

## EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

**REPORT TO:** BOARD OF DIRECTORS MEETING – 22 MAY 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
- Trust Awards, Events and Initiatives
- 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

#### FT Bulletin – April 2014

- *Insert latest correspondence piece about A&E*
- *Insert Publishing Staff Data piece*
- NHS England has published the latest *C.difficile* thresholds for NHS providers, along with guidance on the concept of C.Diff cases arising from a 'lapse in care'. In line with the guidance that *all c.difficile infections should still be reported as per national reporting requirements*, and for the purposes of reporting *c.difficile* levels to Monitor, at the end of each quarter NHS Foundation Trusts are required to report all *C.difficile* cases, including those resulting from a lapse in care and any cases for which the Trust has not yet received formal confirmation that the case was not due to a lapse in care. Monitor will adapt reporting templates accordingly. In subsequent quarters, Trusts are asked to retrospectively revise – in the quarterly monitoring template – levels of *C.difficile* to reflect any cases that have subsequently not met the 'lapse in care' criteria from previous quarters. This is to ensure trajectories remain accurate. Monitor will generally only consider investigating a Trust where it is satisfied that the Trust has either (i) breached its annual threshold; or (ii) breached its in-year trajectory for 3 quarters with cases of *C.difficile* resulting from a 'lapse in care'. However, Monitor may also choose to investigate if there is a seemingly poorly controlled outbreak of *C.difficile* (or other infectious disease) at a Trust, particularly if there is evidence of cross contamination in a group of patients. Where a trust is exceeding the threshold and there are still *C.Difficile* cases under examination by the co-ordinating commissioner, Monitor will generally wait until the examinations have concluded that lapses of care took place at the trust. Monitor may, however, request information on a monthly basis when this is the case.
- Monitor plans to send a survey to the sector shortly (via chief executives and company secretaries) asking how provider organisations approach clinical engagement with business decision making. In part, Monitor is seeking to establish how far providers are currently working with service line reporting and management and explore any additional learning or support that could assist with adoption. Monitor will share the results so providers can compare their chosen approaches, see the benefits realised by service line management and how peers overcame any challenges with implementation.
- Monitor is changing the way they communicate advice to trusts who are considering making significant transactions – such as mergers, disposal of assets and large capex projects. Monitor is going to be more open and transparent about the process in future. While the correspondence between Trusts and Monitor will stay confidential, the key elements of advice (such as the recommendation itself) will be shared with external stakeholders.
- Monitor has made a number of changes to the APR process in 2014/15 resulting in a two-stage process to take place in Spring/Summer 2014. The first stage starts in April and overlaps with the Q4 2013/14 review which takes place in May. In early June we will write to you with the findings of these reviews. A single letter will set out any specific issues that Monitor wishes to bring to the attention of your trust for Q4 2013/14 and will outline the Continuity of Service and Governance Ratings for APR 2014/15. From Q4 2013/14 Monitor will no longer share a detailed Executive Summary sheet alongside their quarterly and APR letters. Monitor will continue to share with you the aggregate performance of your trust and a summary of the key findings across the NHS foundation trust sector.

#### Foundation Trust Network – Networked Issue 2 May 2014

- An FTN members' survey has revealed the full scale of extra investment that NHS foundation trusts and trusts are making to improve patient care following the Francis and Keogh reviews and the introduction of the new CQC inspection regime. The new survey reveals important new pieces of evidence for the first time, including that NHS foundation trusts and trust will have invested a total of £1.2 billion in care improvements post-Francis in 2013/14 and 2014/15, and that non acute trusts will have invested more than £110 million in care improvements post-Francis in 2014/15 despite no allocation being made in the NHS England / Monitor 2014/15 service development uplift to cover these costs. NHS providers are also potentially subject to extra new mandated service improvements in: introducing seven day services; moving to new integrated care models; redesigning the urgent and emergency care pathway; and the development of NHS provider IT services.
- The FTN, in association with NHS Confederation and the CQC, is holding a high-level, cross-sector 'mutual listening and learning event' on the new CQC inspection regime for chief executives and clinical leads, in London on 14 May. This event will offer delegates the opportunity to further their knowledge and understanding of the new regime, learn from those that have already been through the new inspection process, and help shape the final inspection model due to be rolled out in October.

## 2. KENT PATHOLOGY PARTNERSHIP UPDATE

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

- A KPP Project Manager has been appointed – Mr Colin Waldron. Starts end of May.
- An IM&T Project Manager is now in place and a project plan developed. Hardware has been ordered. Detailed work is underway regarding the interfaces.
- Following agreement with the CCG's a plan has been developed to train the remaining 50% of GP's to use electronic Pathology requesting (DART OCM). This will take 7 to 9 months. Rollout starts at the end of May.
- Procurement of the MSC - the Pre Qualifying Questionnaire (PQQ), Memorandum of Information (MOI), and the PQQ evaluation document completed. Advert to be placed Friday 16<sup>th</sup> May.
- Legal arrangements – both Trusts working with Beachcroft. Being led by both Trusts Secretaries.
- Workforce – TUPE documentation ready – awaiting the completion of the legal arrangements
- Finance work stream developing systems and processes to manage KPP financial requirements.
- Architects to be selected to plan for the future estates requirements at both Trusts. Options have been drafted.
- Implementation groups have started with Microbiology and Cellular Pathology. Molecular Pathology to join Cell Path implementation group. 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 CQC's draft report following their visit to the Trust in early March 2014 is still awaited. 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 when the final report will be shared with the Trust and key stakeholders. 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 has collated all feedback from the consultation and this was sent 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. RECENT TRUST AWARDS, EVENTS AND NEW INITIATIVES

Dr Paul Stevens, Consultant Nephrologist & Medical Director, has been awarded the International Distinguished Medal by the US National Kidney Foundation. Dr Stevens is one of only ten UK kidney specialists to receive the Medal, which was established 25 years ago to honour the achievement of individuals who have made significant contributions to the field of kidney disease and extended the goals of the National Kidney Foundation. The award recognises Dr Stevens' work in developing the international classification of kidney disease and international guidance for evaluation and management of chronic kidney disease.

Congratulations to Medical Photographer Steven Kenny who has had his work selected for the prestigious Royal Photographic Society exhibition, 'Visualising Medicine: An Exhibition of Medical Photography'. A number of photographs covering the vast field of imaging in medicine can be seen at the exhibition, with Steven having two of his images selected for the show. The exhibition displays a range of subject matter, including pathology specimens, surgery, obstetrics, dermatology, photomicrography in histo-pathology and many more.

The Rotary Ward laryngectomy club has just been introduced to an emergency text message service initially developed by the Royal National Institute for deaf people. During an emergency, patients who have had a laryngectomy (and therefore unable to speak) are now able to text 999 from a registered mobile phone. A reply is then sent with instructions for the patient to follow.

We launched our 'Take the pressure off – **think heels!**' campaign on Thursday by manning exhibitions at all three acute hospitals and delivering action packs to the wards. The action packs include resources like patient information leaflets and assessment action plans to help the team work together to eliminate avoidable heel pressure ulcers. The Tissue Viability Team, Matrons and Ward Managers all supported the day. We will be monitoring our progress and presenting certificates to the areas preventing heel ulcers.

A newly authorised drug that is injected into the eye with the aim of restoring distorted and blurred vision was used at K&C for the first time today. Eighteen patients were treated with the pioneering drug today – the largest cohort so far in the UK. The drug, ocriplasmin, helps to treat patients with vitreomacular traction (VMT) and/or a macular hole. VMT is where the white, jelly like material inside the eye (vitreous humour) doesn't detach from the retina as it naturally should with age. When this doesn't happen it can exert a 'pulling force' on the eye causing vision to distort and eventually a blind spot (macular hole). VMT often starts in one eye, but will eventually affect both. Prior to the injection, treatment involved a lengthy period of observing the

patient until surgical intervention was required. This causes considerable disruption to the patient's life along with the need for complex surgery and inpatient stay. The new drug takes 15 minutes in theatre to inject into the eye followed by a 30 minute recovery in the waiting room. This quick recover time means that considerably more patients can be treated.

The Kent Haemophilia Centre celebrated the 2014 World Haemophilia Day with the opening of their new patient garden funded by donations to East Kent Hospitals Charity. The day is designated to focus attention and awareness on bleeding disorders. An estimated 1 in 1000 people have a bleeding disorder; close to seven million men, women and children around the world, but 75 per cent of them don't know it and receive little or no treatment.

The Safer Clinical Systems Team has been shortlisted for the Patient Safety in Care of Older People Award in the 2014 Patient Safety and Care Awards. This is a joint EKHUFT and Ashford CCG project to reduce unplanned readmissions. There were a record number of entries for the prestigious award this year, and the winners will be announced in July.

## 6. PUBLICATIONS

### MONITOR'S LATEST PUBLICATIONS:

#### **Monitor's strategy 2014 to 2017: Helping to redesign healthcare provision in England**

Monitor's three year strategy describes its mission, responsibilities, values and commitment to quality care. It also describes how they plan to work with other system leaders and those who work on the front line **to make the health sector work better for patients.**

#### **FT financial data from 2005 published**

Monitor has released figures that show annual individual foundation trust surplus/deficit information since 2005/06. Although this information is publicly available via Trust annual accounts it is the first time Monitor have collated and published them in this way.

#### **National Tariff: your views sought on our forthcoming methodology discussion paper**

Monitor will be publishing a 'National Tariff Payment System National Prices Methodology Discussion Paper' with NHS England. This discusses potential changes for national prices in 2015/16 as they develop the national tariff payment system. The paper gives an early opportunity to influence Monitor's thinking and work through key issues as we develop the methodology for setting national prices for 2015/16. Responses will be welcome in May, ahead of a detailed engagement document in the summer.

#### **Risk assessment framework – appendix c updated following consultation**

After consulting the sector, Monitor updated Appendix C of the Risk assessment framework, which only relates to NHS foundation trust transactions.

#### **Monitor's advice for commissioners deciding on the best services to purchase for patients**

Monitor's first investigation under the NHS procurement rules highlighted important lessons around commissioning services for patients. This month Monitor published these lessons as guidance for commissioners who might face similar circumstances in future. The guidance covers what to do in the face of competing priorities, using

evidence in decision-making, acting transparently and publishing details of all contracts awarded. The investigation, which closed in February, looked into the commissioning of radiosurgery services by NHS England after a complaint was submitted to Monitor.

## **OTHER PUBLICATIONS:**

### **The King's Fund publish report on the NHS productivity challenge**

A new report from the King's Fund, published yesterday says a significant increase in funding is needed to prevent a financial crisis in the NHS. The report, *The NHS productivity challenge: experience from the front line*, finds that there are still significant opportunities to improve efficiency within the health service, for example by improving procurement and changing clinical practice. However, with more than a quarter of trusts already in deficit, the report warns that a financial crisis is now inevitable by 2015/16 and could arrive sooner than this, with damaging consequences for patient care. The report argues that new funding should be used for two distinct purposes: to establish a health and social care transformation fund and to make emergency funding available to provide temporary support for otherwise sound NHS organisations experiencing difficulties as a result of the unprecedented pressures on their budgets. The full report is available to download from the King's Fund website.

### **FSH highlights specialist hospital outcomes**

The Federation of Specialist Hospitals (FSH), which represents many of the 24 specialist hospitals in the UK, which provide a range of essential NHS services including cardiac, cancer, children's services, ophthalmology, orthopaedics and ear, nose and throat, has published a report highlighting the clinical outcomes achieved by England's specialist hospitals. A report on the outcomes achieved by specialist hospitals, is an important contribution to the debate on hospital configuration in the NHS following NHS England's announcement that it plans to reduce the number of providers of specialised services from 270 to 30 or fewer. The FSH is calling for NHS England to clarify its intentions regarding the reconfiguration of specialised providers in England, and cautions against a one-size-fits-all approach, emphasising the need for change to be driven by clinical considerations. The full report is available on the FSH website.

## **7. CONSULTATIONS**

*Taken from the FTN Newsletters:*

### **The Commission on the Future of Health and Social Care in England**

In June 2013, The King's Fund invited the Commission on the Future of Health and Social Care to consider whether the post-war settlement, which established separate systems for health and social care, remains fit for purpose. The interim report has now been published and a further call for evidence has been made, which is open until Friday 16 May.

### **2015/16 National tariff payment system**

NHS England and Monitor first took responsibility for setting the NHS National Tariff Payment System for 2014/15. With that tariff now in effect, they are launching the stakeholder engagement process for the 2015/16 tariff with this early discussion paper, which focuses on potential changes to national prices.

### **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 considered 'substantial' by stakeholders, they require a further period of consultation.

**CQC consults on how they regulate, inspect and rate services**

The CQC are consulting on changes made to their inspection and rating processes of healthcare providers. There are a number of areas in which feedback is sought, including the provider handbooks.

**The offense of providing false or misleading information**

The Department of Health have launched a consultation with the purpose of determining the application through regulations of the new criminal offence for supplying or publishing false or misleading information. This new offence, introduced in the Care Bill, in response to the findings of the Mid Staffordshire NHS Foundation Trust Public Inquiry, will apply to organisations and certain individuals within those organisations where false or misleading information has been supplied or published in response to a statutory or other legal obligation.

**Workforce planning guidance consultation**

HEE has issued a call for evidence regarding workforce planning, giving stakeholders not directly involved in the locally led Local Education and Training Board process to input their evidence, from a national perspective, on future workforce requirements. The evidence submitted will be used as part of HEE's process of triangulation, review and moderation of this year's workforce forecasts and subsequent investment plans.

Stuart Bain  
**Chief Executive**