**Report to:** Board of Directors  
**Date of Meeting:** 29 July 2015  
**Report Title:** CEO update report  
**Status:**  
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**Executive Sponsor (presenting):** Bridget Fletcher, Chief Executive  
**Appendices (list if applicable):** Appendix 1: National Developments Summary for information

### 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 the Executive Team are leading.

This month’s report covers developments that have happened since the May Board of Directors meeting.

### Key points for discussion

#### National

This month saw the Secretary of State, Jeremy Hunt; outline his 25 year vision for the NHS. The speech was accompanied by a raft of announcements and publications which were overshadowed at the time with the media focus on the 7 day working announcement and proposed changes to the consultant and GP contract. A summary of the key developments is included in the national developments summary attached to this update report.

#### Health Economy

From a local health and care economy perspective, in addition to continuing to collaborate on new models of care and leading the development of the Enhanced Health in Care Homes Vanguard, we continue to progress discussions across the wider West Yorkshire footprint regarding the latest acute care collaboration and Urgent Care Vanguard opportunities, are collaborating with partners across Leeds City Region in a SYFV test bed site application and having very early discussions regarding opportunities in the wake of Devo Manc.

#### Airedale

For the Trust, key points to note this month include:  
- focus on dementia care  
- latest update to stroke service  
- continued progress on delivering our Right Care Programme, although financial delivery behind plan  
- performance standards update including exception report for June A&E standard  
- opportunity for Board review of draft winter plan  
- suite of Annual Reports with presentations on infection prevention and control and consultant revalidation

**Recommendation:**  
The Board is asked to:  
- receive and note the CEO update report and national developments summary
1 National Developments and Publications

Details of the main national developments and publications that I wish to bring to the attention of the Board this month are summarised in Appendix 1 and include a raft of significant announcements by Secretary of State, Jeremy Hunt, as part of his 25 year vision for the NHS.

Directors are reviewing the implications of those developments which particularly affect Airedale and the local health and care system.

2 Local Health Economy Developments

2.1 New Models of Care Update

The Board will see from the updates below that the Trust is involved in a significant number of new care model developments. If all of the applications are successful West Yorkshire will have 7 Vanguard sites, a test bed site and at least 2 pioneer sites as well as accelerator status for significant tech fund IT developments. There is a compelling case for strategic leadership and system architecture to ensure strategic alignment to maximise benefits, avoid duplication and prevent silo working.

Airedale & Partners Enhanced Health in Care Homes Vanguard
- We have received feedback on the stage 1 value proposition which was submitted to the national team at the end of June and are responding to requests for further information regarding outcomes and investment profiles.
- We are working with partners and key stakeholders to develop the stage 2 value proposition on the enhanced health priorities for 2015/16. This will be submitted by the end of August.
- The Airedale & Partners Care Home Vanguard was the only one of the 6 care home vanguards to submit a stage 1 value proposition.
- We are continuing to collaborate with the other 5 Care Home Vanguards to share and spread learning.
- The first formal meeting of the Airedale & Partner Vanguard steering group has been organised for the end of the month.
- Earlier this month I gave a key note presentation on the Airedale & Partners Vanguard at a national Kings Fund Event on the care homes vanguard model. The presentation was very well received with a number of follow up contacts requesting further information.

Urgent and Emergency Care Vanguard
- Together with partners across West Yorkshire we have contributed to a West Yorkshire Urgent Care Network submission for Urgent and Emergency Care Vanguard status. The submission deadline was 15th July. The bid got through to the “live shows” which took place on 17th July. An announcement is imminent regarding the successful bidders. If successful this would take the number of Vanguard sites across West Yorkshire to 6.

Acute Care Collaborative Vanguard
- As previously reported, the West Yorkshire Acute Providers Alliance (WYAAT) agreed to collaborate on an Acute Care Collaborative Vanguard submission. The deadline for the submission is the end of July.

Pioneer Update
Partners across Airedale Wharfedale and Craven also continue to work on new extensivist and enhanced primary care clinical models of care as part of the separate Pioneer programme.
Test Bed Programme Expression of Interest
The Test Bed application submitted by University of Leeds on behalf of a collaboration of Leeds City region partners including Airedale has got through to the next stage of the assessment process.

2.2 System Leadership

Earlier this month I chaired the Yorkshire and Humber Academic Health Science Network (AHSN) Digital Health and Wellbeing Board. This replaces the Assisted Living Technologies and Telehealth Board with a strengthened membership, clearer focus and realistic work programme focussing on our regional USP – digital health and care and how to maximise opportunities across the Region, nationally and into Europe, building on our European Innovation Programme 3 star rating. I will be presenting the refocused priorities and work programme to the next meeting of the AHSN Board with a recommendation that member organisations support the reenergised programme and a challenge regarding how best to capitalise on the digital innovations across the region e.g. Vanguards, Pioneers, Test Bed site status etc.

2.3 Partnership Development

Throughout the month of June Directors have continued work to develop and strengthen partnerships with key stakeholders across the local and wider West Yorkshire health and care economies. This includes building better relationships with local GP practices, groups of practices and Primary Care Federations.

3 Airedale Foundation Trust Update

3.1 Right Care: Improving Patient Experience of Dementia Care

The number of people with dementia is steadily increasing. Research conducted for Dementia UK: second edition shows that, in 2013, there were 815,827 people with dementia in the UK (Alzheimer’s Society, 2014). 773,502 of these people with dementia were aged 65 years or over. This represents one in every 79 (1.3%) of the entire UK population and 1 in every 14 of the population aged 65 years and over. At the current rate of prevalence there will be 856,700 people with dementia in the UK by the end of this year. If current trends continue and no action is taken, the number of people with dementia in the UK is forecast to increase to 1,142,677 by 2025 and 2,092,945 by 2051, an increase of 40% over the next 12 years and of 156% over the next 38 years.

Given our local demographic it is no surprise that many of the patients that we treat are coping with some form of dementia. Improving quality of life and experience of care for patients with dementia is one of our top priorities. A report reviewing what we have been doing over the past 2 years to improve the environment, training, screening, care pathway and experience for patients with dementia and an audit of carers is included in this month’s Board pack and is brought to life by this month’s patient story which will be presented by Jane Lister, an occupational therapist from the Airedale Community Collaborative Team. The story concerns a lady who was admitted to Airedale following a fall and how she has been enabled to continue living independently having been diagnosed with dementia whilst in hospital.
3.2 **Right Care: Improving Quality and Safety**

**Stroke services**
As per feedback at previous Boards the new service model - HASU beds at Bradford Royal Infirmary with acute beds and rehabilitation beds staying on Ward 5 at Airedale General Hospital - has been agreed and will be implemented from the beginning of August. Operational planning is progressing well with the relevant stakeholders and a series of public engagement events supported by Healthwatch have been taking place over the last few weeks. These events have gone well, with members of the public understanding and supportive of the changes we are making to sustain delivery of high quality Stroke services to the local population.

**Quality and safety reports**
In this month’s Board pack Directors will note the quarter 1 quality account plus the latest monthly report looking at nursing and midwifery staffing levels against plan on the wards during June. Attached to the nurse staffing report is a paper setting out the metrics that will be used to measure the impact of the increased staffing investment on a monthly basis to provide assurance to the Board that the increased investment into the high risk areas has improved patient safety and outcomes.

3.3 **Right Care Today: 2015/16 Annual Plan Operational Delivery**

This monthly update report outlines the progress and performance of the Right Care Portfolio of Programmes in Month 3 (June 2015). It focuses on the financial profile of all the programmes that make up the Portfolio, alongside a programme by programme update of key actions in the activity period including an update on experience based design. Also included is a special report on digital care as part of the quarterly spotlight reports and detail of the capital investment programme that underpins the estate transformation strategy.

**Financial Position: Month 3 Headlines**
The overall financial position at the end of Q1 was:

- a deficit of £562,000 which is £6,000 worse than plan.
- EBITDA (earnings before interest, taxes, depreciation and amortization) performance is £179,000 worse than plan driven by CIP slippage of £305,000 relating to the inability to close the additional beds that were opened for winter leading to increased Nursing costs, and higher than expected medical agency costs in the Surgical Group.
- The CIP position is an overall deterioration of £412,000 in 2015/16 worse than forecast and a recurrent gap is £1,555,000. The Right Care Programme Board continues to review the forecast and a number of schemes are being considered to close the gap.
- Agency spend has improved significantly in June since tighter controls have been put in place.
- PbR Income is £526,000 above plan, which is across Day Case and Elective, Direct Access Diagnostics, and High Cost Drugs.
- Changes to the tariff for 2015/16 mean that Non Elective Income above the 2008/09 baseline is paid at 70%. In previous years this has been 30% therefore any overtrades are more fairly compensated than previously, however there still remains an overall reduction. The 30% threshold adjustment, above that agreed in the plan, is £182,000 at month 3.

Directors continue to review CIP under performance and are working with their teams to address slippage and tighten internal controls. Recovery is the focus of the Right Care Portfolio Board and a number of schemes are being considered to close the gap. The overall financial forecast is demonstrating that this can be covered in year, providing it does not deteriorate further, due to improvements in financing costs.

**Performance Standards**
The overall position against the key performance standards at the end of Q1 was:
The indicative Risk Assessment Framework Quarter 1 rating for Service Performance is Green.

Whilst the A&E 4 hour standard was achieved overall at 95.7% for Q1, the Trust did fail the standard for the month of June at 94.27% - a breach of the 95% required. Actions have been taken to improve performance and at the time of writing this report performance for July has improved and is above the 95% standard. An exception report with further details is included in the Board pack.

There were 4 cases of Clostridium Difficile infections reported in Q1 of which 1 was considered to be avoidable and therefore counts against the annual threshold. At the time of writing this report a further case has been reported in July and is currently under review to determine whether it was unavoidable. Achievement of the Clostridium Difficile threshold for 2015/2016 remains at risk as declared to Monitor in the Annual Plan submission. The risk is based on the low centrally set threshold for 2015/2016 of 6 which, despite having reduced the number of infections from 235 to 4 over the previous eight years, the Board of Directors does not feel is achievable in the current year.

Regrettably, we had an MRSA bacteraemia in June. This is the first case for some considerable time. A Post Infection Review has taken and although found to be unavoidable is still recorded against our 0 threshold.

All other standards are achieving the required thresholds or are within de minimis limits.

We have also received further information regarding changes to the Referral to Treatment (RTT) standards and reporting arrangements for cancer and A&E following recent Government announcements.

There is also national priority focus being placed on improving and sustaining cancer performance, particularly around the 62 day standard. Over the coming months, all Trusts will be required to assess their position on a number of key priorities such as leadership, policies, pathways, reporting, patient tracking and capacity and demand.

2015/16 contracting update
We have reached agreement with Commissioners on 2015/2016 Contracts which are now agreed and signed.

Further details of the financial and performance position for June are included in the Director of Finance’s reports.

Operational and Capacity Planning Strategy for Winter 2015/16
The latest draft of the Trust’s winter plan is included in this month’s Board pack and provides an opportunity for the Board to contribute and seek assurances prior to the final version being completed for consideration at the September Board meeting.

3.4 Right Care Tomorrow: Operational and Strategic Planning 2015/2016 Submission Update

As previously reported Directors have submitted the Operational and Strategic Plan for 2015/16 to Monitor – formal feedback is awaited. As the Board is aware the Trust hosted the annual visit by our Monitor relationship team on 18 June. The style was different to previous visits with a greater focus on meeting front line staff as part of their due diligence on annual plan delivery and sustainability. Informal feedback was positive and supportive. The Monitor team fully understand the challenges we face and the aspirations we have to address these. Formal feedback on our plan is still awaited.
3.5 Annual Reports

The Board will note we have a raft of Annual Reports to consider in this month's Board pack. Each report is there to provide assurance, highlight good practice and in some cases is a formal requirement. This year we will receive presentations from Dr Paul Godwin on the Infection Prevention and Control Annual Report and Dr Harold Hosker on the Annual Revalidation Report. The Board will want to take the opportunity to reflect on the full suite of Annual Reports and consider areas for improvement in line with our Right Care aspirations.

These Annual Reports are in addition to, and complement, the annual report and accounts and annual quality account which we will be formally signing off with our Council of Governors at the Annual Members' Meeting on 30th July.
National Developments Summary

1 Significant Developments

Secretary of State 25 Year Vision for NHS
On 16 July Jeremy Hunt, Secretary of State for Health set out the government’s 25 year vision for a patient-led, transparent and safer NHS, in a speech at The Kings Fund and in a statement to the House of Commons. This includes a continued focus on safety and quality of care, an emphasis on transparency and patient power, local decision making and a goal to make the NHS the world’s largest learning organisation.

The speech incorporated a number of significant announcements including:

- the need for a proper 7-day NHS service to ensure patients are as safe at weekends as they are during the week, which would be achieved by removing the opt out clause for weekend working for newly qualified consultants. Doctors currently in service will retain the right to opt-out of weekend working but there will be an end to off-contract payments for activity during this period. Jeremy Hunt indicated that the government will allow the BMA negotiators six weeks to discuss and agree these changes, after which, if an agreement has not been reached, the contract changes will be imposed. The government therefore expects the majority of hospital doctors to be on 7-day contracts as a result of these changes by the end of the next parliament.
- the NHS will become the world’s safest and largest learning organisation through the establishment of NHS Improvement – the new name for the jointly led Trust Development Authority (TDA) and Monitor
- NHS Improvement will host a new Independent Patient Safety Investigation Service – modelled on the air accident investigation branch used by the airline industry, which will be led by Dr Mike Durkin
- for the first time, GPs will be asked to inform patients of the Care Quality Commission rating and waiting time data at hospitals, enabling patients to choose with a more accurate picture of their local hospitals performance and quality
- meaningful choice and control for patients over services offered in maternity, end of life care and long term conditions
- work to be led by Martha Lane Fox to increase take-up of new digital innovations in health

In a move to improve transparency, Mr Hunt confirmed from March 2016 England will be the first country in the world to publish avoidable deaths by Trust, and that ratings on the overall quality of care provided to different patient groups by local health economy will also be made publicly available.

To build on the success of the ‘buddying’ arrangement for trusts in special measures and support continuous improvement, Jeremy Hunt also announced the start of an international buddying programme. Five NHS trusts - Surrey and Sussex Healthcare, Leeds Teaching Hospitals, University Hospitals Coventry and Warwickshire, Barking Haivering and Redbridge and Shrewsbury and Telford will be partnered with Virginia Mason in Seattle which has an impressive reputation for developing a safety culture based on organisational learning. There was also a commitment to developing further international partnerships in the future.

On the same day as making his speech at The Kings Fund, Jeremy Hunt also laid a ministerial statement in the House of Commons, alongside the publication of ‘Learning not blaming’, the government’s response to Sir Robert Francis QC’s Freedom to Speak Up
review, the Public Administration Select Committee report on investigating clinical incidents in the NHS, and Dr Bill Kirkup’s independent report on the Morecambe Bay investigation.

In response to the Freedom to Speak Up review, the government will appoint an Independent National Officer, located at the Care Quality Commission, to make sure all Trusts have proper processes in place to listen to the concerns of staff before they feel the need to become whistleblowers. All NHS foundation Trusts and Trusts will also be required to appoint someone whose job is to be there when frontline doctors and nurses need someone to turn to with concerns about patient care that they do not feel able to raise with their immediate line manager.

Devolution Latest
Cornwall has been confirmed as the next area to agree a Manchester-style devolution of budgets (worth £5bn). Sheffield, Liverpool and West Yorkshire are also working with the government on Manchester style deals. It has also been widely reported in the media that 7 local authorities in the North East of England are to begin negotiations with the government over establishing a directly elected mayor for the region.

However some of local government’s more ambitious proposals for the devolution of responsibility over health could be affected by an amendment to the devolution bill passed in the Lords, Former Labour health minister, Lord Warner, moved the amendment, which said regulatory or supervisory functions could not be transferred from national NHS bodies such as Monitor, the Care Quality Commission and NHS England. It is understood that the amendment was prompted by concerns raised by health professionals. The amendment could be overturned in the Commons, but if it stands, it could derail some of the devolution proposals put forward in Greater Manchester, as well as the ambitions agreed by London council leaders and the capital’s mayor.

2 NHS E Developments

Taskforce report aims to boost cancer survival and transform patient experience
A report by NHS England’s independent cancer taskforce has recommended 6 strategic priorities for the health service to assist over 30,000 patients with cancer to survive for a decade or more. The report sets out proposals for how patient experience can be transformed both during and after treatment. Public health campaigners are encouraged to reduce smoking from 18.4 per cent to 13 per cent by 2020; reduce obesity levels; and provide for 50 per cent of patients to be diagnosed within 2 weeks. The report also called for genetic testing and to introduce proven innovative treatments from clinical trials more quickly.

Out of hours and NHS 111 procurement halt
NHS England has told commissioners to suspend all tender processes until September. New rules will be developed to support functionally integrated urgent care services.

NHS Innovation Accelerator programme launched
NHS England’s Chief Executive, Simon Stevens, and National Medical Director, Sir Bruce Keogh, have announced the successful applicants of the NHS Innovation Accelerator programme – a scheme to make evidenced healthcare innovations more widely available to patients. Seventeen healthcare pioneers from the UK and abroad have been identified to receive national support to roll out their technologies, processes and models of care to patients, hospitals and GP practices throughout England.
Making NHS patient feedback more inclusive
Updated guidance has been published to help make the NHS’s biggest patient feedback tool, the Friends and Family Test, more inclusive. The new guidance covers services across the NHS that are provided to children and young people – with special provisions for looked after children – as well as patients with learning disabilities, dementia, language and literacy issues or patients who are deaf or deafblind.

New appointments to tackle race equality across the NHS
NHS England is pleased to announce two senior appointments to ensure employees from black and ethnic minority backgrounds have equal access to career opportunities and receive fair treatment in all NHS workplaces. Yvonne Coghill OBE has been appointed as Director, Workforce Race Equality Standard Implementation, and Roger Kline has been appointed as Director, Workforce Race Equality Standard Research and Engagement.

Putting health at heart of new communities
NHS England Chief Executive, Simon Stevens, has launched a new initiative together with Public Health England, to put health at the heart of new neighbourhoods and towns across the country. Speaking at the Local Government Association annual conference, Mr Stevens backed a renewed focus on new affordable housing by offering support from the NHS to help design in health and modern care from the outset. In practical terms that means a triple agenda: designing-in healthy living, capitalising on new home-based care and technologies to support older people at home, and sharing infrastructure across public services to make smarter use of taxpayers investment. Up to five long-term partnerships will initially be selected from across the country, covering housing developments of different sizes, from smaller projects up to those over 10,000 units. Each site will benefit from a programme of support including global expertise in spatial and urban design, national sponsorship and increased local flexibilities.

3 Monitor developments

New Joint Chair Appointment
Ed Smith, currently Vice Chair of NHS England, has been appointed as new joint Chair of Monitor and Chair-Designate of the NHS Trust Development Authority (TDA), effectively making him the chair of NHS Improvement. Ed will be supported by Ara Darzi as a new non-executive director of NHS Improvement. The process for recruiting a chief executive will begin immediately and will be completed by the end of September.

Monitor sets up agency support team.
The team, which will sit in the new Provider Sustainability Directorate, will draw on expertise from FTs on a part time basis to support Trusts to manage agency spend. The team will run an initial three-month trial at 3 Foundation Trusts.

4 Publications

Rose Report on leadership in the NHS published.
The Secretary of State for Health asked Lord Rose to conduct a review into leadership in the NHS. The review asked:

- what might be done to attract and develop talent from inside and outside the health sector into leading positions in the NHS?
• how could strong leadership in hospital Trusts might help transform the way things get done?
• how best to equip clinical commissioning groups to deliver the Five Year Forward View

The final report Better leadership for tomorrow, which was prepared following many engagement events and visits to NHS organisations, including Airedale Hospital, contains 19 recommendations, covering 4 areas: training; performance management; bureaucracy and management support. The government has accepted in principle, the 19 recommendations, including a proposal to merge Monitor and the NHS TDA, and a suggestion that the functions of the Leadership Academy come under the purview of Health Education England (HEE).

Nuffield Trust: report questions value of commissioner/provider split
The Nuffield Trust's latest thought piece suggests that providers are best placed to design and specify care, while CCGs should fulfil a 'strategic function'

The Health Foundation What will make a successful NHS?
The health Foundation’s new report ‘Shaping the future: A strategic framework for a successful NHS’ sets out five layers of action for system change in the health service.

The Kings Fund: Better Value in the NHS
One of the main messages from the Kings Fund’s new report, Better value in the NHS: the role of changes in clinical practice is that the NHS needs to talk about patients not pounds if we are to engage clinicians in meeting the NHS productivity challenge. That means focusing on providing the best possible health outcomes at the lowest possible cost, rather than a single-minded push to save money. Whether quality-improvement interventions saved money for health care providers found mixed results; some interventions (often those on a small scale) resulted in quality improvements and reduced costs, but others (particularly those on a large scale) failed to do so.

4 In the News

Seven day services could lead to staff shortages
The government’s independent pay advisers have warned that a move towards seven day services may lead to staff quitting in protest if the current payment system is abandoned without a wider review of health service salaries. Health unions, including Unison and the BMA, have expressed concern at the government’s 25 year plan for the health service.

Campagners demand improvements in wheelchair provision by NHS
Campaign group the Wheelchair Leadership Alliance is to present a 10-point document to parliament calling for the development of an effective NHS wheelchair service. The report states quality of service across the health sector varies and that delays are harmful to wheelchair users and cause waste. The group has called for equality of access and provision, regular reviews with the wheelchair user and carers, and recruitment of qualified staff. Their aim is to persuade the 209 clinical commissioning groups in England to make wheelchair provisions a priority.

The hospitals costing NHS £2bn every year
The Sunday Telegraph’s investigation into the reasons behind the NHS’s huge expense has disclosed the bill for private finance initiative (PFI) hospital schemes will cost the NHS £3,729 every 60 seconds - £2billion - this year.
NHS ‘will fall well short’ of £22bn target for savings
Senior NHS England figures have advised the Observer that they expect the NHS to fall short of its £22bn promised savings, stating the government will have to double their £8bn pledge. They are said to be preparing to battle with ministers to discuss the potential of only achieving £15bn in efficiencies to help close the £30bn hole expected to appear in NHS finances by 2020.

Charity warns of lack of support for people suffering from dementia
In a widely reported story, a leading charity has warned that people living with dementia are being forced to rely on family and friends for their care because of an “endemic and deeply worrying” lack of support from the state. In its annual report, the Alzheimer’s Society has called for a five-year plan to raise care standards, amid concerns that public services are not keeping pace with the increasing numbers of people suffering from the illness. The report includes a survey of more than 1,000 GPs, which found that 77% think their patients rely on family because they don’t get enough help from health and social care services. Two thirds of respondents said their patients were not getting enough support from council-funded adult social care and half said the NHS was not doing enough. The Alzheimer’s Society report calls for the NHS and local authorities to ensure than anyone diagnosed with dementia receives a full package of support, which would include their own dementia advisor.

FT model faces ‘challenges’, says Monitor chief
David Bennett has said the Foundation Trust model could come under question as the NHS faces up to the “absolutely huge” financial challenge, reports HSJ. The chief executive of Monitor said although the “process” of gaining FT status had often brought improvements for Trusts, progress had then stalled in many cases. Speaking at the Healthcare Financial Management Association conference, Mr Bennett said that the autonomy of FTs can “get in the way” of redesigning services, there will be increasing governmental pressure to provide evidence that “everything is being done” to find efficiency savings, and capitated budgets will need to replace ‘payment by results’ in many areas. He also revealed that latest forecasts show the FT sector finishing this year an “unaffordable” £989m in deficit.

Overcrowding at A&E could be ‘killing thousands’
The Sunday Times reported that Dr Clifford Mann, the president of the Royal College of Medicine, has warned that patients are dying due to overcrowding in accident and emergency units as hospitals are forced to close their doors and turn away ambulances. He said it was now routine for A&E departments to send ambulances elsewhere because they cannot cope. Mann added that the treatment of patients on ambulance trolleys and in corridors of overcrowded units was “inhumane”. His comments came as data shows that some A&E units have had to close their doors to ambulances up to 29 times in the last year. The RCEM has extrapolated data taken from studies in the US and Australia to estimate that the number of avoidable deaths in Britain every year due to overcrowded A&E units is between 500 and 1,000, but it suspects that the data underestimates the true numbers in Britain.

Elderly care in England is ‘unacceptable in a civilised society’, says charity
The country’s leading charity representing older people has said the state of elderly care in England is “unacceptable in a civilised society”, as figures reveal more than a million now get no help at all for basic care, reports the Independent. Age UK said cuts to social care budgets, combined with a growing elderly population, had led to an “exponential” increase in the number of people left to struggle alone. The charity said that for the first time, more than a million have a care need but receive no help from the state, self-funded care services, or from friends, family or neighbours. Health secretary Jeremy Hunt last week called for people to take greater responsibility to combat what he called the “national shame” that 1 in 10 elderly
people have contact with family less than once a month. Caroline Abrahams, charity director of Age UK, said that while a culture change is needed, the “immediate problem” had been caused by the government’s cuts. Age UK also said annual emergency admissions to hospital for over-65s have increased by 400,000 in the past decade, suggesting cuts to social care may be increasing pressure on the NHS.

**Billions paid out for blunders, as lawyers defend four-fold rise in fees**
Hospital trusts paid out £1.2 billion to cover medical negligence claims in the financial year 2013-14, compared to £287 million in 2003-4 - £100 million more than the health service spends on chemotherapy, The Sunday Telegraph reports. Lawyers’ fees spiralled from £49 million to £226 million over the decade. The government has accused lawyers of excessive charging and is planning to introduce a £100,000 cap on legal costs.

**Trusts considering leaving clinical negligence scheme**
HSJ reports that at least 17 Trusts are considering opting out of the national risk pool for clinical negligence claims and are in talks with an insurance firm about buying cover from the commercial market. The Trusts, mainly in the North West, hope that an alternative insurer would be able to settle cases more quickly and reduce costs.

**Doctors back 20% sugar tax to fight obesity**
The Times reports that a study from the British Medical Association has recommended drinks that contain sugar should be taxed in order to tackle obesity and ill health by subsidising fruit and vegetables. The study says the tax should at first be on sugary beverages but ‘taxing a wide range of products’ should be an ‘important long-term goal’.

**Hospital waiting lists at seven-year high as 3.4m need treatment**
The Daily Mail reports that 3.12 million patients are waiting for routine operations, according to NHS England figures. The numbers are up by a third from 2010 and the highest since January 2008. Separate figures from hospitals obtained under Freedom of Information laws show that in the worst cases, patients have been made to wait for almost three years.

**Thousands of hospital operations are needless**
The Sunday Telegraph reports that as many as one in seven hospital operations are unnecessary, according to the NHS’s medical director, Sir Bruce Keogh. He described the level of waste in the health service as ‘profligate’ and said there was no shame in admitting the problem and tackling it. Unnecessary procedures and medication cost the NHS up to £1.8 billion a year. The reasons for overuse of treatment include a lowering of thresholds, for interventions in such conditions as cataracts, the most common operation in the NHS, people being offered expensive treatments when cheaper alternatives are available and misdiagnosis of illnesses.

**Report reveals ‘shocking’ lack of care discharging vulnerable patients**
In a widely reported story, the Guardian writes that a new report from Healthwatch England has said there is a “shocking” lack of care for vulnerable people discharged unsafely from hospital. The report identifies common basic failings such as hospitals not routinely asking patients if they have a home or safe place to be discharged to, details of new medications not being passed on to GPs and carers, and the failure to notify families when relatives were discharged.

**NHS ‘needs at least £1.5bn a year’ for transformation**
HSJ reports that, according to researchers, the NHS needs a dedicated transformation fund of at least £1.5bn a year to properly test and roll out new models of care. A joint report by The
King’s Fund and the Health Foundation also says a new national body should manage the fund from 2016/17. The report says some of the funding could come from existing streams, such as the £200m “transformation fund” mainly allocated to NHS England’s vanguard sites. However, additional funding above the £8bn pledged to the NHS by 2020 would also be required. The authors recommend a fund of between £1.5bn and £2.1bn a year until 2020/21, with a second phase focused on rolling out the successful models beyond then.

New research confirms ‘weekend effect’ on mortality
Appearing at the Commons health committee yesterday, NHS England medical director Sir Bruce Keogh said he will shortly publish research showing a “weekend effect” in NHS services including higher mortality, reports HSJ. Sir Bruce told MPs he had been asked to revisit research on mortality rates for patients at weekends by the organisation’s chief executive, Simon Stevens, who also answered questions from the committee. Sir Bruce said his work was due to be published soon, adding that it would support previous research showing there was higher mortality at weekends. He told MPs the research showed patient mortality increased by 10% compared to a weekday for those admitted on a Saturday, and by 15% for those admitted on a Sunday.

Hunt casts doubt on the future of a publicly-funded NHS
Health Secretary Jeremy Hunt admits it will take a “huge effort” to be able to maintain the NHS as a taxpayer-funded service, acknowledging the huge requirement on NHS organisations and leaders to step up to the challenge, reveals The Independent. Health minister Lord Prior also told the House of Lords this week that an independent inquiry into the funding of the health service would be needed in future. The former chair of the Care Quality Commission said: “If demand for healthcare outstrips growth in the economy for a prolonged period, of course that premise has to be questioned.

Review calls for shake-up of children’s heart surgery
HSJ reports that a review by NHS England into congenital heart disease services had called for a major shake-up of how they are provided, proposing a “three tier” model of care. Under the “three tier” model, all hospitals providing congenital heart disease care would work within “regional, multi-centre networks, bringing together foetal, children’s and adult services”, and each network would have at least one specialist surgical centre as the first tier. Some networks would have a second tier specialist cardiology centre, and local cardiology centres, which form the final tier, would employ a paediatrician with expertise in cardiology and run outpatient clinics.