

Whittington Health Trust Board

24 July 2013

Title:		Chief Executive's Report to the Board					
Agenda item:		13/101		Paper		2	
Action requested:		<i>For discussion</i>					
Executive Summary:		The report updates the Board with local, regional and national policy changes that will affect the organisation and key issues facing the Trust. Headlines for July: 1. Whittington Health Clinical Strategy 2. CQC judged Whittington Hospital met care standards 3. CQC consultation on future of inspection and regulation 4. Publication of surgeons’ death rates 5. Baroness Julia Neuberger’s report on end of life care 6. Sir Bruce Keogh report on 14 hospitals with high HSMRs 7. Future NHS funding from Spending Review 8. “A Call to Action” by NHS England 9. Consultation on charging non-EEA visitors 10. Draft NHS mandate for 2014/15 11. 65 th anniversary of the NHS					
Summary of recommendations:		The Board is recommended to discuss the report.					
Fit with WH strategy:		This report provides an update on key issues that could affect the achievement of WH strategy.					
Reference to related / other documents:							
Date paper completed:		12 July 2013					
Author name and title:		Dr Yi Mien Koh Chief Executive		Director name and title:		Dr Yi Mien Koh Chief Executive	
Date paper seen by EC	13/7/13	Equality Impact Assessment complete?	n/a	Risk assessment undertaken?	n/a	Legal advice received?	No



Chief Executive's Report to the Board

24 July 2013

1. Introduction

The purpose of this report is to update the board on local, regional and national policy changes that will affect the organisation and set out the key issues facing the Trust.

2. Whittington Health Clinical Strategy

The Whittington Health clinical strategy has been refreshed following a three month listening exercise that took place from March to May 2013. The following principles will now be included in the refreshed plan:

- We won't close any beds so long as they are needed by patients and continue to be commissioned
- As an integrated care organisation we will strive to look after more people in their own homes and to provide more support outside hospital
- We want to expand our maternity services and will bring forward plans to upgrade maternity facilities
- We will continue to rebalance and develop our workforce to meet the challenges of transforming our healthcare. In the first instance, we will reduce our reliance on temporary staff and increase staff engagement
- We will retain and continue to use the Jenner building and the Whittington Education Centre
- We will seek the advice of the planning authority on developing a planning brief for the Waterlow and Nurses home

Whittington Health aspires to be an outstanding provider of high quality care to local people. We are committed to working closely with GPs, commissioners, partner organisations and in particular social care, our communities, service users, patients and carers to deliver our strategy.

3. Finance Report

The month 3 position shows an in month deficit of £649k and a year to date (YTD) deficit of £535k which is £578k worse than the YTD planned position. The underlying YTD position excluding non-recurrent benefits shows a deficit of £2,291k (£2,136k worse than plan).

The key contributors for the adverse budget variances relate to slippage / non achievement of Cost Improvement Programmes (CIPs), which is, year to date £1,299k (45%) below the planned level and additional cost pressures

including those relating to clearing Referral to Treatment (RTT) backlog, and meeting the A&E 4 hour target.

At present we are still planning on achieving a breakeven position in line with the annual plan, but this is dependent on effective management against key risks identified, which require full delivery of the CIP plans, containment of cost pressures and maintaining income levels at or above the planned position.

4. CQC judged the Whittington Hospital to be compliant

Following an unannounced inspection of the Whittington Hospital on 3 June, the Care Quality Commission (CQC) has published its findings on the CQC website on 4 July. The CQC judged the hospital to be meeting the standards in the care and welfare of people who use our services. The hospital was praised for its care for older people. The report can be viewed by clicking on this link: <http://www.cqc.org.uk/directory/RKEQ4>

5. CQC meeting Whittington Health Executive Team

As part of their engagement with providers, CQC compliance inspectors will be joining the Executive Team meeting on 16 July. The agenda will cover a reflection on the past year within the Trust, the CQC inspection activities, changes within CQC, the Trust's short and longer term strategy regarding inspections, management changes within the Trust, and our main priorities over the coming year.

6. CQC consultation on the future of inspection and regulation

The CQC published on 17 June a consultation document "A new start: consultation on changes to the way CQC regulates, inspects and monitors care." The plans follow from the recommendations made in the Government's response to Robert Francis QC's report into the failings at Mid Staffordshire NHS Foundation Trust, alongside comments from service users, the public and other reviews.

Changes to the regulatory framework will include:

- A review of registration requirements to put in place Fundamental Standards. This will ensure that it is easier and clearer for CQC to take action against providers, including prosecutions, where there are clear failures to meet basic standards of care
- A new statutory duty of candour that will require providers to make sure staff and clinicians are open with patients and their families if they believe there have been failings in treatment or care, and to provide an explanation for it
- An improved inspection model which focuses on a risk based approach using inspection teams with greater expertise

- The new chief inspectors' role in leading a more robust regulatory regime; and
- Making sure that named directors, managers and leaders of services commit to meeting CQC's standards and are held to account. From July 2013 this more rigorous test will apply to those offering services for people with learning disabilities and from October it will apply to any new care service.

The current consultation is on section 3 of the document which focuses on hospital care. Consultations on adult social care and general practice are due later this year.

The principles that will guide CQC's inspections are set out in five questions: *are they safe, are they effective, are they caring, are they well-led and are they responsive to people's needs?*

Proposals in the consultation include:

- expert inspection teams led by the chief inspector Sir Mike Richards
- a single rating for each hospital
- actions to tackle poor care
- a single failure regime for failing hospitals
- a clearer, more effective test to hold named directors to account for their legal commitments to deliver safe, effective, compassionate, high-quality care.

This consultation follows the publication of CQC's strategy "Raising standards, putting people first" in April and will close on 12 August.

The consultation will enable CQC to finalise methods for longer, more thorough inspections of NHS and independent acute hospitals, which will start in October this year. The approach will be extended to mental health and learning disability services after it is established in acute care.

7. Department of Health consultation on corporate accountability in health and social care

The Department of Health published a consultation document "Strengthening corporate accountability in health and social care" on 4 July. It proposes a "fit and proper person" test to apply to all directors in the NHS and independent providers from April 2014. The test would examine an individual's honesty and integrity, competence and capability and previous history as a director.

Anyone who fails the test could be removed from the post and the CQC would be able to insist that this happened. The test is a key part of the Government's response to the recommendations by Robert Francis QC following the Mid Staffordshire NHS Foundation Trust Public Inquiry.

The consultation document also reveals plans for the Government to introduce primary legislation to bring in a 'blacklist' or barring scheme for "all senior NHS managers". The consultation closes on 6 September. The proposals are part of wider changes to the way the CQC regulates health and social care providers.

8. Publication of surgeons' death rates

To improve transparency in the NHS, to drive up standards and to allow patients to make informed decisions, the mortality rates of consultant surgeons across 10 specialties are being published by their professional organisations. The way it has been done, however, by comparing an individual with the national average, means one surgeon's performance cannot be compared with those of another. All Whittington Health surgeons have consented to the publication of their data.

From next year it will be made mandatory under the NHS Contract for every hospital to publish data listing the mortality rates of their surgeons, adjusted to take account of the risk profiles of the patients being treated. NHS England plans to publish the national information at the same time to allow the public to compare the rates of all surgeons, wherever they work.

9. Independent review of the Liverpool Care Pathway

An independent review of the Liverpool Care Pathway (LCP) reported its findings on 15 July. The review, chaired by Baroness Julia Neuberger, was commissioned by Health Secretary last November amid concerns the LCP was being used to hasten death, save money, and that patients or their families were not being consulted.

The LCP system was developed at the Royal Liverpool University Hospital and Marie Curie Hospice in the 1990s and is widely regarded as a model of best practice in the care of dying patients. The report agrees that the principles of care underpinning the LCP are sound but there have been problems with its implementation. It recommends that the LCP should be phased out within six to 12 months and be replaced by personalised care plans backed up by condition-specific good practice guidance and a named senior clinician responsible for its implementation.

The Minister for care services Norman Lamb MP has written to all chairs and chief executives of NHS trusts and NHS FTs asking them to read the report and to consider its implications. Trust boards are also asked to put into effect the following actions immediately:

- undertake a clinical review, led by a senior clinician, of each patient who is currently being cared for using the LCP or a similar pathway for the final days and hours of life, to ensure that the care they are receiving is appropriate and that the patient, where possible, and their family is involved in decisions about end of life care; and

- assure themselves that a senior clinician is assigned as the responsible clinician to be accountable for the care of every patient in the dying phase, now and in the future
- appoint a board member with the responsibility for overseeing any complaints about end of life care and for reviewing how end of life care is provided

There is currently no patient on the LCP at Whittington Health. The senior clinician assigned as the responsible clinician to be accountable for the care of dying patient in the trust is Dr Anna Kurowska, consultant in palliative care. The responsible board director is Dr Martin Kuper.

The Government will be working with partner organisations, stakeholders and charities across health and care to inform a full system-wide response to the Review's recommendations in the autumn. In addition, the Care Quality Commission will be undertaking thematic work on end of life care, and the three new Chief Inspectors – of Hospitals, Social Care and General Practice – will consider end of life care issues as they develop their new approach to inspections.

10. Sir Bruce Keogh report on 14 hospitals with high death rates

On 16 July, the NHS medical director Sir Bruce Keogh published the results of his investigation into 14 hospital trusts with the worst mortality rates in the past two years. The review was commissioned in February by the prime minister following the Mid Staffordshire NHS Foundation Trust Public Inquiry. The review examined evidence including death rates, infection rates, near miss incidents, never events, complaints, "friends and family test" in respect of staff and litigation payments.

The report describes how each hospital has let its patients down through poor care, staffing issues and weak leadership. Eleven trusts, five hospital trusts and six FTs, have been put into "special measures" with teams of experts and managers sent in to ensure that reforms are implemented swiftly.

11. Cavendish report on healthcare assistants competence

A review of healthcare assistants' (HCAs) training and competencies set up in the wake of the Mid Staffordshire NHS Foundation Trust Public Inquiry published its report on 10 July. Journalist Camilla Cavendish who led the review found that HCAs - who provide basic care such as feeding and washing patients - were given no "compulsory or consistent" training and some were doing tasks beyond their competence.

She recommends that

- HCAs should have to earn a "Certificate of Fundamental Care".

- The qualification would link HCA training to nurse training, making it easier for staff to progress up the career ladder, should they wish to.
- All new recruits would need to obtain the certificate and existing HCAs would need to prove they had the equivalent training
- Ongoing supervision by employers would be essential

The government will provide a formal response to the review, along with its response to the Francis Report into the Mid Staffordshire public inquiry, in the autumn. It has already promised to establish "minimum training standards" for HCAs by spring 2014.

12. Future NHS funding from Spending Review

The spending review announced by the Government on 26 June set the level of government spending from 2015-16. The budget for the NHS in England will rise by 0.1% to £110bn. Of this, £3.8bn will be top sliced for a pooled integrated health and social care budget. This equates to around 3% of Clinical Commissioning Group (CCG) allocations (worth at least £10m for the average CCG budget) with implications for hospital and other services.

Pay increases will be limited to 1% in 2015-16. Automatic annual pay increases will cease. Most NHS staff will be subjected to local performance standards which will link progression pay more closely to performance, not time served, and the Government will seek further reforms. Providers will need to review how they manage and reward their workforce. A first step will be to ensure full use of the flexibilities available under current NHS pay, terms and conditions.

There will be a 10% real terms cut to administrative budgets and plans for up to £1bn savings from centralising NHS procurement.

Other health related proposals

- £2bn of the £3.8bn will be earmarked to meet the needs of older and disabled people
- The shared pooled budget will also include £350m of capital funding which will be available for projects to improve integration locally including IT funding to facilitate secure sharing of patient data between the NHS and local authorities and to improve facilities for disabled people
- The NHS will expand access to talking therapies and improve its response to mental health crises.

13. The NHS belongs to the people: A call to action

NHS England is calling on the public, NHS staff and politicians to have an open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet rising patient expectations. This is set against a backdrop of flat funding which, if services continue to be delivered in the same way as now, will result in a funding gap which could grow to £30bn between 2013/14 to 2020/21. This is on top of the £20bn of efficiency savings already identified.

The document “The NHS belongs to the people: a call for action” <http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs-belongs.pdf>) published on 11 July says clearly that the NHS must change to meet these demands and make the most of new medicines and technology. Three options are ruled out: do nothing, assuming increased NHS funding and cutting or charging for core NHS services.

The report identified key trends which have the potential to deliver better patient care more efficiently. They include:

- Focus on prevention, with greater ability to provide support in primary and community care
- Personalised care planning and self management
- Using technology to give patients access, information and control over care
- Better use of and wider access to data
- Considering how the NHS can be a source of economic growth

The report includes an engagement programme to provide the mechanism for patients and the public to have a genuine say in how the NHS of the future will look. All feedback from these meetings, as well as national events and online contributions via NHS Choices, will be published and used to help shape a longer term strategy for the NHS. This will need to be in place by early 2014 to feed into commissioning plans for GP-led Clinical Commissioning Groups in 2014/15 and 2015/16.

14. Consultation on charging overseas visitors

The Department of Health published a consultation document “Sustaining services, ensuring fairness” on 3 July. The document outlines proposals aimed at cutting the cost of migrant’s healthcare in England. The proposals include:

- Restricting free treatment for people from outside the European Economic Area (EEA) to those with indefinite leave to remain in the UK

- Allowing anyone living abroad who has paid National Insurance for at least seven years in the past to get free treatment while on UK visits
- A "health levy" on migrants from outside the EEA staying for up to five years of at least £200 a year - unless they have private health cover
- Improving how non-EEA short-term visitors are identified and charged for hospital treatment
- Extending hospital charges to GP practices and other NHS treatment for non-permanent residents
- Treatment for infectious diseases and sexually transmitted infections to remain free for all
- Improving weaknesses in current systems for enforcing charging rules
- Considering sharing personal information relevant to NHS charges between the NHS, Government departments and other agencies

Under existing rules, visitors from outside the EEA should pay for hospital treatment. The Department of Health plans to improve the system for identifying and tracking such patients, possibly through "improved technology, and to stop hospitals being discouraged from identifying foreign patients because they are liable for unrecoverable debts. Consultation closes on 28 August.

15. Draft NHS Mandate 2014-15

A consultation on a "refresh" of the government's mandate to NHS England, for 2014-15 was launched on 5 July. The measures would update the first mandate for NHS England, which was published last November and covers the period April 2013 to March 2015.

The plans include

- extending the Friends and Family test
- NHS England to support the development of integrated care plans in each local area, with the ambition to move to a wholly integrated approach to health and care by 2018.
- a wide-ranging engagement exercise on developing a Vulnerable Older People's Plan, with every vulnerable older person to have a named clinician responsible for their care outside of hospital
- extending primary care services, including how to stimulate new models of provision and increasing an individual's choice of GP.

16. NHS 65th anniversary on 5 July

The NHS turned 65 on 5 July.

Dr Yi Mien Koh
Chief Executive

16 July 2013