be mortality outliers.</p>
<p>7.3</p>	<p>The G8 Dementia Summit took place on 11 December in London, with a range of speakers addressing the global challenge. The topics for discussion during the day included improving life and care for people affected by</p>

	<p>dementia and their carers, preventing and delaying dementia, and social adaptation to global ageing and dementia. Just before the Summit, Alzheimer Disease International published its own report which estimated that the number of people living with dementia had risen to 44 million around the world, a rise of 22 per cent in the past three years. In Britain, it is estimated that 800,000 people live with a form of dementia, more than half of whom have Alzheimer's Disease. The Alzheimer's Society report suggests that this will reach one million by 2023. The Trust already has the care of the elderly as one of its strategic priorities and the Board will be conversant with the work of the Dementia ward, the dementia care bundle, and my involvement in the Dementia Health and Care Champion Group, one of three national bodies set up by the Prime Minister to look into ways of tackling the problems and issues associated with this condition. The 2013 report of the three Groups can be found here, for information: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200030/9535-TSO-2900951-PM_Challenge_Dementia_ACCESSIBLE.PDF</p> <p>7.4 NHS Mandate In November the Government published its mandate to NHS England for 2014/15, setting out its ambitions for the health service for the next two years. The mandate has nine chapters covering: preventing people from dying prematurely, enhancing quality of life for people with long-term conditions, helping people recover from episodes of ill-health or following injury, ensuring that people have a positive experience of care, treating and caring for people in a safe environment and protecting them from avoidable harm, freeing the NHS to innovate, the broader role of the NHS in society, finance, and assessing progress and providing stability. Details can be accessed here: https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015 An information sheet is appended for information.</p> <p>7.6 Everyone Counts: Planning for Patients 2014/15-2018/19 On 20 December NHS England published its guidance for "bold and ambitious five year strategic plans from NHS commissioners". This is their response to the Government's Mandate, translating the outcomes desired by government into specific measurable ambitions. NHS England also released two year CCG allocations. The document is here: http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf</p> <p>7.7 Mid Staffordshire NHS Foundation Trust For the record, the press statement issued by the Trust Special Administrator on 18 December can be accessed below. This has already been circulated to the Board and all members of staff in the Trust, and the Board has had preliminary discussions. A further update will be given in the private part of today's meeting. http://tsa-msft.org.uk/trust-special-administrators-tsas-publish-their-recommendations-for-the-future-of-mid-staffordshire-nhs-foundation-trust-msft-or-the-trust/</p> <p>7.8 Securing Sustainability In December, the TDA published Planning Guidance for NHS Trust Boards: http://www.ntda.nhs.uk/blog/2013/12/23/planning-guidance/ This "sets out for the first time a framework to enable trusts to look in more depth at how they plan to deliver high quality services in a sustainable way over the next five years".</p>
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It stresses that planning for long term sustainability can be credible only when trusts can show evidence of delivering now, and says that some trusts will need to deliver short term improvements to achieve long term sustainability. In addition, the guidance mentions significant challenges facing every provider, such as:

- Broader and deeper approaches to how quality is monitored, assessed and regulated
- Dual pressures on both the budget and the recruitment of high quality staff arising from new guidance for NHS providers on safe staffing (nursing, midwifery and care staff)
- The establishment of the Better Care Fund (previously the Integration Transformation fund) will release more funding to innovate for services outside hospital but also potentially create new pressures on funding flows into acute provider organisations
- The shift towards seven-day working and the impact of that upon budgets and upon leadership time to bring the change about.

The TDA stresses the need for five year plans to be worked up in conjunction with local and national commissioners' five year plans. It also describes its own preparedness to support provider organisations to develop and improve to deliver high quality, sustainable services going forward.

The Guidance sets out the TDA's expectations of Boards under five headings: ensuring services are safe; effective; caring; responsive; and well-led. It also says that every healthy NHS board should have a planned strategy on engagement that they should risk rate and update on a regular basis.

The Board has had discussion about the plans it will develop and submit and the alignment to the Integrated Business Plan and Long Term Financial Model for the Foundation Trust Application. The Board will continue to develop its plans in accordance with the timetable set out in the planning guidance.

7.9

National Tariff Payment System 2014/15

Under the Health and Social Care Act 2012 responsibility for designing and implementing the payment system for NHS health care services for the financial year 2014/15 onwards has shifted from the Department of Health to Monitor and NHS England (formerly known as the NHS Commissioning Board). Therefore, following a period of consultation, these two bodies have jointly published the national tariff for 2014/15, which can be read here:

<http://www.monitor.gov.uk/nt>

The document states that because commissioners and providers need predictable income and expenditure in order to be able to plan and invest with confidence, and against the background of major structural changes to commissioning still working through the health care sector, coupled with higher levels of public scrutiny of providers, few changes to the details of national prices will be made for next year. Monitor and NHS England clearly believe that providers have scope to make further productivity improvements and will apply an efficiency requirement of 4% for 2014/15. It is also noteworthy that the document states that the two organisations expect commissioners and providers to share the risks of growth in the volume of emergency admissions, and are seeking to promote collaboration between commissioners and providers on targeting resources to manage demand for emergency care in their localities outside the hospital setting. This is reflected in the retention of the nationally determined variations to national prices ("national variations") in regard to the 30-day emergency readmissions penalty and the marginal rate rule, both intended to prevent unplanned

<p>8.0</p> <p>9.0</p> <p>10.0</p>	<p>hospital stays.</p> <p><u>Visits and Events</u></p> <p>For the information of the Board, since the last Board meeting I have contributed to the following:</p> <ul style="list-style-type: none">• Live interview on BBC WM (regarding CQC inspection) – 21 November• Filmed for BBC Midlands Today (regarding CQC inspection) – 21 November• Interview for Heart FM (regarding CQC inspection) – 21 November• Met Sir Peter Carr and Catherine Singh, Portfolio Director (TDA) – 22 November• Greater Midlands Cancer Research Network Annual Meeting – 22 November• Debate with MPs about NHS A and E recommendations (Keogh) on Radio 5 Live on 26 November• HSJ Reshaping of Pathology Services Conference – 27 November• NHS Confederation Hospital Forum – part of Panel session with Mark Newbould – 28 November• Met recently appointed Trust Medical Directors and gave presentation on our CQC Inspection – 29 November• Radio Five Live interview about never events – 30 November• Undergraduate Education Quality Assurance Monitoring Visit – 2 December• BBC Operation Hospital Food with James Martin – 3 December• Attended TDA event and gave presentation (with Chief Nursing Officer) on our CQC Inspection – 5 December• Filmed by BBC Midlands Today – overseas recruitment – 9 December• Press conference – Mid Staffordshire – 18 December• Staff Briefing at Cannock Hospital – 18 December• NIHR Advisory Board meeting in London – 8 January <p>In addition, I have attended various meetings regarding Mid Staffordshire Foundation Trust during the last two months.</p> <p>NIHR Clinical Research Network</p> <p>I am pleased to report that appointments have been made to the two senior leadership positions for the new Network, namely:</p> <p>Clinical Director – Professor Scott Weich (starts on 20 January)</p> <p>Chief Operating Officer – Dr Althea Allison (starts on 1 February)</p> <p>The Healthy NHS Board 2013 – Principles for Good Governance</p> <p>Some Directors will recall that in conjunction with the Robert Francis report on Mid Staffordshire in 2010, the NHS National Leadership Council published “The Healthy NHS Board: Principles for Good Governance”. This has now been revised and updated, reflecting the significant changes in the organisational landscape after the health reforms, and responding to those changes in organisational roles, relationships and accountabilities. The refreshed guide recognises not only the critical role played by the board in leading the organisation, but also the complex and often challenging environment in which it has to operate. Copies of the booklet are being obtained for members of the Board.</p>
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Department of Health

The Mandate explained

NHS England is the independent organisation now responsible for managing the budget and the day to day workings of the NHS. It supports clinical commissioning groups – local groups of GPs and other health professionals who now buy most NHS services – to improve patient care.

To make sure the taxpayer has a say in how this money is spent, the Government provides direction and ambitions for the NHS through a document called ‘the Mandate’.

By listening to the needs of patients, carers and families, NHS England is responsible for deciding the best way to achieve these ambitions, working across the health and social care system.

The Mandate is published every year to make sure it is up-to-date, but it also sets long term ambitions to make sure the NHS is always there and always improving. NHS England must try to achieve these ambitions and the Secretary of State for Health will hold them to account for improving care for people.

Ambitions for the NHS

By March 2015, the Government expects NHS England to make improvements in the quality of care it offers. They should:

1. Help people live well for longer
2. Manage ongoing physical and mental health conditions
3. Help people to recover from episodes of ill health or following injury
4. Make sure people experience better care
5. Provide safe care
6. Free the NHS to innovate;
7. Support the NHS to play a broader role in society;
8. Make better use of resources.

‘The Mandate - at a glance’ provides a summary of what the Mandate should mean for patients and the public.

You can find the current version of the Mandate and additional documents at <https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015> or get in touch at: mandate-team@dh.gsi.gov.uk

The Mandate 2014/15 at a glance

The Government wants NHS England to:

1. Help people to live well for longer

NHS England should play its part in the ambition to save an additional 30,000 lives per year by 2020 by:

- helping ensure patients receive an early diagnosis to prevent people developing more serious conditions;
- working to give people the right treatment when they need it;
- making sure all hospitals are as good as the best hospitals;
- supporting NHS staff to make every contact with patients an opportunity to help people stay in good health.

2. Manage ongoing physical and mental health conditions

The NHS should be amongst the best in Europe at supporting people with long term health conditions so that people can experience a better quality of life. NHS England should:

- involve people in their own care and treatment to ensure vulnerable people receive safe, appropriate, high quality care;
- make better use of technology so patients can, for example, order prescriptions online;
- work to improve care across different services;
- improve diagnosis, treatment and care for people with dementia.

3. Help people recover from episodes of ill health or following injury

NHS England should shine a light on variation in care and unacceptable practice in the NHS, share best practice and improve services. They should:

- Improve transparency by publishing more data and involve local people in decision-making;
- put mental health on a par with physical health, close the current health gap and support people who fall into crisis;
- work on developing access and waiting time standards for all mental health services for a rolling implementation beginning in April 2015.

4. Make sure people experience better care

Patients should experience better care, not just better treatment, particularly older people and those at the end of their lives. NHS England should:

- measure how people feel about their care by asking if you would recommend a service to your friends or family;
- improve the standards of care and experience for women during pregnancy;
- support children and young people with specific health and care needs;
- provide good quality care seven days of the week;
- implement the lessons learnt from the Mid-Staffordshire and Winterbourne View scandals.

5. Provide safe care

NHS England should continue to reduce the number of incidents of avoidable harm and embed a culture of patient safety through improved reporting of incidents. They should also take action to identify those groups known to be at a high risk of suicide.

6. Free the NHS to innovate

NHS England must get the best health outcomes for patients by:

- strengthening local autonomy;
- promoting innovation in the NHS;
- controlling financial incentives to drive up the quality of NHS services;
- lead the continued drive for efficiency savings
- ensure there is a fair playing field for providers of NHS care.

7. Support the NHS to play a broader role in society

NHS England should promote and support participation by NHS organisations and patients in research, to improve outcomes and contribute to economic growth. They should also make partnership working with local councils, the police, job centres, housing associations and others a success to improve care for all.

8. Making better use of resources

NHS England will be given £98 billion in 2014/15 to achieve the objectives in the Mandate. They must ensure good financial management of this money.