

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO:** BOARD OF DIRECTORS MEETING – 25 JULY 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
- Trust Developments / initiatives
- Use of Trust Seal
- 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 – 24 June 2014**

Monitor has launched a campaign called 'Sign up to Safety' which aims to halve avoidable harm in the NHS in England and has the potential to save thousands of lives over three years. Monitor is supporting the campaign along with its partners.

Signing up to Safety means you commit to:

- publicly declare how your foundation trust will improve safety in your hospitals
- turn your proposed actions into a safety improvement plan
- engage your staff and patients in the campaign and link to existing safety initiatives
- encourage reporting of patient safety incidents
- regularly report progress against your plan to improve safety in your hospitals, explaining action taken in response to safety alerts.

#### **Foundation Trust Network: Networked 27 June 2014**

- 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.
- The Department of Health has announced an additional £250m to NHS providers to help clear their planned care waiting list backlogs. The DH also said there would be a £400m fund in 2014-15 for "winter pressures", £250m of which was announced last year by NHS England, aimed at addressing pressure in accident and emergency departments. The £250m funding will be made available over the next few months and NHS England will work with clinical commissioning groups to allocate it based on each provider's needs.
- 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. The final report will be published by the National Audit Office in November 2014.
- 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 KPP project continues to move forward.
- The Project Board has been working to refine the joint venture contractual agreement which is due to go to the respective Trust Boards for sign off in September.
- Specifications of both the information system and also the managed service contract, which will provide a significant proportion of the equipment and consumables used in the laboratory, are being refined.
- Building requirements at both Trusts have been scoped and design work has started by the architects. Work at EKH is due to start in the new year.
- The quality and governance risk register has been enhanced and is now available on Share point.
- A new project manager started in June.
- An interim Managing Director has now been appointed and is due to start 1<sup>st</sup> 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 respond to factual inaccuracies within the required 10 days. To date, the Trust has not received a revised report and no firm date has been sent for the quality summit.

### **4. TRUST DEVELOPMENTS / INITIATIVES**

#### **Patient Safety and Care Award**

The Trust's urgent care & long term conditions team who won the Patient Safety & Care Award on 15 July 2014. EKHUFT and Kent & Medway Social Care Partnership Trust were joint winners of the Patient Safety in Hospital Care Award for working together to develop a screening tool for people attending our hospitals with mental health symptoms.

EHUFT 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 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.

#### **WiFi**

Patients and staff will be able to access EKHUFT's Wi-Fi network on their personal devices, following requests from patient groups. The Executive Directors have decided that the Wi-Fi will be available free of charge, making it easier for patients to keep in touch with friends and relatives and the outside world. An exact date for go live has not yet been set, but it is likely to be towards the end of this year.

#### **Annual International Ophthalmic Nurses Association Conference**

The annual International Ophthalmic Nurses Association (IONA) conference was held at The Royal College of Nursing on Saturday 21 June. The event saw three members of the East Kent Hospitals team presenting. Nicola Anwar, Band 4 Associate Practitioner and Francesca Smith, Eye Clinic Liaison Officer, both

presented at the 'New Speaker' slots. Nicola gave a talk about her experience of setting up a Glaucoma focus group for patients and Francesca's presentation looked at her work in developing 'Eye Champions' in our wards and departments.

Lynne Hadley, Ophthalmology Matron, finished the day by looking at Ophthalmology nursing in the El Beni region of Bolivia, after volunteering in the area in 2012 and 2013. Lynne has also been elected to serve on the IONA council.

### **National Medical Devices Safety Network Presentation**

Malcolm Philips, Medical Devices Safety Officer/Lead Clinical Engineer, was invited to speak at the National Medical Devices Safety Network on 2 July last week.

Malcolm presented the work he has done over the last three years on improving medical device safety – including categorising of incident root causes and outcomes of incidents and statistics; all this was with an aim to prompt discussion as to how the Network could work together to set national standards for incident categorisation to improve safety.

Malcolm gave an online presentation to the network made up of around 80 people from other Trusts, plus a number of staff from NHS England and the MHRA's devices team. His presentation was on the work that he initiated back in September 2011 to set up a Medical Devices Incidents Group, some two and a half years before it became mandated by NHS England and the MHRA. The aim of the presentation was to help Medical Devices Safety Officers elsewhere who are faced with setting up similar arrangements for the first time, so that they can learn from our experiences.

David Cousins, NHS England Patient Safety Lead for Medical Devices and Medicines, was very complimentary, praising Malcolm's foresight for identifying the need to improve the handling of medical devices safety issues much earlier than NHS England and the MHRA. He went on to say that the approach developed here should be seen as an example of best practice and that he hoped others will follow our lead. Just over 90% of attendees rated the presentation either 'extremely' or 'very useful'.

Since setting up the group, we have:

- identified a cluster of incidents that after discussion with the Lead Consultant prompted a Royal College to start to collect complication data for the specific issue
- compiled trend information that has been used as evidence to support several successful business cases
- taken a fleet of equipment out of service in advance of an NHS England safety warning, and
- seen an increase in the number of incidents reported within the Trust and also sent-on to the MHRA.

## **5. USE OF THE 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:

- Dead of Covenant: St Peter's Road Margate
- Collateral Warranties: Cath Lab at WHH
- Buckland Hospital Sub-station transfer
- Buckland Hospital

## 6. 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 15 August 2014.

### **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.

### **NEW: Protecting health and care information**

This consultation sets out proposals for new regulations to place strong controls around the disclosure of data which might potentially identify individuals by the HSCIC and establishes the accreditation of data safe havens. It also includes proposals for new regulations to address concerns about restrictions on the sharing of confidential personal information with NHS and social care case managers who need to have access to this information in relation to those for whom they are responsible for arranging health or care services. Subject to parliamentary approval the new regulations are expected to be in place by the end of 2014.

### **Code of practice: Mental Health Act 1983**

This consultation sets out the proposed changes to the Mental Health Act 1983: Code of Practice, which was last revised in 2008. The Code is a document which provides guidance to mental health professionals and others in respect of the Act, to help them safeguard patient's rights and ensure that they work within the law. The consultation draft includes a significantly rewritten chapter 19 on children and young people and a new chapter on the Act's interface with the Mental Capacity Act (MCA) including the Deprivations of Liberty Safeguards (DoLS).

## 7. PUBLICATIONS

### **MONITOR'S LATEST PUBLICATIONS:**

#### **Guidance: Operational Resilience and Referral to Treatment 2014/15**

To help you, other NHS providers and commissioners plan operational resilience during 2014/15, Monitor has published joint guidance with the NHS Trust Development Authority and ADASS. The framework covers both urgent and planned care and measures to support the changes which will arise through the Better Care Fund.

**Facing the Future: Smaller Acute Providers**

A report by Monitor has found that small district general hospitals can thrive but the way services are provided to local patients must change to guarantee quality care. Research carried out by the regulator found that while there is no clear evidence that smaller acute hospitals performed any worse clinically than their larger counterparts, there is evidence that they may be starting to face greater financial challenges, with performance worsening more than the sector as a whole in the last two years. Size is also likely to become more of an issue as hospitals face greater pressure.

**Monitor's Annual Plan 2014/15**

Monitor published its annual plan for 2014/15 which aims to encourage the NHS to develop services that better meet the needs of patients while doing more with the money it is given. The way Monitor regulates FTs will be reviewed with the aim of ensuring that providers are given room to innovate and take calculated risks in order to provide better quality services and better value for money.

**OTHER PUBLICATIONS:****NHS England announce CAMHS beds increase**

NHS England yesterday published a new report on the current provision of mental health services for children and young people. The report found that, although the number of NHS-funded child and adolescent mental health services (CAMHS) tier four beds have increased from 844 in 1999 to 1264 in January 2014, there is an undersupply of beds in some areas, resulting in patients being admitted to services along way from home.

**CQC publish annual report and accounts**

The Care Quality Commission has published their annual report and accounts looking back on the 2013-14 business year which saw the regulator appoint chief inspectors of adult social care, of general practice and of hospitals.

**Future Organisational Models for the NHS: Perspectives for the Dalton Review,**

A new joint publication from the FTN and the Kings Fund explores what lies at the heart of the review being led by Sir David Dalton on provider models in the NHS developing new types of organisation to secure clinical and financial sustainability for NHS care in the future. Ten authors draw on their experiences to offer different perspectives on the evidence base for introducing these various models.

Stuart Bain  
**Chief Executive**