

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS MEETING – 25 APRIL 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
- Outpatient Consultation
- Improved Transport Links in East Kent
- Recent Trust Events and Initiatives
- Trust Seal Activity
- Latest Publications
- Consultations

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

FTN Networked March 2014

- The Secretary of State for Health announced the NHS pay settlement for staff in March 2014. For 2014/15, all staff who are not eligible to receive incremental pay will be given a 1% non-consolidated payment. All other staff will receive an increase of at least 1% through incremental progression.
- The FTN's first Quality of Care conference took place during March 2014. Medical and non-medical leads for quality across all different sectors of the NHS were in attendance to explore challenges faced in creating a safety culture.

FTN Networked April 2014

- The FTN surveyed its member trusts asking how involved they had been in the development of the Better Care Fund (BCF) plan in their area, and what they consider its impact has been on quality, levels of integration, and their finances. The survey shows that full, meaningful and transparent engagement with providers is the only way to help manage the risks of creating integrated care models and is vital to ensuring that the BCF delivers for patients that full provider engagement so far has been sporadic and patchy.
- The FTN, in association with the NHS Confederation and the CQC are holding a high-level, cross-sector 'mutual listening and learning event' on the new CQC inspection regime for chief executives and clinical leads in May 2014.
- NHS England have made it clear to CCGs that they have the flexibility to recognise the extra costs that non acute trusts are incurring in 2014/15 to implement the results of the Francis Inquiry, principally in extra staffing costs. An FTN survey of members, whose results we will release next week, shows that nearly all non acute trusts will be incurring significant extra costs as a result of implementing the Francis report.

•

FT Bulletin – March 2014

- **Cross Boarder Activity:** 'Non-English commissioned activity' is excluded from the publication of RTT data, and from any assessment of the performance of NHS organisations against the English waiting time standards. Trusts should therefore report to us compliance (or otherwise) with the same standards against which you submit for NHS England reporting (ie what is commissioned by English CCGs). This is to ensure trusts report against a consistent standard. Monitor reiterate that while the RTT standards in England only apply to patients who reside in England or are registered with an English GP, they would not expect any NHS foundation trust to leave patients waiting longer for treatment simply because they are registered with a GP from elsewhere within the UK.
- **Change to process for collecting responses to standard questions on quarterly performance:** Last quarter, for the first time, Monitor asked Trusts to respond through an online survey as part of the quarterly monitor process. Monitor found this significantly reduced the time spent analysing responses and provided data which can be more readily analysed compared to previous quarters. For the next quarter, on the foundation trust portal, Trusts will find a pdf of the online survey questions, instructions, answers to your frequently asked questions and the email address where the web-based survey should be sent. This is an obligatory element of the quarterly monitoring process.

- **Complaints cases subject to litigation, inquests and other serious investigations – clarification of position from DH:** The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 removed a specific exclusion included in the 2004 Complaints Regulations which prevented a complaint being considered if the complainant stated in writing that they intended to take legal action. Complaints in these circumstances must now be handled in accordance with the 2009 Complaints Regulations. Some NHS organisations are routinely putting the investigation of a complaint on hold if legal action is mentioned and this is not acceptable.
- **Secretary of State for Health message to NHS staff on supporting compassionate care:** The Secretary of State for Health confirmed his “top priority remains to support you in creating a more patient-centred, compassionate NHS.” This month, he wrote to all trusts to reiterate how strongly he feels that staff should be able to raise any concerns about patient care and safety.
- **Leadership Alliance for the Care of Dying People: update before Liverpool Care Pathway ends in July:** Last year, the Leadership Alliance for the Care of Dying People was established to lead and provide a focus for improving the care for patients nearing the end of life and their families. The Alliance formed following the independent review of the Liverpool Care Pathway, which recommended the Pathway (that had been used to varying standards to manage end of life care) be phased out. To give as much notice as possible to health and care professionals to support planning before the Liverpool Care Pathway is phased out in July 2014, the Alliance has published this statement. This also updates on the Alliance’s work so far.

Today's Health News Summary

- *Reported by the HSJ:* The FTN has written a joint letter with other health and social care representative organisations from the NHS, Local Government and Social Services to their members supporting the Better Care Fund. The FTN, the Local Government Association, NHS Clinical Commissioners, the Association of Directors of Adult Social Services, NHS Confederation and Solace, support the BCF as “the catalyst for a once-in-a-generation opportunity to transform the lives of people who use health and social care services”. The letter states that early evidence shows that “strong collaborative working across a local health and care system has resulted in an effective plan”, however, “where such collaborative relationships are less advances, the planning process has been less successful”.
- Simon Stevens was announced as chief executive of NHS England.
- The HSJ will be launching a major review into NHS leadership. The inquiry panel will produce an initial scoping report later in the year, with a full report of their findings following in the months after.

2. KENT PATHOLOGY PARTNERSHIP UPDATE

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

- An IM&T Project Manager is now in place and a project plan developed. IT Directors from both Trusts have agreed to a new contract with CSC (provider) that is for 5 years with extension options for a further 4 years.
- Procurement of the MSC - the Pre Qualifying Questionnaire (PQQ), Memorandum of Information (MOI), and the PQQ evaluation document completed. Advert about to be placed.
- Legal arrangements – both Trusts working with Beachcroft in completing this ready for May Boards.
- Workforce – TUPE documentation ready – awaiting the completion of the legal arrangements

- Finance work stream developing systems and processes to manage KPP financial requirements.
- Work on the future estates requirements has started with input from both Trusts estate leads.
- Implementation groups have started with Microbiology and Cellular Pathology. Blood Science is further downstream.
- Quality and Governance - the KPP Risk Register has been populated, Website work started and discussions around Qpulse started.

3. CQC VISIT

The Trust is awaiting the CQC's draft report following their visit to the Trust in early March 2014. At the time of writing this, the report had not been submitted to the Trust. A verbal update will be provided at the Board as to the status.

Once the draft report has been received, the Trust will have 10 days to respond to any factual inaccuracies. A Summit will be organised by the CQC for May/June when the final report will be shared with the Trust. After this date, the final report will be published by the CQC.

4. OUTPATIENT CONSULTATION

As reported in my last report to the Board, the Trust is currently collating all feedback from the consultation and will send this to the University of Kent for formal evaluation.

Canterbury and Coastal Clinical Commissioning Group will also consider the feedback and it is likely that the outcome will be discussed at the respective Boards in June 2014.

5. IMPROVED TRANSPORT LINKS TO MAIN TRUST SITES

From Sunday 6 April, Stagecoach will provide even more buses to the three acute hospital sites, as part of a partnership agreement. There will be more early morning buses aligned with hospital shift patterns, more Sunday journeys plus the launch of three brand new bus routes.

The enhanced service is designed to benefit staff, patients and visitors.

William Harvey Hospital, Ashford

Extra buses have been added to the fleet in Ashford to provide two new routes for the town, the H-Line and K-line. These new routes mean that there will be direct buses to WHH from Kennington, Park Farm and the town centre, every 30 minutes Monday to Saturday daytimes. As well as the existing C-line buses, other services will be improved for better connections to hospital including routes 10/10a, 11 and the A-Line. The Sunday service will also be greatly improved with buses running from 06:00 until 21:00.

QEQM Hospital, Margate

The brand new route 40 will operate every 30 minutes between Broadstairs and the QEQM. This new route will make it much faster to get to the hospital from Broadstairs rather than going via Margate or Ramsgate on the Loop. There will also be more early morning and Sunday journeys on the Loop.

Kent and Canterbury Hospital

There will be extra journeys on route 25, which runs between the hospital and Canterbury Bus Station, taking the frequency up to every 7-10 minutes on Mondays

to Fridays and every 20 minutes on Saturdays. Sunday and evening buses will also run at least once an hour (mostly as route 25A). The Triangle will also benefit from extra early morning journeys everyday (including Sunday) to allow connections onto route 25 from **Whitstable, Blean, Herne Bay and Sturry**. There will also be some additional journeys on route 7 from **Hillborough and Hoath**.

If travelling to Canterbury from **Dover, Aylesham or Folkestone** from Monday to Friday, commuters will need to alight at the Gate Inn and cross the road to catch the Hospital Park and Ride bus (P5) if you have a Stagecoach day, week or 4 week ticket, without extra charge. Route P5 runs every 20 minutes between 08:00 and 18:00 and you may find it is quicker than changing in the bus station or walking from Old/New Dover Road.

6. RECENT TRUST EVENTS AND INITIATIVES

Ambulatory Care held the first of two Ambulatory Care road shows at the end of March to raise awareness of Ambulatory Care services and introduce the latest four medical emergency pathways: Low Risk Upper GI bleed, Acute Asthma, Painless Obstructive Jaundice and Lower Respiratory Tract Infection.

Over 150 of our Foundation Trust members and Governors attended Nutrition membership events in March, and gave feedback to help the nutrition teams further develop their services. The nutrition teams also received huge amounts of praise for the work already done to improve the quality of patients' food.

Following on from last year's success of an East Kent PI being co-author on a paper in *The Lancet*, The East Kent Haematology Clinical Trials Unit now have representation on two further papers in the *Lancet Oncology* (the leading clinical oncology journal in the world). The first of these was the UK FORT study. The study was published in February 2014 and showed that a lower dose of radiotherapy was inferior to the standard dose in patients with indolent lymphomas. However, it did show that the lower dose could be useful in the palliative setting. East Kent was the fourth highest recruiter. The second Study, the Watch & Wait Trial, was international multi-centre study. The paper was published in March 2014. East Kent was the highest recruiting single site worldwide for this trial, with 25 patients. The study population was advanced asymptomatic follicular lymphoma. It showed a clear advantage for single agent rituximab in prolonging time to next lymphoma therapy rather than the standard "Watch & Wait".

Two Nurse Specialists and our Acting Director for Infection, Prevention and Control have been awarded a publishing contract with Wiley-Blackwell to write an Infection Prevention and Control text-book as part of the well established "At a Glance" series. This series of books consists of various titles under the headings of Biomedical Sciences, Systems and Clinical Specialities, with two-page chapters providing a concise overview of various subjects / topics, serving as quick-reference and revision guide. The team's book, 'Infection Prevention and Control At a Glance', will be written for Biomedical Scientists, FY1/2 Junior Doctors, Medical Students and Nursing Staff, and will also have a Companion Website.

Clinical Biochemistry has hosted a scientific meeting of the Association for Clinical Biochemistry and Laboratory Medicine in the Harvey Hall, Kent and Canterbury Hospital. The meeting was held to celebrate the career of Ruth Lapworth MBE, who retired from the Trust last December following many years as a Consultant Clinical Biochemist and Clinical Director of Laboratory Medicine. The meeting was themed 'What can pathology do for you? The contribution of laboratory medicine to medical care', recognising both the need for greater clinical interaction and the broadening of

speciality boundaries within pathology. More than 60 delegates from around the country attended the meeting to hear talks from high profile speakers of international repute, including three President or Past-Presidents of the Association.

7. TRUST SEAL ACTIVITY

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:

- Deed of covenant, St Peter's Road, Margate

8. PUBLICATIONS

MONITOR'S LATEST PUBLICATIONS:

NHS Foundation Trust Annual Reporting Manual 2013/14

Monitor has updated its manual to incorporate new requirements following the update of their Code of Governance 2013/14.

Quality Assurance Department review of the 2012/13 audits of foundation trusts

The findings from Monitor's commissioned review of the 2012/13 audits of foundation trusts have been published on their website.

Report on the proposed merger of the pathology services of two NHS trusts

Monitor reviewed a proposal to merge the pathology services of Brighton & Sussex University Hospitals NHS Trust and Surrey & Sussex Healthcare NHS Trust on behalf of the NHS Trust Development Authority (NHS TDA). Monitor concluded that a proposal put forward to join pathology services in Sussex is unlikely to have a negative effect on patients. A copy of their report is available on Monitor's website.

Risk Assessment Framework 2014/15

Following a period of consultation with the sector, Monitor has updated Appendix C only of its framework which relates to NHS foundation trust transactions.

Revised: NHS Foundation Trust Accounting Officer Memorandum

The NHS Act 2006 designates the chief executive of an NHS foundation trust as the accounting officer. The accounting officer memorandum sets out the accounting officer's responsibilities under the 2006 Act, and his or her further duty of being a witness before the Committee of Public Accounts to deal with questions arising from those accounts or from reports made to Parliament by the Comptroller and Auditor General under the National Audit Act 1983. This document was updated in March 2014 to make minor updates to terminology.

Latest Accounts and FTCs process guidance

The latest guidance for foundation trusts relating to the accounts and FTCs process and Alignment Project is available on Monitor's website.

9. CONSULTATIONS

Taken from the FTN Newsletters:

NHS England consults on clinical reference group stakeholder registration

NHS England is seeking views on registration to specialised services clinical reference groups. Stakeholder registration is initially open for clinical staff or provider organisations working within specialised services.

Governance Reviews: Consultation document

Monitor has given details of how it expects foundation trusts to arrange external reviews of their board's effectiveness on a three yearly basis. The regulator said the change was needed because governance problems were increasing across the sector. It is now consulting on a review framework which involves assessment of how a board is doing in four areas: strategy and planning capability and culture; process and structures; and measurement. Responsibility for appointing external reviewers has been given to trusts, however if boards receive any amber-red or red ratings, their chair will be required to inform Monitor and set out plans to address the shortcoming.

DH consultation on fundamental standards

The Department of Health has taken forward responses to last year's CQC consultation A New Start to draft new regulations that will introduce the Fundamental Standards below which care should never fall. It has now launched a consultation on these proposals, to which the FTN will be responding. Please send any views to John Coutts by 2 April.

NHS England consultation on changes to specialised services specifications

NHS England has launched a public consultation on changes made to specialised services specifications. The specifications set out what is expected of providers in terms of the standards required, and define access to a service. All 14 service specifications have already been subject to consultation; however, as the changes were further period of consultation. Trusts are encouraged to respond directly to the Department of Health via the online survey if they have any feedback they would like to provide by 21 May.

The Talent for Care: Health Education England Consultation

Health Education England is developing its strategy on the development and training of the healthcare support workforce, particularly in those in NHS roles banded 1-4. They are currently undertaking a consultation process which will scope out what development processes for these staff exist already, identify the barriers and scale up best practice. They are aiming to reach nationally agreed recognition of band 1-4 roles in the healthcare team, create formal opportunities for people to improve and progress within and beyond these roles and reach nationally agreed arrangements, consistent standards and certification. HEE is inviting feedback on their proposals via an online questionnaire, regional events and local discussions.

DH consultation on duty of candour

The Department of Health has launched a consultation on the duty of candour. The consultation aims to build on the work under taken by Professor Norman Williams and Sir David Dalton on the threshold for the duty of candour which was first proposed in the Francis report.

CQC request expressions of interest for inputting into provider handbooks

The CQC are asking for professionals and organisations to express an interest in providing input into the provider handbooks used to explain the CQC approach for regulation, including how they intend to rate healthcare providers. The expression of interest form can be found

DH consultation on the fit and proper persons regulations

The DH have produced this consultation as a result of government accepting a recommendation from the Francis report, and the regulations themselves will be overseen by the CQC. This has been previously consulted on but is being reconsidered in the context of the wider consultation on fundamental standards.

Stuart Bain
Chief Executive