Airedale NHS
NHS Foundation Trust

Report to:	Board of Directors				
Date of Meeting:	30 April 2014				
Report Title:	CEO update report				
Status:	**For information**	**Discussion**	**Assurance**	**Approval**	**Regulatory requirement**
Mark relevant box with X	x	x	x		
Prepared by:	Ann Wagner, Director of Strategy & Business Development				
Executive Sponsor (presenting):	Bridget Fletcher, Chief Executive				
Appendices (list if applicable):	Appendix1: National Developments Summary for information Appendix 2: Right Care Portfolio Programmes Update				

Purpose of the Report

The purpose of the Chief Executive's report is threefold, namely:

- to highlight key National and Local Health Economy developments that are of strategic relevance to the Foundation Trust and which the Board needs to be aware of;
- to bring together key messages from the Board papers into a single, high level assurance narrative; and
- to update the Board on key strategic and operational developments that I and the Executive Team are leading.

This months report covers developments that have happened since the March Board of Directors meeting.

Key points for discussion

As usual there have been a number of significant national announcements and publications this month which are listed summarized in Appendix 1. Of particular strategic importance to the Trust is the number of references to health and social care sustainability; financial challenge; and the need for radical transformation.

Across the local health and social care economy planning activities continue as partners get to grips with the Better Care Fund and arrangements for aligning 5 year plans in the context of significant financial challenge.

For the Trust, in addition to the usual quality and delivery focus, the key priority is the development of sustainable long term plans to realize our Right Care vision.

Recommendation:

The Board is asked to receive and note the CEO update report and attachments

1 National Developments and Publications

This month's national developments – announcements, publications, consultations, media reports - that I wish to bring to the attention of the Board are summarised in **Appendix 1.**

The Board will note the increase in volume of announcements and reports which coincide with Simon Stevens taking up his new role as CEO of NHS England, and the start of pre-election political announcements. Presumably more will follow in the coming months. Keeping on top of the volume of publications is challenging.

Of particular note is the number of publications and think tank reports on potential future funding proposals if the NHS is to remain sustainable.

At the Board of Directors meeting I will lead a discussion on the implications of the developments highlighted in terms of their potential strategic impact for the Foundation Trust.

2 Local Health Economy Developments

2.1 Health and Well Being Boards (H&WBBs)

All H&WBBs were required to submit their respective Better Care Fund proposals for their respective units of planning on 4 April. Airedale is in the main covered under the Bradford and Airedale unit of planning under the auspices of Bradford Councils' H&WBB. Whilst feedback from NHS England is awaited, partners continue to work together on long term sustainability plans.

Bradford Council will be considering a recommendation by their H&WBB regarding proposed membership of the Board. Directors will recall from last month's briefing the recommendation is that provider representation is included in future which is welcomed – however, this is limited to one provider place only to represent Airedale, the Care Trust and Bradford Hospitals. The chief executives continue to make the case for all 3 organisations to be represented.

Earlier this month I attended a workshop that all three providers were invited to, which focussed on the development of the Bradford H&WBB in terms of being fit for purpose given the huge challenges ahead. The workshop was facilitated by Mike Farrar (former NHS Confederation CEO and now an independent consultant) and built on an earlier workshop that Mike facilitated with members of the Health and Social Care Integration and Change Board regarding shared vision, aspirations, priorities and risks.

2.2 Scrutiny of Health Committees

During April Airedale has presented at two council Overview and Scrutiny Meetings.

The first – North Yorkshire County Council – was in response to a general invitation to update Councillors on progress since the CQC hospital inspection and brief on latest hospital developments. In addition to the Airedale item, the Committee also had a presentation from Dr Colin Renwick, GP and Clinical Chair of Airedale, Wharfedale and Craven CCG on the CCGs progress to date and future plans. The two presentations were well aligned and both featured our *Right Care* vision. The main agenda item, however, was BDCTs plans to close their inpatient facility on ward 24 at Airedale Hospital which continues to attract significant media attention. Local patient and carer groups are unhappy with the proposed changes and the impact this will have, particularly on families and carers of those patients who currently use the service. The Committee heard from patients, lobby groups and members of Bradford Council's Overview and Scrutiny Committee – all of whom had concerns regarding the consultation process, plans and impact for patients and their carers and families. They agreed to write a joint letter from both North Yorkshire

and Bradford scrutiny meeting's to the Chair of the Care Trust requesting a meeting to discuss concerns and seek assurances.

The second – Bradford Metropolitan District Council – was the annual presentation on the Quality Account arrangements. All 3 providers were in attendance and presented their arrangements and headlines and invited comment. Again, the Care Trust's plans for Ward 24 were discussed at length.

2.3 Stakeholder engagement update

Directors continue their engagement activities with partners to further refine our *Right Care* vision to ensure alignment with integration plans across our local health and social care economies.

In addition to contributing to the development work of the ICBs and H&WBB, Trust Directors continue to contribute to organisational development reviews and strategic planning visioning for the local CCGs who have commissioned external support to help with their on-going development.

3 Airedale Foundation Trust Update

3.1 Improving experience for people approaching end of life.

As part of our continued work to integrate and improve the experience of our patients, we have been working on a pilot project to assist those who have a serious illness and may be in the last year of their lives.

The Gold Line provides one point of contact for patients and their carers to be able to access help and advice, 24 hours a day, seven days a week, via our Telemedicine Hub, to support them in their preferred place of care wherever possible. During normal working hours patients continue to contact their primary care team, as they do now, but this service considerably improves their care out of hours.

The initial pilot, which is supported by Airedale, Wharfedale and Craven CCG, started with patients in Airedale Wharfedale and Craven and began at the end of last year. This has now been extended to the rest of Bradford District and City CCG populations with hundreds of patients having access to the service. This month we also began deploying a small number of telemedicine boxes into homes of patients approaching end of life.

The pilots are being independently evaluated – quantitively and qualitatively. Early informal patient and carer feedback is very positive.

3.2 Month 12 Finance and Performance Update

i) Financial position

The overall position at the end of March was as follows:

- a balanced position against a planned surplus of £822,000 due to a charge for a technical impairment (revaluation) of £589k and increased agency costs;
- EBITDA was £112,000 better than plan, reflecting increased income; and
- the cost improvement programme (CIP) gap for 2013/14 closed at £1,481,000. This was covered in full by the CIP contingency reserve. Recurrently this gap has been closed off through the *Right Care* Portfolio Programmes.

Our strong liquidity position has contributed to a forecast Q4 Continuity of Service Risk Rating of 4. Confirmation of the financial risk rating will be provided by Monitor once they have reviewed the quarterly submission.

As previously reported, recurrently there is a CIP gap of £2.2m which is being addressed through the Trust's Right Care Portfolio of Programmes as part of the annual planning process which the Directors are actively reviewing to ensure a recurrent viable solution without adversely affecting patient experience. An update on the Right Care Portfolio Programmes is referred to later in this paper.

ii) Performance standards

Accident & Emergency (A&E) 4 hour treatment time standard

The A&E 4 hour waits standard was achieved for March at 97.6%. Whilst the Trust did hit the target for quarter 4 (95.9%) and for the year overall (95.8%), I am very aware that sadly a number of patients did have to wait over 4 hours for their treatment. We also had to cancel a number of elective operating lists as demand for beds outstripped supply, despite opening additional winter capacity. This is not the position I want this hospital to be in with patients not having optimum experience every time and staff stretched to the limit.

Work continues with partners across the health and social care economy as together we try to transform urgent care to better meet the needs of our growing, ageing population. However, without radical transformation, ongoing achievement of this target will continue to be a challenge. As agreed at last month's Board we have therefore left this as a declared risk with Monitor in the Annual Plan 2014/2015 submission, until the impact of the whole system work is seen.

Hospital Acquired Infection Rates

- There were no cases of Clostridium Difficile (CDiff) during March, bringing the total to 7 cases for 2013/14. This is below our national target of 9 and de minimis of 12 applied in Monitor's Risk Assessment Framework. Achievement of the CDiff threshold for 2014/2015 however remains at risk and this was declared to Monitor in the Annual Plan submission in April. The risk is based on the low centrally set target of 9 which is challenging. At the time of writing this report the Trust has reported 2 cases of CDiff in April bringing the total for Q1 to 2 against an annual threshold of 9.
- There were no further cases of MRSA in March, bringing the total to 2 cases for 2013/14.

Other Standards

For March the Trust achieved the required thresholds or was within de minimis limits for all other Monitor standards.

Monitor's formal review of Q4 is expected during June, once they have had the opportunity to review the Trust's Q4 return and accompanying Governance Statement which are due to be submitted at the end of April. The Trust is forecasting GREEN governance risk rating as all standards have been met in Q4. Going forward, as previously agreed a declaration of 'Not Confirmed' for Governance has however been applied due to the risks highlighted in the Annual Plan around Clostridium Difficile and A&E 4 Hour Waits that could occur in 2014/2015.

Further details of the financial and performance position for March are included in the Director of Finance's report.

3.3 Annual Planning 2014/2015 to 2018/2019

Following the Board review at the March meeting, the Annual Plan for 2014/15 – 2015/16 has been submitted to Monitor. I will be receiving initial feedback from Monitor via telephone conference on 29th April so will update the Board regarding their response when we meet on 30th.

Having submitted the 2 year plan, we are now required to submit a 5 year plan to Monitor on 30th of June. In their review of the longer term plans, Monitor will particularly focus on the degree to which each Foundation Trust has developed realistic transformational schemes and aligned its plans with others in the Local Health Economy.

Directors and groups are currently working on their plans to take us further towards realising our *Right Care* vision with greater emphasis on transformation and integration including working with local health and social care economy partners to support patients to self-care; deliver more care closer to home and close the gap between primary, community, social and secondary care.

At our strategy day on 28th May Directors will lead Board discussions regarding the evolving 5 year plan and underpinning enabling strategies.

3.4 Right Care Portfolio: Programmes Update

The latest financial position (@ end of March) of the Right Care Portfolio Programmes against their 2 year efficiency targets is as follows:

- 2014/15 - £5,194k identified against target of £7,290k (£2,096k gap). Recurrently this gap increases to £2,546k (identified £4,744k recurrently)
- 2015/16 - £5,816k identified against target of £5,090k (£727k better than plan). Recurrently this over identified reduces to £597k (£5,687k identified recurrently)
- In total £1,949k recurrent gap.

Together with the Director of Finance I continue to meet with each Executive sponsor on a monthly basis to review individual programme progress and plans to close the gap.

I have also issued targets for the subsequent 3 years to support the 5 year plan currently in development. Updates on progress will be included in presentations at the May Board strategy day.

An update paper with further details including next steps is attached (Appendix B)

3.5 Workforce: Key appointments update

I am pleased to confirm we have made some progress in key leadership appointments as follows:

Executive Medical Director

Following a robust assessment process, I am delighted to formally confirm the appointment of Dr Karl Mainprize to the Executive Medical Director substantive post. Karl, who will join the Trust in June comes from York NHS Foundation Trust where he was Deputy Medical Director and a colorectal surgeon.

Director of Organisational Development (OD) and Workforce

The Trust has appointed the Leadership Academy to lead the recruitment search for a new Director of OD and Workforce. The advert is on NHS Jobs with a closing date of 30th April.

Clinical Directors

Following a number of retirements, I can confirm the following Clinical Director posts have now been filled:

- Clinical Director for Medical Education and Training – Dr Meg Crossley replaces Dr Janet Baker who retired last month
- Clinical Director Anaesthetics – Dr Frank Swinton appointed to vacancy
- Clinical Director for Diagnostics - Dr Girish Raghunathan who replaces Dr John ODowd who is stepping down as Clinical Director

There will shortly be a Clinical Director vacancy in Women's and Children's following the resignation of Mr Naren Samtaney who has indicated his intention to retire this year.

3.6 Gateway Letters

There are 2 gateway letters that I need to bring to the attention of the Board.

i) Gateway Ref 10412: Hard Truths Commitments Regarding the Publishing of Staffing Data

Letter from Jane Cummings, Chief Nursing Officer, NHS England and Professor Sir Mike Richards, Chief Inspector of Hospitals, Care Quality Commission to all NHS Trust and Foundation Trust Chief Executives giving clear guidance on the delivery of the Government's *Hard Truths: The Journey to Putting Patients First* commitments associated with publishing staffing data regarding nursing, midwifery and care staff.

The commitments are to publish staffing data from April and, at the latest, by the end of June 2014 in the following ways:

- A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. This must be presented to the Board every six months
- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level
- A Board report containing details of planned and actual staffing on a shift-by-shift basis at ward level for the previous month. To be presented to the Board every month
- The monthly report must also be published on the Trust's website, and Trusts will expected to link or upload the report to the relevant hospital(s) webpage on NHS Choices

Boards must, at any point in time, be able to demonstrate to their commissioners that robust systems and processes are in place to assure themselves that the nursing, midwifery and care staffing capacity and capability in their organisation is sufficient to provide safe care.

Monitor has worked with NHS England and the CQC in developing this guidance and expects Foundation Trusts to have the right staff, in the right place at the right time. The Care Quality Commission will be looking for compliance with all the actions outlined in this letter as part of their inspection regime. Monitor will act where the CQC identifies any deficiencies in staffing levels in Foundation Trusts.

I can confirm from 1.4.14, nurse staffing data has been displayed on a daily basis on each of our inpatient wards. Further developments include undertaking more detailed reporting and data capture/analysis to meet the additional requirements set out in *Hard Truths*.

We understand a stock take of progress will be undertaken by NHS England, the first return is expected by 30.4.14.

ii) Gateway Reference 01360: Disposal of fetal remains and Hospital bed moves during the night

Letter to NHS Trust and Foundation Trust CEOs and Medical Directors from Sir Bruce Keogh, National Medical Director, NHS England regarding two issues recently featured in the media following freedom of information requests.

The first relates to the disposal of fetal remains. Trusts Re reminded existing professional guidance makes clear incineration of fetal remains is inappropriate practice and that other methods offer more dignity.

The second concerns reports in the media indicating that an increasing number of patients are being moved between wards in hospital between 11 pm and 6 am. Data provided by NHS Trusts suggest that the number of out of hours transfers has risen significantly during the last five years.

Boards are expected to take ownership of these issues. Firstly, by reviewing current policy and practice in relation to the disposal of pregnancy losses up to and including 23 weeks and 6 days gestation and to adopt burial and cremation as more appropriate alternatives. Secondly, by reviewing practices to ensure that patient transfers made for reasons other than clinical ones are minimised and that established good practice is followed where such moves are necessary. This includes ensuring that such moves are properly explained to patients and relatives.

3.7 Airedale Fundraising Update

i) New Emergency Department Fundraising Appeal Launched

As the Board is aware, work to build our new, state of the art Emergency Department is well underway. To complement the capital investment supporting fund raising activities have begun in earnest following the formal launch of our ED appeal earlier this month, with many local businesses agreeing to make our new facility their chosen charity of the year including the Keighley News. In addition, two Airedale Charities – Airedale New Venture and Friends of Airedale - have also made sizeable donation commitments. This is great news and will complement the Trust's £6m capital investment which is funding the major rebuilding work.

ii) Airedale recognised nationally for pay roll giving

As well as raising money for the hospital, staff in the hospital also raise plenty of money for local charities too. One example is our involvement in the Pennies from Heaven scheme where staff donate direct from salary the loose change (up to 99p per person each month) to a local charity – currently Sue Ryder, Manorlands Hospice.

145 NHS organisations in England and Wales are running the scheme which in total and have raised more than £2.1m for over 192 charities. Apparently if all NHS staff gave the spare pennies from their payslips they would raise £8.6m per year for charity.

The Pennies from Heaven Awards are presented annually to celebrate employers' best practice and achievement in the running of their scheme. Winners of its Gold award have more than 20% of staff participating in their payroll-giving scheme, while Silver award winners have 15% take up and Bronze award winners have more than 10%. Airedale, at 10%, is one of only 3 NHS organisations to receive an award this year.

3.8 National interest in Airedale

i) Andy Burnham Visit

On 3 April, Airedale hosted a visit by Shadow Health Secretary, Andy Burnham MP who wanted to visit the hospital to talk to front line staff about pressures facing Emergency Departments over the last few months and what – if they had a direct line to the health minister – they would ask for to help change things / make a difference.

During his visit, the Member of Parliament for Leigh saw the plans for our new £6.3m Emergency Department on site and met staff in their temporary department. It was a great opportunity for our frontline staff working in our Emergency Department to talk to the shadow health minister about the pressures they faced over winter.

He also was given a demonstration of how patients can have consultations with health professionals from the comfort of their own home, nursing home or GP surgery via secure video link technology through our Telemedicine Hub. He met with nursing staff who use the equipment to offer a 24 hour, seven days a week service and used the telemedicine equipment to speak to a patient with long-term conditions who benefits from avoiding time consuming, costly trips to hospital. Mr Burnham was very impressed with the innovation which helps make it possible for people to access medical advice and treatment at home rather than having to travel to a hospital, particularly for the elderly and those accessing end of life care.

Mr Burnham was joined by John Grogan, former MP for Selby in North Yorkshire who has been chosen to stand as a Labour candidate for Keighley in the next general election.

ii) Simon Stevens Invitation

Now that Simon Stevens has commenced his role as NHS England CEO, I have invited him to visit Airedale to see for himself our innovative service developments (Telemedicine, Goldline, One Patient, One Record) and discuss with him our thoughts on a blue print of small DGHs.

I believe what we are doing here resonates very well with his widely reported *"think like a patient, act like a taxpayer"* speech especially the received wisdom that he has already challenged re small is over and big is best. I think what we are developing presents a new blueprint for local health and social care economies and would welcome the opportunity to test out my thoughts with him, as well as demonstrating our technological innovations.

My invitation has been acknowledged by Mr Stevens' office and I hope to confirm that he will be able to join us at some point.

Appendix 1

National Developments: Summary

1 National Developments and Publications

1.1 Important Announcements

Prime Minister:

- ***Supporting the elderly through personalised care:*** nearly a million elderly and vulnerable patients will be given personalised care by GPs, including regular visits from doctors and nurses. More than £400 million is being targeted at people aged over 75 who have long-term conditions to help them remain in their homes and prevent unnecessary admissions to accident and emergency departments.
- ***Challenge Fund pilot sites to extend primary care:*** announced successful £50m challenge fund pilot sites to increase access to GP surgeries. Out of the 250 bids received by NHS England funding has been allocated to 20 pilot schemes, covering more than 1,150 practices. To extend opening hours in the evening and weekends and offer consultations by phone and on Skype-like technology. Seven of the pilots will extend opening hours to 8am – 8 pm seven days a week. Two others will offer seven-day services in specially created centres. The pilots will cover about 7.5 million people, exceeding the original estimate of 500,000.

Secretary of State for Health:

- ***launched 'Sign up for Safety'*** which aims to halve avoidable harm and save up to 6,000 lives in next 3 years as part of his ambition to make the NHS the safest healthcare system in the world. Organisations and individuals are encouraged to sign up and get extra help and support in understanding best practice for improving safety.
- ***commissioned a review*** into how leading NHS organisations can expand their reach and deliver more for patients, which will be led by Sir David Dalton, chief executive of Salford Royal NHS Foundation Trust

CQC:

- ***announced 2.5% increase in registration fees*** for all registered health care providers from 1 April 2014. CQC have proceeded with their proposal to increase fees despite 85% of respondents to the consultation indicating that they did not agree with a proposed fee increase
- ***announced a national review of end of life care*** to address growing concerns that patients are being denied correct pain relief, end up being treated without dignity or are dying in hospital despite clear wishes to die in their own homes. The review will be undertaken by the Care Quality Commission and will address growing concerns that patients are being denied correct pain relief, end up being treated without dignity or are dying in hospital despite clear wishes to die in their own homes.

Legislation:

- ***Director appointment restrictions to be lifted*** From 14 April, NHS legislation will be amended to remove a number of restrictions on who the NHS Trust Development Authority (TDA) can appoint as chairs and non-executive directors at NHS trusts. The TDA and Department of Health consider current provisions in the NHS Trusts (Membership and Procedure) Regulations 1990 (SI 1990/2024) to be no longer justified or fit-for-purpose in the context of 2013 and beyond. The amendment will mean that: an existing chair or non-executive director of an NHS trust or foundation trust can be appointed as a chair or non-executive director of another NHS trust; an employee or executive director of an NHS trust or foundation trust can be appointed as a non-executive director (but not chair) of an NHS trust; and a partner, shareholder, director or employee of a body that provides primary care services (primary medical services, primary dental services and primary ophthalmic services) can be appointed as a non-executive director of an NHS trust.

NHS England:

- ***Help develop good governance arrangements for CCGs*** has commissioned the Good Governance Institute to develop effective governance arrangements for clinical commissioning groups. The institute will develop a compelling language for governance and identify desirable outcomes from good governance in a CCG setting
- ***to roll out 6Cs nursing value to all health service staff*** Hospital porters, caterers, doctors and trust chief executives will be asked to embrace the "6Cs," under plans to extend the set of core nursing values to all staff working in the NHS in England. The principles, which form the bedrock of the Compassion in Practice national nursing strategy, are to be rolled out to everyone in the NHS from July. While the 6Cs would stay the same, the support framework may be different for different professions. NHS England said the move was in response to demand from other professions, and came on the back of the phenomenal success of the initiative within nursing.

Health Education England and the Nursing and Midwifery Council:

- ***launching major review of nursing and midwifery training in England*** next month to help push up standards of patient care. The Shape of Caring Review, which will be led by Liberal Democrat peer Lord Willis of Knaresborough, will also examine the standard of post-registration training for NHS nurses**.** The review will consider recent reports into standards of nursing and training and examine the pre-nursing experience pilots which have seen around 260 students work as healthcare assistants for a year before training as nurses

1.2 Significant Publications

NHS Confederation:

- ***Half of MPs say future of 'free NHS' is uncertain.*** A poll of MPs commissioned by the NHS Confederation has found that 48 per cent believe that a health service free at the point of delivery would be unsustainable if funding challenges are not addressed. The cross-party survey also reveals that 81 per cent believe the NHS in their constituency needs to change to meet the needs of patients in the future, but nearly two thirds (65 per cent) believe there is insufficient political will for change. A quarter of MPs also acknowledge that if their constituents oppose local changes, they would not support reforms, even if there is sound clinical evidence for them.

Commission on the Future of Health and Social Care in England:

- ***Proposals for a single, ring-fenced, health and social care budget***. This interim report of the Barker Commission on the future of health and social care in England seeks feedback on the idea of a ring-fenced budget for health and social care, which would also be singly commissioned. A diverse range of evidence is presented in the report, covering: the present situation; the impact of ageing populations; and the future affordability of both health and social care. Established by the King's Fund and led by economist Kate Barker, the commission has also suggested a range of options for consideration to address funding issues in the short, medium and long-term. These include charging for GP and outpatient appointments, ending blanket free prescription entitlements for people aged 60 and over and fines for missed appointments. The commission's final recommendations will be published in September

Reform:

- ***Report proposes a new National Health and Care Service.*** This report by Lord Warner and Jack O'Sullivan for Reform focuses on the affordability of health and social care. It argues that pumping extra money into the current model of the NHS will require an ever increasing proportion of public expenditure. The paper proposes a new "National Health and Care Service" (NHCS), resting on four propositions; a coproduction partnership between the NHS and individuals; integration of health and social care budgets; more community based care; and consolidated specialist services. Individuals would pay an NHS membership fee to help fund this.

Kings Fund:

- ***NHS may need to apply more patient charges.*** Report says more patient charges may need to be introduced in the health service. The report suggests a number of potential means of increasing revenue, including a £10 charge for outpatient hospital appointments, a fee for visiting GPs, costs for hospital stays and an extension of dental charges. It is also noted that the winter fuel allowance and free TV licences for pensioners should be reconsidered, with the money diverted into health and social care.

NHS England:

- ***Improving General Practice – phase one.*** This report outlines emerging findings from responses to NHS England's call to action on general practice. It focuses on the central role of general practice in wider systems of primary care and aspiration for greater collaboration with CCGs in the commissioning of

general practice. The report aims to test ambitions for general practice, explore how national partners can help in delivering them and explore whether NHS England's priorities on promoting local innovation are right

- ***Putting Patients First: Business plan 2014/15*-2016/17** NHS England has published a refreshed, updated and revised edition of its business plan, putting patients first. Broken down into 31 business areas, the plan sets out everything NHS England does, both as a direct commissioner and as "a leader, partner and enabler" of the NHS commissioning system, and details all the deliverables under each business area for 2014/15 – 2016/17. It particularly emphasises that working on its Call to Action helped identify six characteristics of a high quality, sustainable NHS, around which it plans to shape high quality care for all will be built
- ***Hard Truths*** Delivery guidance to trusts on the delivery of the commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels. Following on from National Quality Board guidance, NHS England and the Care Quality Commission have issued joint guidance to trusts on the delivery of the commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels. The guidance was issued in the form of a letter to foundation trust and trust chief executives, and included a timetable of actions required. This first phase will focus on all inpatient areas; including acute, community, mental health, maternity, and learning disability.
- ***Waiting lists reach six year high*** Figures show that the NHS has missed the referral to treatment (RTT) 18 week target for the first time since March 2011. During February, 89.9 per cent of patients were seen within 18 weeks, whereas the target is 90 per cent

Monitor:

- ***Helping to redesign healthcare provision in England***. Monitor has published its 3 year strategy which sets out how the regulator will operate in its role and use the full range of its regulatory powers to advance its core duty to protect and promote the interests of patients. Four themes that will lie at the heart of their work over the next three years are identified in the strategy: encouraging individuals and organisations to develop skills and capabilities; supporting radical change while operating in the best interests of patients; and working closely with partners, nationally and locally. Monitor has said the health service needs "a complete redesign" and hospitals need to take risks with finances and care, even it if means "the occasional failure".

Unison:

- ***Running on Empty.*** The report claims that half of all nurses are having to work through their breaks or beyond the end of their shift. Three out of five felt that understaffing led to lower standards of care while two thirds did not believe they spent enough time with patients and that this affected their care.

Royal College of Nursing:

- ***Frontline first – more than just a number*.** The Royal College of Nursing has produced this report on its Frontline First campaign, which looks at the impact of NHS efficiency savings with a particular focus on impact on the nursing workforce. The College notes that while there are higher levels of nursing workforce recruitment, there have been disproportionate cuts in senior positions. The report calls for sustained investment in all levels of the nursing workforce,

and more targeted investment in those healthcare sectors most impacted by cuts.

Royal College of Surgeons:

- ***Cap on doctors' hours costs NHS £750 million.*** Report said junior doctors should be encouraged to opt out of the European Working Time Directive (WTD) because it is damaging patient care. It also said there is less continuity of care – with some patients seeing four or five different doctors due to rota patterns – and that junior doctors are missing out on important training time because of the cap on working a 48 hour week. Report also finds that the European Working Time Directive, which limits workers to a maximum 48-hour week, is costing the NHS £750 million a year.

Academy of Medical Royal Colleges:

- ***Addressing increased mortality rates when new doctors start work.*** Report claims staggering junior doctors' training rotas would result in less patient deaths on 'Black Wednesday', as the majority of trainee doctors currently change jobs at the same time in the first week of August. One study found that patients were 6% more likely to die if they were admitted to hospital on the first Wednesday in August, which is the day when new doctors begin work. The proposals call for newly qualified doctors to continue to start work on the first Wednesday of August, and for more senior trainees to be a month later.
- ***Two sides of the same coin: Balancing quality and finance to deliver greater value*** Report in association with the Faculty of Medical Leadership and Management, the Healthcare Financial Management Association and the NHS Confederation concludes:
    - Given the current environment, it is more important than ever for NHS leaders to focus on balancing quality and finance in their organisations to deliver value
    - Collaboration between clinical, financial and management colleagues is needed to do this, as well as strong engagement of patients and staff.
    - The whole healthcare system should be aligned with this value-driven agenda and regulation and oversight needs to support it.
    - More honesty with the public about value across public services will help them to understand and engage with the tough decisions that are required.

Organisation for Economic Co-operation and Development (OECD)

- ***Study re hospital beds*.** Found Britain has the second lowest number of hospital beds per capita among 23 European nations, which a number of critics have said could lead to an increased risk of overcrowding, superbugs and increased waiting lists. Since 2001 over 50,000 NHS hospital beds have been lost in England, whilst levels of overcrowding in hospitals have continually breached recommended safety limits. At present, there are 2.95 beds per 1,000 people in the UK, compared with 6.37 in France, 7.65 in Austria and 8.27 in Germany.

Nuffield and Health Foundation

- ***Quality Watch report re how cuts have affected social care.*** Report examines the reductions in publically funded social care for older adults since the Government's decision to reduce central government grants to local authorities in 2010. It concludes that there has been a clear impact on the amount of money

spent on social care for older people, but poor linkage between health and social care data at a national level means it is unclear if this is having an impact on the health and wellbeing of service users.

Manchester Business School and Kings Fund:

- ***Evaluating the new approach to the regulation of acute hospitals****.* The interim report outlines emerging findings from their evaluation of the CQC's new acute hospital regulatory model. It is argued that it is too early to draw conclusions about the impact of the new approach, particularly around the extent to which it drives improvements. Observations of note include:
  - *Fieldwork* – this aspect was found to have dominated both the inspection process and its outcomes. The inspection process was found to have provided little insight into how organisations managed, used and acted on information to improve performance.
  - *Inspection teams* - the new model's utilisation of larger teams with an emphasis on seniority and experience across clinicians and managers was welcomed, alongside the involvement of relevant professional and patient representatives.
  - *Inspection process* - some team members were inadequately prepared due to the late receipt of guidance information.
  - *Core services* - the decision to focus inspections around eight core services endorsed. Concern is raised about clinical areas that fall outside of those, with the evaluators also urging consideration for non-clinical functions that are of importance.
  - *Quality summit* - although perceived as the appropriate inspection report platform, the current format was questioned in relation to their impact on post-inspection actions.

Marie Curie Cancer Care:

- ***Difficult conversations with dying people and their families****.* This paper, based on interviews with terminally ill people and current or recently bereaved carers, looks at the needs of patients, carers and their families during the end of life. The responders often felt confusion about the system, what services were available and how and when they could be accessed. A need for a person to help them navigate this system was identified. The report poses end of life as a journey, which will differ from person to person but which shares some common themes. These themes include: the changing needs (both physical and emotional) of patients and carers over the course of that journey; perceived differences between people with cancer and non-cancer diagnoses in terms of the pattern of practical, physical and medical needs; the importance of getting the right level of physical support, both medical and non-medical, as needs change and pain increases; the need for plans to be able to adapt as these changes are not always anticipated; and the continuing needs of carers after death. The report also highlights the importance of 'difficult conversations' and how these can be done well and identifies a number of unmet needs in the end of life care system.

NICE:

- ***Medical staff urged to wash their hands more to cut infections in hospitals****.* Study says doctors and nurses need to wash their hands more when treating patients, to cut infections such as MRSA and C.Difficile. NICE is setting new standards to control this, as it is claimed that NHS wards are leading to 800 patients a day developing infections.

- ***No approval for new breast cancer treatment.*** NICE has not recommended the NHS use a drug for breast cancer that can extend life by an average of almost six months as it was not effective enough to justify the cost of £90,000 per patient. It is the eighth drug for advanced breast cancer to be turned down by NICE

Institute for Public Policy Research:

- ***Alert over elderly with no family carers.*** Report claims that by 2017 there will not be enough relatives to care for the rising number of elderly people

Taxpayers Alliance:

- ***NHS criticised for spending £46 million on "unnecessary" jobs.*** The Taxpayers' Alliance campaign group has published a report criticising the NHS for spending more than £46 million last year on what it calls "unnecessary" roles, including an art curator and a green travel administrator. Its findings, which are based on Freedom of Information requests, show that about £36 million was spent on 826 public relations jobs, £6.8 million on 165 equality and diversity staff and £3.5 million on 86 "green" employees.

1.3 Consultations

Department of Health: *consultation on the duty of candour.*
The consultation aims to build on the work undertaken by Professor Norman Williams and Sir David Dalton on the threshold for the duty of candour, which was first proposed in the Francis report.

Department of Health: *consultation on the fit and proper persons' regulations*
The DH has produced this consultation as a result of the 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.

Under the proposals a register of poorly performing NHS directors is to be set up and maintained by the Care Quality Commission to prevent "unfit" managers working and moving between health and care providers. The regulator will record concerns about individual directors, specifically including where directors resign ahead of the CQC taking intervention action at their organisation. Individuals who the CQC deems unfit would be barred from joining a new organisation. It will prevent failed senior managers from moving between different providers, the government claims. The CQC will apply the test when providers apply for registration with the CQC, when a new director is recruited, and each time a provider is inspected.

The regulations state that to qualify as a fit and proper person a director must:

- Not have been responsible for misconduct or mismanagement in the course of any employment with a CQC registered provider;
- Be capable of undertaking the position;
- Be of good character;
- Have the qualifications, skills and experience necessary for the role;
- Not be prohibited from holding the position under existing laws.

The test will apply to board director and equivalent roles, including executive directors, non-executive directors, chairs and trustees. It will not apply to foundation trust governors. NHS England will be developing a parallel set of rules for clinical commissioning groups.

The Labour Party: *Health and Care Policy consultation*
The Labour Party has prepared a consultation on their proposed healthcare policies, which after the consultation period will be taken to Annual Conference in September 2014 for adoption. The consultation follows on from the recently published Labour commissioned independent panel report, written by Sir John Oldham, which orientated care in healthcare provision.

CQC: *consultation on new approach to inspections and ratings*
The CQC has published detailed guidance on how it will regulate, inspect and rate a range of NHS services, launching a two-month long consultation on the organisation's new approach to inspecting and rating services. The consultation covers issues including, proposals for a rating system, core services to be inspected, the 'intelligent monitoring' tool and the frequency of inspections. The commission will be taking on 500 extra inspectors this year and spending £10m on training and development of its 2,000-plus staff, as well as "experts by experience" (users of services) and others from outside the organisation who now join its expanded inspection teams.

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 they attracted significant comment, they are being put out for a further period of consultation.

Health Education England: *The Talent for Care consultation*
Health Education England is developing its strategy on the development and training of the healthcare support workforce, particularly for 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.

1.4 In the news

First thoughts from incoming NHS England Chief Executive, Simon Stevens
Throughout this month the national and professional media have featured articles on Simon Stevens who replaced Sir David Nicholson at the beginning of April. Those of particular interest to the Board include;

- Extensive coverage of Simon Stevens' first speech, in which he identified raising standards of care for older people; joint working between health and social care; whistleblowing and new models of care delivery harnessing new advances in medicine as among his top priorities. In his presentation he talked about the growing, ageing, population with long-term conditions that needed to be better supported to

stay at home which required the NHS to radically transform how care is delivered outside hospitals. *"Our traditional partitioning of health services– GPs, hospital outpatients, [accident and emergency] departments, community nurses, emergency mental health care, out of hours units, ambulance services and so on – no longer makes much sense."* He said there should be a bigger role for charities and businesses in the provision of health services; he would like to see changes to how NHS staff are paid; there should be a shift towards greater personalisation and that the NHS would need more money so that it could work more closely with social care. He urged NHS staff at all times, to live the guiding principle: *walk in the shoes of the people we serve. Think like a patient, act like a tax payer.*

- Simon Stevens is considering appointing a senior NHS Chief Executive to lead on specialised commissioning. This is in response to reports that NHS England is set to overspend on specialised services by at least £450m in 2013/14.

Hunt: *We can save 6,000 lives if hospitals are open about errors*
The BBC reported health secretary Jeremy Hunt's claim that up to 6,000 lives could be saved within three years if the NHS is open about its errors. He announced plans to reward honest hospitals with cheaper insurance and a new duty of candour that means hospitals will be legally required to disclose information about incidents that caused patients moderate or significant harm and to provide an apology.

Hunt is urging all NHS organisations to take part in the 'Sign up to Safety' scheme to reduce avoidable harm, such as medication errors, blood clots and bed sores. He has written a letter for all staff urging them to sign up to the scheme. Hospitals that draw up ambitious safety plans will be able to secure lower insurance premiums as part of a national programme to cut avoidable harm by half over the next three years. Hunt has also announced the appointment of 5,000 safety champions to identify where there is unsafe care and to develop solutions.

Hunt: *risks NHS autonomy*
The Guardian reports that health secretary Jeremy Hunt has had a number of "standoffs and rows" with NHS leaders amid claims from senior NHS figures that he is interfering and trying to manipulate the service for political purposes. Senior NHS figures have expressed concern that Hunt has gone against the government's pledges to liberate the NHS from political control and make it operationally independent.

Milburn: *make all providers foundation trusts*
Speaking at the FTN's annual lecture, Alan Milburn, who as Labour health secretary introduced the legislation that created the first foundation trusts ten years ago, called for the scrapping of the NHS Trust Development Authority and the imposition of an all-foundation trust sector, reports the HSJ . He said: "The TDA should be abolished and its resources made available to Monitor to help turn round those organisations that are in trouble. Some would need to be placed in a special measures category."

Frank Field: *New mutual to be responsible for NHS budgets*
In a letter to The Independent, Labour MP Frank Field proposes that the NHS and social care funding should be put into a new mutual, with funding coming from National Insurance contributions. Mr Field says: "It will be the mutual's job to raise revenue by National Insurance, but it would do so on the basis that the money was owned by the mutual and that politicians couldn't get their sticky fingers on it." He also says that "political action is urgent" due to the imminent election and he wants political parties to realise the extent of the health crisis.

Five in six NHS finance directors see deficits
According to the King's Fund, the NHS faces a “financial crisis” next year as a budget freeze risks pushing most hospital trusts into deficit, reports the Independent. It warns that the future of the health service is at risk unless politicians come up with radical solutions to the crisis in the coming months. In its quarterly monitoring report, the think-tank said it had encountered deep and widespread gloom among finance directors of NHS hospital trusts and clinical commissioning groups in England, with two-thirds of NHS trust finance directors saying they believed their hospital would go into deficit in 2015-16. While the report found that the NHS has generally been performing well, it said cracks were beginning to show.

Monitor considers plans for ‘whole trust’ tender to independent sector
The Financial Times reported that Peterborough and Stamford NHS Foundation Trust has submitted plans to Monitor which, if approved, could see the whole trust tender its management to the independent sector. Monitor has confirmed this is the first time an entire trust [will have] sought a private sector bidder for its management. If it proceeds, tenders will be invited this summer. Other options being considered are sale or merger with another NHS provider, or renting facilities to private providers.

Nigel Edwards: *HSJ article on small hospitals*
In his final article as a Kings Fund Senior Fellow, Nigel Edwards’s challenges received wisdom in some parts of the system that more centralisation is required and that small hospitals (less than £300m turnover) have had their day. He points to:

- the lack of evidence to support this view; large capital cost of centralisation that negates the savings centralisation is supposed to release; workforce implications and impact on clinical outcomes
- *local love* - small general hospitals are much loved and economically important parts of local communities and even with recent attempts to restrict consultation and judicial review, the process of change will often still be measured in years.
- New ideas such as networked models; enhanced roles for academic health science centres; the use of telemedicine to connect specialists; the integration of hospitals into the local community, social care and primary care system; and the recently floated idea of chains, all offer alternative and more immediately realisable solutions.

He concludes ”*greater centralisation is not the answer to all the NHS’s problems – smaller hospitals still have a vital role to play in the future of acute care”*

Huge variation in standards of care, says CQC
The chairman of the Care Quality Commission, David Prior, has told *The Times* that the NHS has buried the truth about the significant variation in standards of care across the NHS. He told the newspaper: “The one irrefutable finding from our first inspection reports is the extraordinary level of variation, and sometimes this can be a hospital an hour away from another hospital, where the quality of care is just so radically different”.

Fears that hospitals may be covering up death rates
According to the Guardian the way hospitals record deaths could be covering up poor treatment and costing lives. Figures obtained from Dr Foster show a dramatic rise in the number of people recorded as needing palliative care at the end of their lives, with some hospitals saying more than 35 per cent of their patients die that way, prompting fears that hospitals could be hiding the fact patients were admitted for treatment which then failed. Palliative care deaths are not included in the hospital standardised mortality ratio

(HSMR), which compares the expected rate of death in a hospital with the actual rate of death.

Ombudsman says elderly patients suffer in silence
The Parliamentary and Health Service Ombudsman, Dame Julie Mellor, has said that older patients are less likely to complain about the care they receive in hospital as they are too frightened they might receive even worse care. Writing in the *Daily Mail*, Ms Mellor said complaints are a gift to the NHS as that is how improvements are achieved. She said that 80 per cent of the investigations the Ombudsman carries out were about NHS services. About half of all NHS care is given to older people, but only about one third of the complaints were about the care of older people, so Julie Mellor fears that patients are suffering in silence.

Patients being sent home too soon, says Carers' Commission
The chair of the UK Government Commission on Carers, Dame Philippa Russell, has said that frail vulnerable and elderly people are often being discharged following a hospital stay, with no arrangements in place for their aftercare. Dame Philippa's comments draw on her recent experience about a relative who suffered a stroke and was sent home from hospital a week earlier than planned, with no support arrangements in place.

Alert over elderly with no family carers
The BBC revealed that a report by the Institute for Public Policy Research think-tank has claimed that by 2017 there will not be enough relatives to care for the rising number of elderly people. It said the gap of those without adult children to care for them will rise to more than 1m by 2030. The report found the average fee an older person pays for home care is £25,000 a year and £36,000 for a place in a nursing home. The think-tank said that thousands of people in their 60s and 70s today could be left to cope on their own with overstretched services unable to meet the shortfall. The government said it was working to integrate health and council care services to ensure more older people received care at home.

Thousands of deaths from acute kidney injury are avoidable with good basic care
A report published in the journal Nephrology Dialysis Transplantation has said that between 15,000 and 40,000 people die needlessly each year from acute kidney injury (AKI) – a condition that affects half a million of the three million people admitted to hospital in England each year. The report, commissioned by NHS Improving Quality, has shown that, poor care and dehydration are the main reasons for the high number of preventable deaths. The deaths could be prevented by simple measures such as nurses ensuring patients have enough to drink and doctors reviewing their medication, the researchers said. Between 12,000 and 40,000 hospital patients die annually because hospital staff do not diagnose acute kidney injury. Last year the National Institute for Health and Care Excellence issued guidelines on giving patients water after its study found that tens of thousands of deaths a year from kidney failure could be avoided if staff ensured patients were hydrated. The latest study found the condition was five times more prevalent in English hospitals than previously thought.

Figures reveal four out of five hospitals short on midwives
The Royal College of Midwives has accused NHS trusts of burying their heads in the sand over midwife shortages after figures indicated that a quarter of trusts had not assessed their workforce needs for at least four years, according to the *Daily Telegraph*.

Unison will ballot for possible strike action
The Guardian reports that Unison members have voted to ballot for possible industrial action, which could include strike action. It follows the Government's decision only to give a one per cent pay rise to NHS staff not already receiving incremental pay increases. Another major union, Unite, also announced that it will consult with members on whether it too will ballot for possible industrial action

£500 million stockpile of Tamiflu 'does not work'
There is widespread coverage of the conclusions of The Cochrane Collaboration, an independent network of health practitioners, researchers and patient advocates, that the flu drug Tamiflu does not prevent complications or stop people passing on the flu virus. Its findings, published in the *British Medical Journal*, follow the release of data last year on related flu drug Relenza after the Cochrane's five-year effort to gain access to them from the drugs companies. Tamiflu made by Roche and Relenza by GlaxoSmithKline, have been stockpiled by the Government at a cost of around £500 million. However other scientists, the government and regulators disagree with the conclusions, with the Department of Health saying Tamiflu has a "proven record of safety, quality and efficacy".

All hospitals must sell skills abroad
The Times reported that a Healthcare UK campaign will this month try to convince hospital bosses they could raise money through cancer treatment in the Middle East, lab tests in India or care for the elderly in China, as the health service will be encouraged to sell its brand around the world.

Google pulls out of secret deal to show data on NHS hospitals
Google has pulled out of a deal to include NHS data within its search results due to a backlash against plans to link GP patient records, according to the *Times* . It had been in negotiations with health chiefs over showing death rates, waiting times and other information in searches for NHS hospitals, but there are concerns it would be tarred by associations with NHS England's care.data scheme. Under care.data, information about patients and their illnesses will be taken from GP records and linked with the hospital data Google planned to use. Google said the secure use of data could provide 'real benefits' for the NHS and patients, but it is an important issue that needs to be debated between the NHS, the government and the public.

APPENDIX 2

Update on Right Care portfolio

This paper is designed to provide members of the board with an update on the progress that the executive team has made with the Opportunity Search and the establishment of the Programmes that constitute the Right Care Portfolio.

Scale of financial challenge

As shared previously, the challenge facing the Right Care Portfolio is to deliver a recurrent saving of £12.380 Million over the next two financial years (2014/15-2015/16). Over the past few months programme teams have been working with colleagues from HR, Finance and Informatics to identify opportunities that will enable them to meet the financial challenge.

Response

Before the detail of the response is shared, the board are asked to note that the Opportunity Search is on-going and Programme teams are continuing to refine and update their elements of the Opportunity Search and as a result such the information contained in this update may continue to change as teams continue to develop their plans.

Programme Group	2014/15 (£k) Target	2014/15 (£k) Identified	2014/15 (£k) Gap	2015/16 (£k) Target	2015/16 (£k) Identified	2015/16 (£k) Gap	Total (£k) Target	Total (£) Identified	Total (£) Gap
Improving Quality	*1,850*	*1,323*	*-527*	*850*	*1,738*	*888*	*2,700*	*3,061*	*361*
Enabling Change	*2,300*	*1,020*	*-1280*	*1,100*	*2,032*	*932*	*3,400*	*3,051*	*-349*
Efficiency Improvement	*600*	*453*	*-147*	*600*	*98*	*-502*	*1,200*	*551*	*-649*
Tactical CIPs*	*2,040*	*1,545*	*-495*	*2,040*	*1,546*	*-494*	*4,080*	*3,092*	*-988*
Business Development	*500*	*404*	*-96*	*500*	*230*	*-270*	*1,000*	*634*	*-366*
Total	***7,290***	***4,744***	***-2546***	***5,090***	***5,645***	***555***	***12,380***	***10,389***	***-1991***

Using the information in the above table, the current position is that 83.9% of overall savings have been identified. This is an increase from 74.72% which was the overall position when the first cut of plans were fed into the process, and compares favourably with experiences from other organisations. This figure is likely to increase as Programme teams continue to further develop their plans.

As the financial information relating to the delivery of savings becomes available now all programmes are live, this will be shared with the Board.

As the Board are aware the programmes have all had a Quality and Safety Impact Assessment which has been risk rated by the Interim Medical Director and the Director of Nursing. The output of this was shared at the March Board meeting.

As the detailed plans emerge and move into delivery phase they are being shared widely across the staff teams as well as with our staff side colleagues.

Next Steps

Where Programmes have recurrent gaps, further work is on-going to try and identify additional opportunity in order to close the gaps, and also articulate the steps that need to be taken to pull savings forward if possible. Programme Teams are meeting with the CEO to outline progress to close recurrent gaps.

The programmes also have some of their work streams that have now moved into delivery phase. The progress of this is being monitored and reported to the Right Care Portfolio board every 4 weeks.

There is also a requirement by Monitor to start to articulate (in broad terms) the likely schemes/ plans/ ideas to deliver further sustainable savings across years 3-5. The level of savings required in the subsequent 3-5 years is 4-4.5% It is envisaged that these are likely to come from:

- Further transformational projects within the Right Care Portfolio. – Executive directors have been asked to start Opportunity Search 2 to support the 3-5 year plan
- System wide transformation via the Right Care Vision – e.g. Closing the gap with Primary Care, Self- Care
- Partnerships /Networks with other providers
- Commercial opportunities to generate non NHS/ non-tariff income

The submission to Monitor needs to be made in June. Executive Sponsors and Groups are now working to scope opportunities for years 3-5.

Recommendation:

The Board are asked to note this update on the Right Care Portfolio as part of the CEO's report.

Ali Aslam
Stacey Hunter
23 April 2014