

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS MEETING
DATE:	30 OCTOBER 2014
SUBJECT:	CHIEF EXECUTIVE'S REPORT
REPORT FROM:	CHIEF EXECUTIVE
PURPOSE:	Information
CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT The Chief Executive provides a monthly report to the Board of Directors providing key updates from within the organisation, Monitor, Department of Health and other key stakeholders.	
SUMMARY The monthly report from the Chief Executive provides the Board of Directors with key issues related to: <ul style="list-style-type: none">- Recent DH/Monitor bulletins/DH newsletters/CQC briefings- Kent Pathology Partnership Update- CQC Inspection- Joint Letter from Monitor, NHS England and TDA- Surgical Assessment Unit- Trust Awards evening- Trust Developments / initiatives- Use of Trust Seal- Consultations- Latest Publications	
RECOMMENDATIONS: The Board of Directors is asked to note the report.	
NEXT STEPS N/A	
IMPACT ON TRUST'S STRATEGIC OBJECTIVES: Compliance with notifications from regulatory bodies and policy changes all contribute towards achievement of strategic objectives.	

LINKS TO THE BOARD ASSURANCE FRAMEWORK:

To enable the Trust to respond in a timely fashion with appropriate information which may affect the Trust's rating with Monitor and the CQC.

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

None

FINANCIAL AND RESOURCE IMPLICATIONS:

None

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

None.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES:

None

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 – September 2014**

- From the 26 September all foundation trusts will be required to provide financial information each month to Monitor and the Department of Health (DH). This information will be used to estimate the aggregate year end outturn for foundation trusts and their impact on the consolidated financial position of the DH group. This will help to ensure that the annual revenue and capital spending of the NHS remain within the limits set by Parliamentary votes. Monitor has agreed to take on the administration of this data request. However, the information will not trigger regulatory investigations.
- The Department of Health has written to all acute Trusts to remind them to ensure the introduction of procedures to support the forthcoming mandatory data collection relating to Female Genital Mutilation (FGM) prevalence by 1st October 2014, using robust and high quality collection processes.
- Monitor and the Health Foundation are conducting a short, anonymous survey asking NHS foundation trusts and NHS trusts about the actions you are taking to improve patient safety in light of the Berwick review. The results will inform conversations across the sector and highlight areas where improvements can be made. The survey was sent to chief executive officers and corporate secretaries.

FTN Networked – October 2014

- A new briefing from the NHS European Office outlines the key changes made by the new EU regulation on clinical trials and what they mean for the NHS.
- The secretary of state for health announced a new financial incentive to encourage and support NHS foundation trusts and trusts to identify patients visiting from other European Economic Area (EEA) member states and record their European Health Insurance Card (EHIC) information. The official launch of the EHIC incentive scheme for NHS providers came into effect on 1 October 2014. From this date, providers will receive an extra 25% in addition to the payments received from commissioners when treating an insured patient.
- Jeremy Hunt, secretary of state for health, launched a new national programme to improve the safety of patients and ensure continual learning sits at the heart of healthcare in England. The programme, coordinated by NHS England and NHS Improving Quality (NHS IQ) will see a network of 15 patient safety collaboratives established, each led by an Academic Health Science Network (AHSN). The programme is borne out of Professor Don Berwick's report last year into the safety of patients in England, and builds on learning from the Francis and Winterbourne View recommendations.
- The FTN and NHS Alliance have formed a strategic partnership with a vision to explore and break down some of the historic silos and tensions that continue to hinder innovation in the health service. The two leading representative bodies for organisations providing services to the NHS across both primary and secondary care have committed to partnership working and are bringing together senior leaders from primary and secondary care to discuss difficult challenges and identify shared solutions.
- The Cabinet Office Centre for Social Action and Hospice UK have launched a fund of up to £1 million to support existing projects that engage volunteers in social action to improve the experience for people at end of life and their families. The national charity for hospice care, Hospice UK (previously known as Help the Hospices) will run the fund. The fund is open to applications from hospitals, charitable and NHS hospices, care homes, UK registered charities, public bodies, social and community enterprises.

2. CQC INSPECTION

The Trust's action plan was submitted to the CQC and Monitor on 23 September 2014. Monthly performance review meetings will take place with Monitor until the Trust moves out of special measures.

An item has been scheduled for each main board agenda which will provide more details and an update on progress against the plan.

3. JOINT LETTER FROM MONITOR, NHS ENGLAND AND THE TDA

The letter at appendix 1 was sent to all Trusts informing them of the biggest priorities for trusts over the next few months. These include:

- a series of regional meetings in October/November (please hold the relevant region's event in your diary; further details, including how to register, will follow shortly)
- expectations regarding NHS performance over the coming months
- an outline of the 2015/16 planning process
- longer term thinking about the NHS

Trusts will shortly receive further information on the arrangements for re-profiling Referral to Treatment (RTT) activity plans over the next 3 months.

4. SURGICAL ASSESSMENT UNIT

A new Surgical Emergency Assessment Unit opened today at William Harvey Hospital. The SEAU – a surgical extension to the A&E department – is managed and staffed by the Surgical Services Division and is for the assessment of adult emergency surgical patients.

5. TRUST AWARDS EVENING

The Trust holds an annual awards evening which provides the opportunity for recognition of its front line staff in the work they do and care they deliver. This year, the awards evening was held on 9 October 2014. Awards were categorised and given to the following individuals/teams:

Ambulatory Care - Excellence in Care Award

Ambulatory Care staff developed a nurse led multi-disciplinary team approach to out-patient and follow up care of Deep Vein Thrombosis and Pulmonary Embolism. The team identified a training programme to meet the needs of their colleagues and have put together a robust training plan that incorporates a practical guide to assessing, diagnosing, care planning and treatment management of DVT. The service has reduced emergency admissions, assisted in discharge planning and ensured timely patient discharges.

Claire Salway, Speech and Language Therapy Assistant Practitioner – Excellence in Care Award

This individual works with both the family and the individual with dementia to enable the family to understand the nature of dementia and teaches them strategies to enhance communication with their relative.

SmaRT Team – Excellence in Care Award

The Team worked with the 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 hospital.

Critical Care Follow Up and Rehabilitation Team – Delivering Safer Services Award

The Critical Care Follow Up and Rehabilitation Team collectively designed a programme of care, including the development of a rehabilitation class for patients to attend once discharged home from hospital. They worked tirelessly to obtain the funding and support to make it all happen.

Vascular Access Team – Making a Difference Award

The Vascular Access Team support all levels of patients from the very acute through to the long-term IV therapy patients, and have ensured that all patients have timely access to the correct device that meets their need. They have introduced many new Trustwide resources, products and strategies to ensure this is possible.

Renal Diabetes Team – Outstanding Innovation Award

Diabetic kidney patients on haemodialysis have been shown to be up to 10 times more likely to have an amputation, compared with people with diabetes alone. The Renal Diabetes Working Group was developed to ensure better support for renal patients with diabetes. They have identified and developed foot assessment forms and toolkits for staff, ensuring patient's diabetes needs are identified and cared for effectively.

Caroline MacKenzie, Ward Manager (Rotary Ward) – Employee of the Year

The Ward Manager on Rotary Ward, the Maxillo Facial and Head and Neck speciality ward, leading a team who care for patients with life changing and often disfiguring surgery. Her knowledge, dedication and approach to person centred care and the importance it plays in her professional life is inspiring to those she leads and works with.

Critical Care Follow Up and Rehabilitation Team – Team of the Year Award

The Critical Care Follow Up and Rehabilitation Team is a multi-disciplinary team with members from Critical Care, Critical Care Outreach and Physiotherapy. They have developed a service which identifies patients with the potential to require follow up whilst they are in Critical Care and a rehabilitation class for patients to attend once discharged home from hospital

Trauma Review Team – Trust Board Award

The 2014 Trust Board Award went to the Trauma Review Group, who over the last two years have helped established the interim Trauma Unit at WHH.

Gary Lupton, Hospital Manager for QEQM and WHH – Chairman's Award

The Hospital Manager was presented with this award for his demonstrable passion for his job and his effectiveness in 'getting things done' for staff and patients.

Dr James Nash, Consultant Microbiologist – Chairman's Award

Dr Nash also received the Chairman's Award for making a substantial contribution to safety in his years with the Trust.

Dr Mo Sakel Consultant Neuro Rehabilitation – R&D Award

This individual has been a part of 16 projects during the past 12 months, working in collaboration with multidisciplinary teams from Universities in Kent, the EU & US.

National Aortic Aneurysm Screening Team – R&D Award

The Canterbury National Aortic Aneurysm Screening (NAASP) team have been screening men aged 65 and over since April 2011 for the presence of silent abdominal aneurysms. The team have participated in the UK Aneurysm Growth Study - UKAGS run from Leicester University which is recruiting NAASP patients with screen-detected aneurysms, and healthy controls for a study investigating protein expression in saliva samples of patients.

Learning Disability Champions – Personal, Fair and Diverse Award

During the last 12 months, a growing number of Trust staff have begun to identify themselves, with support from their managers, as Learning Disability Champions. They are raising awareness and embedding change in the culture of the organisation to highlight the importance of meeting the needs of patients with learning disabilities and encouraging the use of the LD Healthcare Passport.

Clinical Coding Team – Personal, Fair and Diverse Award

An individual who initially joined EKHUFT as part of the Bright Futures programme has since secured a permanent position in the Clinical Coding Team at K&C. This demonstrates that the department is committed to supporting the Trust's values regarding Equality and Diversity in the workplace

Susan Brown, Head Orthoptist at Kent & Canterbury Hospital – Council of Governors Award

This individual has worked in the Ophthalmology Department for many years and is highly regarded by her peers and her patients. She is always willing to 'go that extra mile' for patients.

Janet Berry, Care Support Worker - We Care People's Award

Janet has demonstrated support to patients, ensuring they are all well cared for and their hospital stay is as comfortable as possible.

6. TRUST DEVELOPMENTS / INITIATIVES

Best Hospital Team of the Year' at CiQ Anticoagulation awards

This was the first QiC Anticoagulation awards event, celebrating the work of healthcare professionals working to treat and prevent blood clot-related conditions across the UK and Ireland. The Ambulatory Care Team has developed a nurse-led multidisciplinary team approach to outpatient care for the assessment, diagnosis, treatment and follow up to VTE. Together with our doctor colleagues and colleagues in anti coagulation and Haemophilia we developed service improvement strategies for anticoagulant therapy choices; the introduction of a consultant virtual follow up clinic for unprovoked VTE which offers patients timely investigations, an earlier diagnosis and treatment; improvement of multidisciplinary and local communication, development of information and educational resources and we proactively seek and act upon patient feedback. This Award recognises the dedication and hard work of all the staff in developing a service that truly puts patients at the centre

Maurice Berman Prize for Clinical Excellence (British Orthodontic Society)

Andrew DiBiase, Consultant Orthodontist, has been awarded the prestigious Maurice Berman Prize for Clinical Excellence by the British Orthodontic Society. This is awarded for clinical cases presented at the Society's annual conference judged on the complexity and the standard of treatment, and is the Society's highest clinical award. This year the judges of the award made a point of stating how high the standard of the cases entered was.

7. USE OF TRUST SEAL

In accordance with Standing Orders I am required to submit a report of sealings. Since my previous quarterly report, the Trust seal has been affixed to the following:

- Easement for cable across QEQM
- Deed of release and Grant of Easement at WHH

8. PUBLICATIONS

MONITOR'S LATEST PUBLICATIONS:

Quarter 1 performance report (2014/15)

Monitor has published the sector's performance for the 3 months ending 30 June 2014, read this report and helpful infographic.

<https://www.gov.uk/government/publications/nhs-foundation-trusts-quarterly-performance-report--3>

Understanding choice and competition

Monitor has published new guidance documents on choice and competition. They aim to help make the best decisions for patients by explaining how Monitor applies competition rules. Monitor has also published hypothetical scenarios for NHS healthcare providers which give examples of conduct that can breach the competition condition of the NHS provider licence and competition law.

<https://www.gov.uk/government/publications/nhs-healthcare-providers-working-with-choice-and-competition>

<https://www.gov.uk/government/publications/hypothetical-scenarios-choice-and-competition-conditions-of-the-nhs-provider-licence-and-competition-law>

Updated model election rules

New model election rules were published in August 2014 and are available on the Foundation Trust Network (FTN) website. Trusts can now vote for governors using e-voting technology. Challenges to the conduct of foundation trust elections will be determined by the Independent Elections Arbitration Panel instead of Monitor.

<http://www.foundationtrustnetwork.org/resource-library/model-election-rules-word-version/?preview=true>

Do your patients know how to make a complaint?

Monitor have just updated our complaints information for patients. This leaflet explains how patients can complain about NHS care, and this one explains how we use information from patient complaints about NHS care in our monitoring of NHS foundation trusts.

<https://www.gov.uk/government/organisations/monitor/about/complaints-procedure>

OTHER PUBLICATIONS:

Financial failure in the NHS: what causes it and how best to manage it

The King's Fund published the above report which describes the current financial state of the NHS and the reasons for the deterioration in financial performance and ultimately financial failure. It considers the challenge of the conflict between quality of care and financial balance and sets out the approaches used to avert financial failure and deal with it once it occurs before setting out some recommendations for the future.

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/financial-failure-in-the-nhs-kingsfund-oct14.pdf

CQC Report: Dementia Care

The Care Quality Commission (CQC) has this week published the report of their major review into the care provided to people living with dementia. The regulator carried out a themed review of dementia services in 129 care homes and 20 hospitals in England, looking specifically at four areas: how people's care needs were assessed; how care was planned and delivered; how providers worked together and how the quality of care was monitored.

http://www.cqc.org.uk/sites/default/files/20141009_cracks_in_the_pathway_final_0.pdf

9. CONSULTATIONS**Transparency in care: Consultation on visible ratings for health and care providers**

The CQC has the power to assess health and social care by providing providers' performance and give each a rating to improve transparency to the public with a clear statement about the quality and safety of care provided. The purpose of this consultation is to seek views on the proposal to make it a legal requirement for providers to display the performance rating given to them by the CQC.

<https://www.gov.uk/government/consultations/transparency-in-care-visible-ratings-for-health-and-care-providers>

Guidance on meeting the CQC enforcement powers for all fundamental standards and on healthcare providers

The guidance in this consultation sets out what providers can do to ensure that they comply with the new regulations and how the CQC will respond and use its enforcement powers to address breaches of regulations. Providers will particularly want to take account of this guidance when applying for registration. Within the new regulations, the duty of candour and the fit and proper person requirements for directors for non-NHS bodies will come into effect from April 2015.

http://www.cqc.org.uk/sites/default/files/20140725_fundamental_standards_and_enforcement_consultation_final.pdf

Public expenditure on health and social care

The Health Select Committee has produced a series of reports over the last four years on the response of the health and social care systems to the requirement to achieve 4% year-on-year efficiency gains to allow them to meet rising demand for care through a period of minimal real resource growth and, in the case of social care, of reductions in resources. This inquiry looks into funding and expenditure during this Parliament.

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/public-expenditure2/>

Monitor launches 2014 NHS foundation trust governor survey

Monitor's survey will examine NHS foundation trust governors' experiences as representatives of staff and patients and other members, and find out whether they feel well-equipped to do their role. Monitor plans to publish the results, which will help NHS foundation trusts and training bodies to identify any gaps in the training courses or support they offer governors. Findings will be compared with previous years to see if the way governors carry out their roles has changed. The surveys have been sent directly to trusts and the deadline for responses is 23 October.

Making health and social care information accessible

NHS England launched a consultation on the draft information standard, which will tell organisations how they should make sure that patients and service users, and their carers and relatives, can understand the information they are given. This includes

making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

<http://www.england.nhs.uk/wp-content/uploads/2014/08/access-info-std-consult-pln-txt.pdf>

Consultation on indicative sanctions guidance, apologies and warnings

The GMC is consulting in order to gain feedback on a review undertaken in regards to the guidance given to fitness to practice hearing panels run by the Medical Practitioners Tribunal Service. This guidance is similar to the sentencing guidelines used by courts. The consultation also looks at the role of apologies and warnings in the process and changes to the guidance on suspension.

http://www.gmc-uk.org/concerns/25346.asp?dm_i=CUG,2QNR4,9HVACD,9ZE8V,1

Clinical Engineering and Physical Science Standards and Criteria

The Academy for Healthcare Science consultation is focused on gaining feedback on the draft standards that have been developed by a group led by Institute of Physics and Engineering in Management. The standards will be piloted in two phases. The first phase will be a desktop exercise to validate the key performance indicators; the second phase will require the completion of a full accreditation assessment cycle by an independent accreditation body. The initial desktop exercise will be launched in November with the second phase planned for early 2015.

<http://www.ahcs.ac.uk/2014/08/icepss-consultation-launched-have-your-say-in-shaping-standards-criteria-and-domains/>

Congenital Heart Disease review

NHS England is launching a twelve week consultation on draft standards and service specifications for congenital heart disease services. During the consultation period the review team will be hosting a number of open consultation events which will be suitable for all audiences. The events are designed to help learn about and understand the standards and the changes these could mean to services. The events will include panel displays, audio-visual materials, and team members to talk to.

<https://www.engage.england.nhs.uk/consultation/congenital-heart-disease-standards>

Consultation on the NAO's new Code of Audit Practice

As part of the closure of the Audit Commission, the National Audit Office (NAO), on behalf of the Controller and Auditor General, will take on setting the Code of Audit Practice from 2015/16. This new Code of Audit Practice will cover much of the public sector, including NHS foundation trusts. This role for foundation trusts was previously performed by Monitor and is changing as a result of the Local Audit and Accountability Act 2014.

It is only the setting of the Code of Audit Practice which changes for NHS foundation trusts; existing rules in other areas are unchanged. Some guidance to foundation trusts that is currently included in Monitor's Code of Audit Practice will be published elsewhere from 2015.

The NAO has developed a [draft Code of Audit Practice](#) and has issued it for consultation. The NAO is very keen to get views on the draft code and would welcome participation.

<http://www.nao.org.uk/keep-in-touch/our-surveys/consultation-code-audit-practice/>

Never Events Policy Framework

The NHS England policy framework for 'Never Events' is being consulted on after changes were made to address feedback from NHS providers and commissioners on a number of uncertainties around the existing Never Events Policy Framework. The changes include altering the list of incidents that qualify as 'never events' and the circumstances where cost recovery is appropriate for the commissioner.

Stuart Bain
Chief Executive

Gateway Reference Number: 02254

To:

Chief Executives of NHS Foundation Trusts and NHS Trusts
CCG Clinical Leaders, CCG Accountable Officers

Copy to:

Local Authority Chief Executives

Dear Colleagues

Priorities for the coming months

We are writing jointly to you to:

- invite you to a series of regional meetings we are holding in October/November;
- confirm our expectations regarding NHS performance over the coming months;
- outline the 15/16 planning process;
- update you on our longer term thinking about the NHS.

Autumn events

We are planning a series of events across the country in October/November to provide an opportunity for you to engage with us on a number of important issues facing the NHS. These events will be held in regions on the following dates:

- London: 10.00am-1.00pm, 28 October
- South: 1.30-4.30pm, 28 October
- Midlands & East: 10.00am-1.00pm, 31 October
- North: 1.30-4.30pm, 4 November

Further information will be circulated shortly, but we would ask you to hold these dates in your diaries in the meantime.

Working together to deliver NHS performance over the coming months

We recognise that our three organisations need to work very closely together, both at national and regional level, in order to provide strategic leadership and support to NHS organisations across the country. We have agreed to establish a strengthened partnership across our organisations so that we can take a joined-up view of the challenges facing the NHS, and the potential solutions available. This will include developing a common approach to escalation across our organisations.

In turn, we ask you to work collaboratively with your local partners to deliver the best possible health services to your patients. This will require your personal leadership at local level.

It is clear that in the first five months of 2014/15, the NHS has experienced very high demand for many services which is making delivery of consistently high quality, safe care ever more challenging. We recognise the outstanding efforts that you are making across the NHS to continue delivering care to the standards set out in the NHS Constitution.

It is essential that you continue to focus on meeting the NHS Constitution standards and take rapid action to improve performance where these standards are not being met. Patients consistently tell us that prompt access to services is important to them and an essential ingredient of good patient care. Our expectation is that performance against the following standards will be recovered so that they are all met consistently:

- the A&E 4 hour standard;
- the 18 week wait standards: RTT admitted, non-admitted and incomplete standards. 52+ week waiters must be virtually eliminated except where there is an agreed clinical reason for the patient to wait. In addition, we need to deliver a reduction in the number of patients waiting over 18 weeks. (Acknowledging the current focus on treatment of long waiters, we are expecting the extra elective activity to be delivered by the end of November and the 18 week wait standards to be met consistently thereafter).
- diagnostics 6 week wait standard;
- all cancer wait standards (with the exception of the 62 day referral to treatment standard, which we expect to be met from November onwards);
- ambulance response standards.

We recognise that it will be challenging to improve and sustain performance for the remainder of 2014/15 and want to emphasise the importance of all partners working together to secure delivery. Our three organisations will work together to do everything we can to support you.

As you know, we have committed significant resources in-year to fund additional elective activity and to support preparations for winter. We anticipate that these resources will play a significant role in helping you to deliver these standards and we will be working closely with you to ensure that these resources are deployed to best effect.

Planning for 15/16

In early December, we will be publishing planning guidance for 2015/16. The guidance will set out how the NHS budget will be invested in the coming year to drive continuous improvement. The overarching objectives of the planning round for 2015/16 will be to:

- refresh the second year of the existing two-year operational plans with a focus on making sure that the plans are as realistic as possible;

- secure alignment across NHS England's commissioner planning process and Monitor and NTDA's provider planning processes;
- establish a foundation for longer term planning, based on the NHS Five Year Forward View (see below);
- minimise the burden and opportunity cost for commissioners and providers of completing the planning returns;
- add value by identifying and resolving contradictions and inconsistencies between the financial and activity elements of commissioners' and providers' plans;
- identify the framework through which CCGs and individuals can take on more responsibility for commissioning a greater range of services, and
- model collective system leadership through joint working with partners.

We are expecting commissioners and providers to work closely together over the next six months to develop the best possible set of plans for 2015/16. We urge you to work together to develop aligned plans and collective risk management arrangements.

The NHS Forward View

The future challenges faced by the health service have been well-rehearsed: changing health needs, rising expectations and constrained public resources combine to make the coming years a crucial inflection point for the NHS. We plan to publish a Five Year Forward View for the NHS in October that will set out how the health service and its partners can rise to these challenges. The NHS Forward View will seek to influence the national debate by outlining the challenges and choices for further discussion.

We want to discuss the NHS Forward View with you and explore how it might be helpful to you in your local health economies.

The three of us jointly look forward to meeting with you soon.

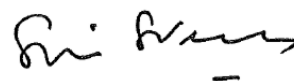
Yours sincerely



David Bennett
Chief Executive
Monitor



David Flory
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Simon Stevens
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