

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS MEETING – 29 AUGUST 2014

SUBJECT: CHIEF EXECUTIVE'S REPORT

REPORT FROM: CHIEF EXECUTIVE

PURPOSE: Information

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

The monthly report from the Chief Executive will provide the Board of Directors with key issues related to:

- Recent DH/Monitor bulletins/DH newsletters/CQC briefings
- Kent Pathology Partnership Update
- CQC Visit Update
- Patient Safety
- Friends and Family Test
- Trust Developments / initiatives
- Consultations
- Latest Publications

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

Compliance with notifications from regulatory bodies and policy changes all contribute towards achievement of strategic objectives.

FINANCIAL IMPLICATIONS: Nil

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:
Nil

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES:
Nil

BOARD ACTION REQUIRED:

The Board of Directors is asked to note the report.

CONSEQUENCES OF NOT TAKING ACTION:

Failure of the Trust to respond in a timely fashion with appropriate information may affect the Trusts rating with Monitor and the CQC.

CHIEF EXECUTIVE'S REPORT

1. KEY ITEMS FROM RECENT MONITOR/DH BULLETINS/NEWSLETTERS

FT Bulletin: July 2014

- Monitor is a member of the national tripartite and has been involved in development and coordination of the national initiative to develop plans to address RTT long waiter backlogs. Monitor recognises that a number of foundation trusts will fail the RTT admitted and non-admitted standards for Q2 whilst backlogs are addressed. Monitor is encouraging Trusts to actively treat long waiter patients in line with a plan agreed with commissioners.
- Monitor has asked Foundation Trusts to review findings and recommendations of the NHS investigation reports into Jimmy Saville against own internal safeguarding systems.
- Monitor is reminding Foundation Trusts to report potential significant transactions to them in line with Appendix C of the Risk Assessment Framework, updated April 2014. Monitor is encouraging early notification to allow sufficient time (and resources) to carry out a review.

FTN Networked: 27 June 2014

- The National Audit Office (NAO) is currently undertaking a review of the progress made by health and wellbeing boards in developing plans to ensure the Better Care Fund promotes effective local integration of health and social care. The review will also consider how effectively central government is supporting health and wellbeing boards to oversee delivery of the Better Care Fund's objectives.
- NHS England and the Royal College of Physicians are currently looking to try to ensure NHS staff have access to healthy/healthier food options while at work. To aid their work in this regard the FTN are looking for examples of where trusts have been able to provide more healthy eating options for staff. Additionally they would be keen to hear about examples where trusts have encouraged healthier eating by staff, such as displaying traffic light warning on items to identify high calorie, low nutrition food, especially where this has had a measurable change on staff eating habits.
- The use of the NHS Number as the primary identifier in clinical correspondence is vital to successful integrated care. The number is a key criteria for the Technology Fund applications and is also reflected in the NHS Standard Contract for 2014-15 that states that "the provider must use the NHS Number as the primary (main) identifier in all clinical correspondence". NHS England are planning to carry out a short survey of chief information officers to gather information on the current use of the NHS number in line with contractual commitments.

2. KENT PATHOLOGY PARTNERSHIP UPDATE

The eight workstreams have been active in moving forward the Kent Pathology Partnership project.

- The collaboration agreement was updated by DAC Beachcroft following the 9th July KPP Board. Principals regarding host Trust agreed by the Project Board. Joint venture contractual agreement is due to go to the respective Trust Boards for sign off in September.
- Capital investment principals agreed by the Project Board. Overall capital investment plan agreed.
- Combined Risk register & Issues log on Sharepoint [KPP Project](#)
- Estates Workstream indicative costs received & Plan updated. Further work required to reduce costs.
- IM&T briefing paper KPP Project Board requesting cost approval. LIMS Hardware ordered & delivered. East Kent Hardware refresh agreed

- Planning meetings with Microbiology leads and design for Microbiology commenced.
- Cell Path implementation team meetings progressing.
- Workforce regular meetings with TU representatives timetabled monthly. Draft TUPE consultation paper developed – currently with legal team
- Workstream project plan updated
- KPP Project Secretary successfully interviews conducted.
- MSC PQQ published 18-6-14 closed 18-7-14. PQQ evaluation training conducted 23-7-14.
- An interim Managing Director has now been appointed and is due to start 1st September.

3. CQC VISIT

The CQC's draft report following their visit to the Trust in early March 2014 was received by the Trust on 10 June 2014. From the date of receipt, the Trust responded to factual inaccuracies within the required 10 days.

A Quality Summit was held on 8 August 2014 where key findings were discussed with the CQC and key stakeholders.

The report was published by the CQC on 13 August 2014.

Internally the corporate and divisional teams have reviewed the reports and, particularly the “must dos” contained within them. A draft action plan has been developed to address these issues. In doing so the assistance of PriceWaterhouseCooper (PWC) has been sought who are facilitating internal workshops to ensure that these actions are appropriate and deliverable. PWC will also be working with the the Trust to establish a workshop with our key external stakeholders to gain their support for those actions that require system wide support – particularly those relating to referrals, discharges and the flow of patients through the healthcare system.

The Trust has also commissioned PWC to carry out a governance review – initially focusing on the operational divisions and specifically on any areas of potential weakness that may underpin some of CQC findings.

An experienced Improvement Director has been commissioned to provide support and challenge to the Trust in relation to the work described above. He will be reporting to the CEO and the Board of Directors and it will be my intention to retain him to provide assurance in respect of the delivery of the action plan.

CQC report briefings have been held with Staff and members of the Council of Governors.

Monitor has confirmed they will use the CQC's Inspection Report as evidence to establish whether the Trust is in breach of its licence conditions and whether it warrants the use of Special Measures. At the time of writing this report, this had not been confirmed. A verbal update will be provided at the Board meeting.

4. MESSAGE TO NHS STAFF ON STRENGTHENING PATIENT SAFETY

Jeremy Hunt, Secretary of State, sent a message to Trusts on 27 June 2014 identifying ways in which patient safety could be strengthened in the NHS. To assist with this, he has launched a new package of measures to help change things for the better.

Sir Robert Francis is leading an independent review into how an open and honest reporting culture in the NHS can be created. He will look at what further action is necessary to protect individuals working in the NHS who speak out against unsafe practice or unfair treatment. Sir Robert would like to hear from frontline staff, trade unions and NHS employers amongst others. Information about how to do this is available via the link below:

<https://www.gov.uk/government/groups/whistleblowing-in-the-nhs-independent-review>

NHS England has also launched the new "Sign up to Safety" campaign, under the leadership of Sir David Dalton, Chief Executive of Salford Royal NHS Foundation Trust.

The NHS has published a swathe of safety data - including staffing levels and 'open and honest reporting' - for adult and paediatric hospital wards, including mental health and community hospitals. The data has been published on a [new safety section on NHS Choices](#) and provides Trusts and patients the opportunity to review performance against key safety measures.

5. FRIENDS AND FAMILY TEST

The Staff Friends and Family Test commenced w/c 18 August 2014.

Staff will be asked for feedback on their experience of working at the Trust in the form of two questions, both of which include free text comment boxes so that you can add more detail:

1. How likely are you to recommend EKHUFT to friends and family if they needed care or treatment?
2. How likely are you to recommend EKHUFT to friends and family as a place to work?

Staff will be asked these questions three times a year through e-mail and the responses given will be treated completely confidentially. The Trust will not see individual answers - the survey is being administered by an independent company called Picker.

The Trust will take the opportunity to ask a few additional questions each time about different aspects of working life at the Trust. These additional questions will vary.

6. TRUST DEVELOPMENTS / INITIATIVES

Patient Safety in Hospital Care Award

The Trust's Patient Safety Team worked with KMPT Liaison Psychiatry Service to create a tool that can aid nurses to risk assess and care for patients with mental health symptoms, while they are in the hospital. The Safeguarding, Managing Risk Tool (SMaRT) allows staff to use the symptoms that the patient is describing, alongside behaviours that they are observing to come to a traffic light like system of risk. The levels of risk then have recommendations for management and the form also allows clear documentation of the resultant care plan.

Pioneering Technology Development

For the past two years the Medical Physics Department based in K&C Hospital, has been researching, designing and building a 3D printer with the aim of producing rapid

manufacture of complex geometries and structures faster than traditional manufacturing processes.

As an example of this work, it has been possible, to import a CT scan file into a Computer Aided Design (CAD) software package that our 3D printer could read and print. The resulting three-dimensional model allowed detailed examination of a lower jaw bone. Other applications which the 3D printer has also been used include the production of a prototype *Portable Sterile Container* for Theatres, a *Radio Isotope Dipper* for Nuclear Medicine and a complex *Communication Aid Mounting Assembly* for the Adult Communication Team.

This is a fast, exciting emerging technology, which will allow Consultants, Doctors, Clinical Engineers, to be able to physically hold a model of bone structures, tumours, organs, etc, and understand the exact size and shape, which will ultimately save time during procedures as well as reduce the opportunity for error.

Charity Teaching Award

A former Higher Specialist Trainee (HST) in Respiratory Medicine at K&C has been awarded this year's Teaching Prize, sponsored by the Canterbury Health Education Foundation. This prize is awarded to middle grade doctors based on votes by foundation doctors who they believe to have given the best teaching sessions during their duration of training at K&C.

Latest Cleaning Technology Trial

The Trust will be trialling a new technology to deep clean clinical areas in the fight to beat *C difficile* and other resistant organisms. Hydrogen Peroxide Vapour (HPV) enables high level disinfection of the environment which is 100% reliable every time (manual cleaning can never achieve this). We will be using a company called Hygiene solutions and the product is called Deprox to clean after a *C difficile* case. The Deprox system is already established in Addenbrookes, UCLH and many other Trusts. Deprox is currently being used at the QEOM and WHH. K&C will follow shortly.

7. CONSULTATIONS

Consultation on the Annual Reporting Manual 2014/15

Monitor have launched its consultation on revisions to its Annual Reporting Manual 2014/15. The document is consulting on changes to the following areas:

- Enhanced audit reporting
- Remuneration report
- Group accounting

Responses are due by 29 August 2014.

2015/16 National Tariff

Monitor and NHS England are in the process of developing the 2015/16 National Tariff Payment System. The Proposals are in line with Monitor's long term aim of developing a transparent, flexible and accountable NHS payment system that encourages the provision of good-quality, efficient services and the best possible outcomes for patients. A tariff engagement document has been published which proposes a number of changes for 2015/16. The healthcare sector has been invited to feedback on proposals.

NHS Provider Licence Review

Monitor is asking for experiences of the NHS provide licence since it came into effect for NHS foundation trusts on 1 April 2013. Responses were requested by 31 August 2014.

Adult Hearing Services – England

Monitor is researching the extent to which patients in England benefit from having a choice of NHS hearing services. Services providers, commissioners, GPs, patients and patient representatives are encouraged to take part until 4 September 2014. Full details are on Monitor's website.

Consultation on draft regulations and guidance for implementation of the Care Act

The guidance and regulations associated with the Care Act will set out how the Act will work in practice. The Department of Health has launched a consultation which focuses on the following subjects: general duties and universal provision, first contact and identifying needs, charging and financial assessment, person-centred care and support planning, integration and partnership working, adult safeguarding, inter local authority and cross-border issues and other areas.

Sustainable development consultation

The Sustainable Development Unit, which is funded by and accountable to NHS England and Public Health England to work across the NHS, public health and social care system, has launched a consultation on three additional modules for its sustainable development strategy. The strategy was launched in January 2014 and the additional modules relate to: an integrated metrics approach; innovation, technology and R&D; and creating social value.

8. PUBLICATIONS**MONITOR'S LATEST PUBLICATIONS:****NHS Code of Governance**

Monitor published a revised Code of Governance for NHS Foundation Trusts in December 2013, to reflect new legislation and to clarify reporting requirements. Since then, a small number of corrections and amendments have been made to it in response from the FT Sector. Monitor published the revised code, including all amendments with a new issue date of July 2014. A summary of all significant edits was published and available on the website.

NHS Foundation Trusts: Consolidated Accounts 2013/14

Monitor's publication reports how the Foundation Trust sector as a whole is responding to increasing NHS financial pressures.

Monitor's Annual Report and Accounts 2013/14

Monitor published their annual report and accounts for 2013/14 which reflects on their first year as a sector regulator for health services in England, with a duty to protect and promote the interests of patients.

OTHER PUBLICATIONS:**Public Accounts Committee report on Monitor**

The Public Accounts Committee has published its report entitled "*Monitor: regulating NHS Foundation Trusts*". A copy can be accessed on their website.

Commonwealth Fund Report: Mirror, Mirror on the Wall

In a report conducted by The Commonwealth Fund, the UK's health system has been ranked first overall in comparison with ten other countries in quality, efficiency, cost and performance. "Mirror, Mirror on the Wall," scores the UK highly for its quality of care, efficiency and low cost at the point of service, with Switzerland coming an overall second. The US came last, as it has done in four other editions of "Mirror, Mirror" since 2004. The Commonwealth fund is a Washington-based foundation respected for its analysis of the performance of different countries' health systems. It examined 11 countries, including detailed data from patients, doctors and the World Health Organisation. The full list of countries analysed in the study were: New Zealand, Australia, France, Germany, Norway, Sweden, the Netherlands, Switzerland, Canada, Britain and the US. The full report is available on The Commonwealth Fund website.

Stuart Bain
Chief Executive