

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO:** BOARD OF DIRECTORS MEETING**DATE:** 29 JANUARY 2015**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
- East Kent's response to emergency pressures
- East Kent Hospitals Charity: Launch of the Dementia Appeal
- NHS England
- 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 – December 2014

For Action:

As set out in the Five Year Forward View, exploring new models of care is increasingly important in delivering the services patients and service users need. To support this, Monitor is inviting interested parties to join an online debate where Foundation Trusts can anonymously discuss:

- how Monitor's regulatory approach may create real or perceived barriers to the adoption and spread of new health and care models, and how we might address this
- new care models identified by our research into international models of care that the NHS might wish to adopt

During 2012/13 expenditure on non-permanent staffing in the NHS reached £2.4 billion. This figure will continue to increase unless action occurs at all levels within the NHS. Monitor has released a mandatory information request to all foundation trusts seeking more detailed data on their agency spend. They are currently working with the Cabinet Office Implementation Unit to identify ways to reduce the number of agency staff at trusts.

In July 2014, Monitor advised Foundation Trusts of the Savile Legacy Unit, which has been set up in light of the Jimmy Savile investigations. Monitor is urging all Foundation Trusts to review their safeguarding procedures. The unit is primarily there to perform the following duties: co-ordinate all NHS-related allegations with regard to the activities of Savile; quality assure and support the investigation by NHS trusts of such allegations; act as a channel between NHS trusts, the police and partner organisations, as necessary and appropriate; and review and quality assure trust reports and recommendations.

Foundation Trusts recently recently received a letter jointly signed by NHS England, Monitor and the NHS TDA about using the independent sector for additional activity throughout the rest of the financial year. Monitor expects that using this increased capacity will enable patients to be treated sooner, and will also give trusts more flexibility in managing capacity to deliver urgent care standards. Foundation trusts are asked to engage with the Programme Management Office established by NHS England on this process.

Monitor is supporting the Future-Focused Finance (FFF) initiative, alongside other national bodies in NHS finance, to recruit organisations or health economies to pilot a decision-making framework that we would like to roll out across NHS finance and more widely. The types of decision might include: choosing strategic improvement programmes; resource allocation across care settings; how to invest in integrated care; service re-designs; how to determine innovation funding; and innovation roll out.

Information Items:

Significant pressure nationally on urgent care systems continues, and the delivery of core non-elective and elective standards. Monitor is working closely with NHS England and the NHS TDA to ensure that interventions are co-ordinated and actions are appropriate to provide support to areas most under pressure. To understand performance at a local level, Monitor have made a number of short notice information

requests. They will be considering whether to introduce more frequent regular reporting which can be systemised better. There will not be a change to their approach to regulatory intervention.

Monitor sent out a survey to all NHS Foundation Trust Company Secretaries earlier this year, inviting them to share their views on their provider licence since its launch in April 2013. A consistent theme from the responses received was that very little progress has been made by commissioners in identifying and confirming Commissioner Requested Services (CRS). Monitor places great importance in identifying CRS ahead of any problems that could occur for providers and therefore we will be doing more work with our national partners to encourage NHS commissioners to view the designation of CRS as a local priority.

Foundation trusts are asked to note the 2 recent communications from NHS England about the current Ebola outbreak in West Africa, and to ensure that required actions from these and earlier communications are underway. NHS England is co-ordinating the NHS response to Ebola through its Emergency Preparedness, Resilience and Response (EPRR) arrangements.

On 1 December 2014, the Foundation Trust Network changed its name to NHS Providers, the association of foundation trusts and trusts. The change was made to better reflect what the organisation does and who it represents.

The Department of Health has set up an online feed where they are posting useful information to show how the NHS is performing under increased demand throughout winter. The feed is updated with graphics, screen shots, mini film clips and pictures and is being used by medical colleges and think tanks.

NHS Improving Quality (NHS IQ) and the Faculty of Medical Leadership and Management (FMLM) are piloting a strategic peer support programme designed to help senior clinicians in NHS trusts. Peer support will be offered to clinicians with directorate or board level responsibility who need expertise and guidance to deliver significant service change and have a strong commitment to, and interest in, quality improvement.

2. EAST KENT'S RESPONSE TO EMERGENCY PRESSURES

The local health economy of East Kent is committed to ensure that East Kent Hospitals University NHS Foundation Trust (EKHUFT) achieves the emergency 4 hour access standard. Given the standard is proving extremely challenging the Trust and CCGs approached the emergency care intensive support team (ECIST) for support. From these discussions, and those at the urgent care board, it was clear that implementing a 'Perfect Week' for emergency care would be the best way forward. A pilot was implemented from 13 January 2015 to 20 January 2015 inclusive. This will be followed by full implementation of the action and learning week from 3 – 10 March 2015.

The 'Perfect Week' is a national improvement programme that allows staff from health and social care to work together and test changes that can improve the way patients move through the system, or better understand why there can be delays.

The Trust has been working with CCGs and all partner organisations by making best use of resources, knowledge and leadership; the aim is to "re-set" the system to make A&E work better during that week and, by learning, implementing the lessons of the Perfect Week, into the future too.

During the 'Perfect Week', EKHUFT reviewed processes, cancelled non-essential meetings and had been piloting improvements to enhance patient care. In addition, staff worked with partner organisations to see how patients could be better cared for at home or in the community, and to identify and fast-track certain cases.

To ensure EKHUFT have all of the necessary processes in place across the hospitals to sustain performance and ensure that patients receive the 'right care, in the right place, at the right time, every time', the following principles were agreed:

- To ensure that we have agreed lines of escalation within the Trust and externally with partners.
- That we have a control/reporting centre on each hospital site – where we monitor the agreed metrics (A&E attendances, admissions (ambulatory and IP) and discharges) and hold the site (and locality) to account.
- That we focus on effective discharge – the SAFER bundle (a consistent approach)
- To support the effective discharge we have Matrons, Ward managers and the Integrated Discharge Team working to a priority list and aim to also work in a consistent way.
- That we ask all our internal and external teams to state what 5 things they will do differently to support effective discharge (with the emphasis on true (not on call) 7 day working) and consistency of approach.

3. EAST KENT HOSPITALS CHARITY: DEMENTIA APPEAL LAUNCH

East Kent Hospitals Charity launched its new appeal for dementia in December 2014 at QEQM. The charity unveiled two RemPods to be used by patients with dementia and their carers as a reminiscence area which will provide them with a relaxing space.

East Kent Hospitals Charity wants to raise £500,000 for our five hospitals in east Kent, to fund multiple projects to make life more enjoyable for patients living with dementia.

The projects will revolve around the everyday work of our hospitals to make sure they quickly deliver benefits for patients and their carers, families and friends. They include:

- arts activity sessions
- dementia cafes, which will provide information to patients and carers
- creating therapeutic and interactive dementia-friendly spaces across all our sites
- making changes to the environment to promote relaxation.

4. NHS ENGLAND

On 1 October 2014 NHS England announced plans designed, in part, to streamline and align the functions and structures which support the organisation to work more effectively – both nationally and regionally – to minimise duplication and make more effective use of our resources.

The Trust received the first of a series of planned updates as changes take place.

A single integrated team for the South region has been developed to allow maximum flexibility of working arrangements and to reduce duplication of effort, especially in assurance work.

Four geographical locations have been identified in each region, taking into account factors such as: numbers of relationships with CCGs, Trusts, Local Authorities, population size and patient flows.

5. TRUST DEVELOPMENTS / INITIATIVES

Top 100 Apprenticeship Employer

East Kent Hospitals has been named in the Top 100 Apprenticeship Employers list, recently announced at the National Apprenticeship Awards. EKHUFT has supported apprentices for approximately five years, training 75 in that time. We have expanded the scheme from the traditional areas of business admin and the trades and moved into Clinical Apprentices, Finance and Science apprentices.

Introduction of Swartz Rounds

Schwartz Rounds are meetings which provide an opportunity for staff from all disciplines across the organisation to reflect on the emotional aspects of their work. Research into the effectiveness of Schwartz Rounds shows the positive impact that they have on individuals, teams, patient outcomes and organisational culture.

A panel of four people share their experience on a topic. Trained facilitators then help everyone in the room discuss the topic, sharing their thoughts, asking questions and offering similar experiences. The focus is on the experience and the emotions involved, not on problem solving.

Medical Equipment Library

The new Medical Equipment Library (MEL) at K&C will officially open on Monday 26 January. As of the 26 January we will be out and about in the clinical areas at K&C scanning for equipment and ensuring the right medical devices are in the right location.

Most Improved Acute Provider – Regional Award

Improvements being made in the Trust were highlighted at the Kent, Surrey Sussex EXPO awards where EKHUFT was awarded 'Most Improved Acute Provider'.

The KSS EXPO is a brand new event focused on accelerating healthcare innovation, enhancing the quality of care, and improving patient safety. The event is hosted by Kent Surrey Sussex Academic Health Science Network (KSS AHSN), with a number of key partners including the Strategic Clinical Networks, the Kent Surrey Sussex Leadership Academy and the South East Health Technologies Alliance (SEHTA).

These exciting new awards have been introduced to celebrate the clinical teams and local innovators who are leading the way in raising the bar for sustained improvements in patient care, and driving economic growth. The award was made to the Trust on the basis of performance improvements made.

End of Life Relatives Facilities across East Kent

The Trust first opened the Beresford Suite for relatives of patients dying at the QEQM in the summer of 2009. This was part of a Kings Fund Leadership Initiative, funded by EKHUFT charitable funds and has revolutionised our families and visitors experience for those facing end of life events in our busy hospitals.

In 2011 the William Harvey Hospital opened its doors to a similar suite based in the accommodation block. Signified by a rainbow logo and again funded by charitable funds, this was a joint venture with ITU to include families of critically ill patients facing uncertain outcomes and has offered a sanctuary for those who are lucky enough to experience its use.

Both suites include facilities to shower, make a drink or snack, rest within a tranquil environment and take temporary respite during a very traumatic life time event. The garden space adds to the relaxed environment and has been sited in many of the thank you letters received to express gratitude for the use of the facilities at a very difficult time.

In January 2015 due to generous funding from the League of Friends the final suite will open on the K&C site within The Orchards, this will be called the League of Friends Jubilee Suite. It will be the largest suite to date and include a conservatory and very relaxing outside space.

These facilities are available for families or those close to the dying patient who want to remain on the hospital site to offer respite from the busy ward. They do not have bedroom facilities and are mainly used during the patients last 24-48 hours of life.

6. 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:

- Lease to CITL

7. PUBLICATIONS

MONITOR'S LATEST PUBLICATIONS:

Annual Planning Review 2015/16: Guidance for NHS Foundation Trusts

Monitor, alongside NHS England and the NHS Trust Development Authority (NHS TDA), has launched a suite of planning guidance for 2015/16.

This includes:

- **'The Forward View into action: partnership and planning for 2015/16'**, a joint publication by Monitor and 5 other national organisations which describes the approach to be taken to make a start in 2015/16 towards fulfilling the vision set out in the 'NHS Five Year Forward View'
- **'Guidance on the 2015/16 annual planning round for NHS foundation trusts'**, which is Monitor's guidance for foundation trusts specifically, and addresses their expectations, requirements and process for the 2015/16 planning round;
- specific guidance for commissioners and other NHS providers (authored by NHS England and the NHS TDA respectively) and guidance on an optional **contract dispute resolution** process

Monitor has also published a joint national health partner report on **making local health economies work better for patients**. This report summarises the findings of NHS England, Monitor and the NHS Trust Development Authority's joint project to support 11 local health economies to develop clinically and financially sustainable 5-year strategic plans.

Changes to the process

Section 3.3 of Monitor's guidance sets out 2 major changes to Monitor's requirements following the initial planning timetable published in November's FT Bulletin, namely:

- period of financial projections reduced to one year only (2015/16)
- introduction of high-level draft plan submission on 27 February 2015, against which we will be able to provide meaningful feedback to foundation trusts ahead of the final plan submission in April

By focusing on forecasts for 2015/16 only, and by introducing this additional assessment and feedback phase into the planning cycle, we hope to enable final plans to be more robust and better aligned with those of local health partners, as well as obtaining an earlier view of risks in the sector.

<https://www.gov.uk/government/publications/annual-planning-review-201516-guidance-for-foundation-trusts>

2014/15 Annual Reporting Manual

Monitor has published the above manual that Foundation Trusts should use when producing 2014/15 annual reports and accounts.

<https://www.gov.uk/government/publications/nhs-foundation-trusts-annual-reporting-manual-201415>

Reforming the payment system for NHS services: supporting the Five Year Forward View

This paper sets out several payment approaches that Monitor and NHS England want to develop further with NHS providers and commissioners, including those in social and primary care.

<https://www.gov.uk/government/publications/reforming-the-payment-system-for-nhs-services-supporting-the-five-year-forward-view>

OTHER PUBLICATIONS:**FAO HR directors: Increasing agency staff expenditure? New toolkit available**

To help the NHS manage temporary staffing, a toolkit has been prepared for providers by the NHS Commercial Alliance. The toolkit is currently stored on the NHS Centre for Procurement Efficiency portal. However, The Department of Health (DH) is exploring how it can be made more accessible to a wider audience. In the meantime HR directors should contact their head of procurement to access the toolkit.

Protecting resources, promoting value: a doctor's guide to cutting waste in clinical care

The Academy of Medical Royal Colleges has published this document written by doctors, for doctors. The document provides a waste reduction toolkit, as well as patient stories and examples of good and bad practice to help promote efficiency within medical NHS practices. The primary aim is to improve clinical care, while making financial (and environmental) savings.

<http://www.aomrc.org.uk/dmdocuments/Promoting%20value%20FINAL.pdf>

Decisions relating to cardiopulmonary resuscitation (DNACPR)

An updated version of this document was published in October 2014 by the Resuscitation Council (UK), the British Medical Association and the Royal College of Nursing. The new edition takes into account developments in clinical practice and developments in the law regarding anticipatory decisions. It also emphasises the

importance of involving people (or their representatives) in the decision-making process.

<https://www.resus.org.uk/pages/DecisionsRelatingToCPR.pdf>.

National Commissioning Group for Blood update

The National Commissioning Group for Blood (NCG) has now completed its consideration of NHS Blood and Transplant's (NHSBT) commissioning intentions for the financial year 2015/16, and the summary has been published.

http://hospital.blood.co.uk/media/27280/ncg-b2_2014outcomeletter-19-dec-14.pdf

8. CONSULTATIONS

Updates to Monitor's Risk Assessment Framework:

Views required by 18 February 2015

Monitor has proposed changes to the Risk Assessment Framework (RAF), including new mental health targets being put in place by the government.

Views on the approach are required to make sure NHS foundation trusts are well run and can continue to provide good quality services for patients.

Responses can be received online or by email at raf@monitor.gov.uk.

Our proposals for transforming NHS costing processes:

Feedback required by 17 January 2015

Monitor has published proposals highlighting the need for the NHS to get better at collecting accurate cost, activity and outcome data at an individual patient level. They are keen to hear from NHS providers, commissioners and others involved or interested in the costing of NHS services.

<https://www.gov.uk/government/consultations/improving-the-costing-of-nhs-services-proposals-for-2015-to-2021>

Stuart Bain
Chief Executive