EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS MEETING
DATE:	28 NOVEMBER 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:	
 Recent DH/Monitor bulletins/DH newsletters/CQC briefings The NHS Five Year Forward View Fundamental Standards Regulations Ebola Prepardness Trust Developments / initiatives 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 – October 2014

- The latest copy of the partnership agreement between Monitor and the TDA can be accessed via the following link: <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360</u> <u>888/Monitor_and_TDA_Partnership_Agreement_SIGNED_021014.pdf</u>
- There have been a number of MP constituent cases where local NHS organisations have insisted they need written consent from the individual before they can respond to concerns raised by the MP. Monitor is reminding organisations that if an MP raises concerns on behalf of a constituent the relevant public body should assume the constituent has given consent. The document via the link below outlines rules around constituency cases and the Data Protection Act.

http://www.parliament.uk/documents/documents/upload/snha-01936.pdf

In 2012, HM Treasury led a review into off-payroll arrangements within the public sector. The review was aimed at ensuring that all public sector employees pay the appropriate amount of income tax and National Insurance contributions. The review's key recommendations were: the most senior staff should be on the payroll, unless there are exceptional temporary circumstances; employers should ensure that they have the right to seek assurance about the tax arrangements of long-term specialist contractors. Foundation trusts must be aware of the review's findings, and the applicable payroll tax guidance issued by HMRC when engaging staff, particularly those in senior positions. A copy of the full report can be accessed via the following link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220 745/tax_pay_appointees_review_230512.pdf

• Earlier this year, the Secretary of State for Health, Jeremy Hunt, 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' EEA patient, when EHIC details are reported to the Department of Work and Pensions' Overseas Healthcare Team. Payments will be made on a quarterly basis, with the first being at the end of December 2014.

FTN Networked – 31 October 2014

- The CQC has announced the next group of acute, community health, mental health and independent providers to be inspected between January and March. These can be viewed on the CQCs website.
- Updating on the Better Care Fund (BCF) plans, the government has said that the fund will help join up local health and care services to improve care and reduce A&E admissions. NHS England estimates that based on local plans, the BCF will be supporting at least 18,000 individuals in roles providing care out in the community, and the plans show how local services aim to achieve 163,000 fewer stays in A&E, resulting in a 3.07% reduction in admissions and savings of £253m and 101,000 fewer unnecessary days spent in hospital by reducing delayed transfers of care.
- Ahead of new offences for wilful neglect of users of health or social care services (within the Criminal Justice and Courts Bill) being debated in the House of Lords at report stage, FTN briefed peers on behalf of our members to highlight questions and concerns about the implications of the new offences for collective board

responsibility and the proposed use of fines as a penalty to the possible detriment of patients.

http://www.foundationtrustnetwork.org/resource-library/wilful-neglect/

FTN Networked – 14 November 2014

- This week the government published the fundamental standards regulations, and confirmed that the fit and proper person requirements for directors which will come into force for NHS foundation trusts and trusts, and special health authorities will take effect on Thursday 27 November. The remaining fundamental standards will come into force from April 2015.
- In the coming months there are a range of initiatives in the pipeline as the Department of Health (DH) continues its programme to try and maximise savings through more efficient and standardised NHS procurement methods. Sixteen trusts have agreed to be involved in work to support DH in their development of procurement leadership standards, as well as developing tools to help providers progress towards the new NHS Standards for Procurement. Other trusts have signed up to test a new Common Goods and Services (CCS) operating framework. Additionally, a further 22 trusts are supplying data for analysis work to develop a set of standard metrics to measure hospital efficiency. More widely, chief executives of all NHS trusts will be required to nominate one of their senior managers to lead on the adoption of GS1 procurement standards. Once they have been nominated, these leads will be supported by DH to help their trusts compile board approved GS1 adoption plans, which will ultimately entail electronical

2. THE NHS FIVE YEAR FORWARD VIEW

The NHS Five Year Forward View was <u>published on 23 October 2014</u> and sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. The purpose of the publication is to articulate why change is needed and what this might look like. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.

A copy of the publication can be found via the link below:

http://www.england.nhs.uk/ourwork/futurenhs/

A series of events, hosted jointly by NHS England, Monitor and NHS TDA, have been organised to provide an opportunity to discuss how this vision can be put into practice.

3. FUNDAMENTAL STANDARDS REGULATIONS

The Government has published the fundamental standards regulations. They include two regulations – the duty of candour and the fit and proper person requirement for directors – which will come into force on 27 November for NHS Foundation Trusts. The remaining fundamental standards will come into force from April 2015. The duty of candour and the fit and proper requirement regulations will help to ensure that providers have robust systems in place to be open and honest when things go wrong and to hold directors to account when care fails people.

The final debate to agree all of the fundamental standards regulations was held in the House of Lords last week. The published regulations replace the previous 16 essential standards. NHS providers will soon be given guidance on how they can meet the duty of candour and the fit and proper person requirement regulations. The fundamental standards are:

- care and treatment must be appropriate and refl ect service users' needs and preferences.
- service users must be treated with dignity and respect.
- care and treatment must only be provided with consent.
- care and treatment must be provided in a safe way.
- service users must be protected from abuse and improper treatment.
- service users' nutritional and hydration needs must be met.
- all premises and equipment used must be clean, secure, suitable and used properly
- complaints must be appropriately investigated and appropriate action taken in response.
- systems and processes must be established to ensure compliance with the fundamental standards.
- sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
- persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are
- employed (fi t and proper persons requirement).
- registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

4. EBOLA PREPARDNESS

Ebola virus disease (EVD) is a rare but severe infection caused by Ebola virus. Since March 2014, there has been a large outbreak of Ebola virus in West Africa, with widespread and intense transmission in Guinea, Liberia and Sierra Leone. This is the largest ever known outbreak of this disease prompting the World Health Organization (WHO) to declare a Public Health Emergency of International Concern in August 2014. Cases have also occurred in Senegal, Nigeria, the U.S. and Spain.

Ebola virus is not found in the United Kingdom. Although the risk of imported cases is low, it remains unlikely, but not impossible, that travellers or returning health care workers infected in Guinea, Liberia, or Sierra Leone could arrive in the UK while incubating the disease, develop symptoms after their return and present to primary care (the incubation period for Ebola is usually 5-7 days, but can range from 2 to 21 days). While a fever in persons who have travelled to Ebola transmission areas is more likely to be caused by a common infection, such as malaria or typhoid fever, our staff are asked to remain vigilant for those patients who have visited areas affected by this outbreak and subsequently become unwell.

The Trust has organised a series of awareness sessions for staff on all hospital sites.

5. TRUST DEVELOPMENTS / INITIATIVES

Mobile Chemotherapy

The Mobile Unit now goes to Hythe and Herne Bay on a weekly basis – saving cancer patients in the area travelling long distances for treatment, parking and fuel costs. Patients under our care and who meet criteria related to their condition and

treatment plan, are offered chemotherapy treatment on the Mobile Unit, which is staffed by our specialist nurses.

6. PUBLICATIONS

MONITOR'S LATEST PUBLICATIONS:

Developing Strategy: What every trust board member should know

Supporting foundation trusts to improve strategy development is one of Monitor's strategic initiatives for 2014/15, and this document forms part of this programme of work.

<u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/3</u> 63273/Monitor_-_Developing_Strategy_-_a_guide_for_board_members.pdf

Monitor has also published a detailed toolkit to assist providers: https://www.gov.uk/government/publications/strategy-development-a-toolkitfor-nhs-providers

OTHER PUBLICATIONS:

Leading local partnerships: How CCGs are driving integration for their patients and local populations

NHS Clinical Commissioners has released a publication, to mark 18 months since the formal establishment of clinical commissioning groups (CCGs). The concept of CCGs was of organisations centred on the needs of people, patients and the communities in which they live, and the report reveals the extent to which that concept has now become a reality

Planning for the Better Care Fund

The National Audit Office published two reports into the Better Care Fund planning process and NHS finances. The report Planning for the Better Care Fund, says the Better Care Fund is an innovative idea, but the quality of early preparation and planning did not match the scale of the ambition. The report also found that current plans forecast £314m of savings for the NHS rather than the £1bn in early planning assumptions.

http://www.nao.org.uk/wp-content/uploads/2014/11/Planning-for-the-better-carefund.pdf

7. CONSULTATIONS

2015/16 National Tariff Payment System: consultation update

Monitor will be consulting on the above in December, with completion aimed for by the end of December.

Draft NHS Pension Scheme Transitional Regulations 2014

The Department of Health is consulting on draft regulations relating to the introduction of the 2015 NHS Pension Scheme for England and Wales. The regulations will clarify the rules and regulations relating to staff that transfer between pension schemes. Regulations that implement pension scheme changes are subject to final agreement by health ministers and HM Treasury. If you would like to contribute to the review please contact the Department of Health directly by 25 November.

https://www.gov.uk/government/consultations/draft-nhs-pension-scheme-transitionalregulations-2014

Government reviews Social Value Act

The Social Value Act requires people who commission, or buy, public services to consider securing added economic, social or environmental benefits for their local area. The Department of Health is looking to consult on whether the Act should be extended, for instance, to cover contracts for goods and works as well as services and how it might be extended in a way that continues to support small businesses and voluntary, charity and social enterprise (VCSE) organisations to bid for public contracts.

https://www.gov.uk/government/news/government-reviews-ground-breaking-socialvalue-act

NHS Pension scheme draft regulations 2015

The Department of Health has published a consultation on the instrument that will provide the legal basis for the 2015 pension scheme. Transitional measures for members of previous schemes will be published for consultation in early November.

Professional standards of medical leadership and management

The Faculty of Medical Leadership and Management is consulting on their first draft of the professional standards for medical leadership. The professional standards will define what is expected of doctors working to lead, manage and improve healthcare delivery and health outcomes.

https://www.fmlm.ac.uk/professional-development/accreditation-and-standards/fmlmconsultation-on-professional-standards-of

Congenital Heart Disease review

NHS England has launched a 12 week consultation on draft standards and service specifications for congenital heart disease services. The review team will be hosting a number of open consultation events which will be suitable for all audiences and are designed to help learn about and understand the standards and the changes these could mean to services.

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

End of life review

The Health Select Committee is examining the way that health, social care services and the voluntary and community sector support people who are likely to die within 12 months, as well as what opportunities exist for better integration to improve care quality and the experience of those caring for people at the end of life. The Health Select Committee will also look at how to provide more effective targeting of resources and management of interventions necessary to bring about service change.

http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/end-of-life-inquiry-launch/

Regulatory fees have your say

The CQC is consulting on the fee level, which is increasing in general by 9%, for providers in 2015/16. The consultation also describes their initial plans regarding fees consultation next year. The CQC expect to publish their response and final fees scheme in March 2015, for implementation on 1 April 2015.

http://www.cqc.org.uk/content/consultation-health-and-social-care-fees-providers

Stuart Bain Chief Executive