

TRUST BOARD PUBLIC – OCTOBER 2013

Agenda Item Number: 196/13  
Enclosure Number: (2)

<b>Subject:</b>	Report from the Chief Executive
<b>Prepared by / Sponsored by / Presented by:</b>	Ursula Ward, Chief Executive
<b>Purpose of paper</b>	To updated the Board on national and local items of interest.
<b>Key points for Trust Board members</b> <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	Note contents of the report
<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	None required, for information
<b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i>	None
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	Considered, none apparent
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	None

<b>Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register</b>	
<b>Strategic Aim</b>	<p><b>Strategic aim 1:</b> Deliver safe, high quality patient centred care</p> <p><b>Strategic aim 2:</b> Develop a reputation for excellence in innovation, research &amp; development and education in the top 20% of our peers.</p> <p><b>Strategic aim 3:</b> Become the hospital of choice for general, specialist and selected tertiary services.</p> <p><b>Strategic aim 4:</b> Staff would recommend the trust as a place to work and a place to receive treatment</p> <p><b>Strategic aim 5:</b> Develop sufficient financial strengths to adapt to change and invest in the future.</p>
<b>BAF/Corporate Risk Register Reference (if applicable)</b>	N/A
<b>Risk Description</b>	N/A
<b>CQC Reference</b>	N/A

<b>Committees/Meetings at which paper has been approved:</b>	<b>Date</b>
None	

# Report of Chief Executive

## Board of Directors – 31 October 2013

### 1. Care Quality Commission independence strengthened

- The Care Quality Commission is to be given greater independence, under the proposals the Health Secretary will relinquish a range of powers to intervene in the operational decisions of the CQC. This means that the CQC will no longer need to ask for Secretary of State approval to carry out an investigation into a hospital or care home. It will also remove the Secretary of State's power to direct the CQC on the content of its annual report.
- In addition, the newly created positions of Chief Inspector of Hospitals, General Practice and Adult Social Care, will be enshrined in law. This will place the positions on a permanent footing and ensure that individuals who are appointed to the roles are able to speak up for patients without fear of political interference.

### 2. Seven Day Working

- A great deal of information has been published about implementing Seven Day working to the NHS. The following are key developments

#### 2.a. *Seven day, 8am – 8pm, GP access*

- Access to GPs seven days a week and out of office hours have been announced under new proposals set out by the Prime Minister for a first wave of GP groups offering extended opening hours across the country.
- Pilots will make it easier for people see their family doctor from 8am to 8pm, seven days a week.
- Innovative practices will be able to apply to a new £50m Challenge Fund to set up a pioneer programme. Pioneers will be established in every region of the country (nine in total) which together is expected to cover up to half a million patients.
- Ministers want to use the pilots as the first step to rolling the scheme out across the country and encouraging hundreds more GP practices to sign up.
- This first wave of pioneers will form part of a wider plan to strengthen out-of-hospital NHS care, and make it easier for practices to join up with each other, as well as other services provided in the community. The first wave will open during 2014/15 and include services such as:
  - Access 8am-8pm and on Saturday and Sunday.
  - Flexible access including email, Skype and phone consultations for those who might prefer it to face-to-face, when it is safe to do so.
  - Electronic prescriptions and online booking of appointments.
  - Easier on-line registration and choice of practice.
  - Joining-up of urgent care and out-of-hours care to ensure rapid walk-in access to care.
  - Greater flexibility about how people access general practice, for instance with the option to visit a number of GP surgery sites in their area.
  - Better access to 'telecare' to help sick people stay comfortable at home, as well as to healthy living apps.
  - The development should help ease pressures on A&E Departments.

#### 2.b. *Royal College of Physicians' Future Hospital Commission*

- The report, entitled Future Hospital: Caring for Medical Patients, sets out the Commission's vision for hospital services structured around the needs of patients, both now and in the future.
- The report rightly highlights the need for changes on how hospitals organise and deliver hospital care and treatment that is safe, effective and meets the needs of patients, 24-hours a day, seven days a week.

- Many of the issues highlighted in the report align strongly with the concepts and emerging principles set out in the Urgent and Emergency Care Review.
- The Commission's recommendations have been drawn from the very best of our hospital services, taking examples of existing innovative, patient-centred services to develop a comprehensive model of hospital care that meets the future needs of patients, as well as now.

### **2.c. 7-Day services forum's five work streams give initial findings**

- The NHS Services, Seven Days a Week Forum has reached a significant milestone, with each of the five work streams about to report on their initial findings. The remit of the work streams is to consider seven day a week provision in urgent and emergency care and in diagnostics.
- The work streams are:
  - Clinical Standards, led by Mrs Celia Ingham Clark.
  - Organisational development and Workforce, led by Raj Bhamber.
  - Finance, led by Tony Whitfield.
  - Commissioning Levers and Incentives, led by Dr Mark Spencer.
  - Provider Models, led by Mark Hackett.
- The Clinical Standards workstream is the first to publish its initial findings and includes:
  - Developing a set of clinical standards for commissioners that will represent the minimum quality of care patients should expect to receive seven days a week. The standards are congruent with those of the Academy of Medical Royal Colleges.
  - The standards are generic, rather than apply to just one speciality.
  - One of the tensions is whether seven day services apply to all services, including seven days for routine services. The BMA is not happy about this idea but discussions are underway.
  - The short-term is focusing on emergency and acute services, which will require work with those developing out of hospital emergency services in both health and social care.

### **2.d. The Academy of Medical Royal Colleges supports introduction of seven day services across the NHS.**

- The Academy of Medical Royal Colleges, which supports the Royal Colleges, say treating patients in inadequately staffed hospitals at weekends is "ethically unjustifiable" and must end urgently.

## **3. Changes to Family and Friends Test**

- Pregnant women and mothers are now having their say about NHS-funded maternity services. NHS England began asking the Friends and Family Test (FFT) question in every NHS maternity unit across the country from 1 October.
- The first results of FFT for maternity services will be announced towards the end of January 2014 when three months' worth of feedback has been gathered and analysed.
- NHS England is starting to gather the views of women, asking them to express their views at three touch points:
  - Antenatal care, to be surveyed at the 36 week antenatal appointment.
  - Birth and care on the postnatal ward, to be surveyed at discharge from the ward or birth unit or following a home birth.
  - Postnatal community care, to be surveyed at discharge from the care of the community midwifery team to the care of the health visitor or GP, usually at 10 days postnatal.
- In the five months since the Friends and Family Test was introduced, almost 800,000 responses have been received and latest feedback shows:
  - The number of wards with the most positive score (+100) has risen slightly from 560 in July to 562 in August.
  - 83 NHS Trusts increased their A&E response rate from the previous month.
  - The overall inpatient response rate increased from 27.8% to 28.9%.

- The England level A&E response rate rose from 10.4% to 11.3%.

#### 4. **Planning for a sustainable NHS: responding to the ‘call to action’**

- NHS England will issue its planning guidance in December. In advance of this Sir David Nicholson, Chief Executive, has written out to commissioners to highlight some of the challenges facing the NHS. The letter highlights ten key points at this stage:
  - i. Improving outcomes** – Commissioners need to place improving outcomes for patients at the heart of their work. For that reason commissioners should prioritise an approach to planning which combines transparency with detailed patient and public participation.
  - ii. Strategic and operational plans** – Commissioners (CCGs and NHS England commissioners) to develop ambitious plans that look forward to the next five years, with the first two years mapped out in the form of detailed operating plans. Taking a five year perspective is crucial, as commissioners need to develop bold and ambitious plans rather than edging forward on an incremental basis one year at a time.
  - iii. Allocations for CCGs** – NHS England intend to notify CCGs of their financial allocations for both 2014/15 and 2015/16 to help them plan more effectively. NHS England are currently working with a subgroup of the Commissioning Assembly to finalise proposals for future allocation formulae for CCGs and direct commissioning, but stability is a key consideration and the pace of change is likely to be slow, given that we are operating with very limited financial growth overall.
  - iv. The tariff** – NHS England is working with Monitor and intends to minimise changes to the structure of the tariff for 2014/15. By December the plan is to jointly publish priorities for tariff in 2015/16, giving commissioners and providers the maximum amount of time to assess any impact on the financial position of their services and respond systematically to tariff signals.
  - v. The integration transformation fund** – The financial settlement for 2015/16 includes the creation of an integration transformation fund (ITF). This will see the establishment of a pooled budget of £3.8bn, which will be committed at local level with the agreement of Health & Wellbeing Boards (locally, CCGs can decide to place additional resources into the ITF if they wish). The ITF creates a substantial ring-fenced budget for investment in out-of-hospital care. However, it will also be required to make savings of over £2bn in existing spending on acute care. This implies an extra productivity gain of 2-3% across the NHS as a whole in 2015/16. We will work with Monitor to determine how this is reflected in the expectations placed on commissioners (in the form of QIPP savings from demand management, pathway change, etc) and providers (in the form of the efficiency deflator incorporated in tariff). NHS England are currently exploring the feasibility of bringing forward an element of the 2015/16 saving requirement into 14/15 to avoid a financial ‘cliff edge’ in 2015/16.
  - vi. Developing integration plans** – The NHS will only be sustainable in 2015/16 if the ITF is used effectively and reduces significantly the demand for hospital services. Investment should be targeted at a range of initiatives to develop out of hospital care, including early intervention, admission avoidance and early hospital discharge taking advantage, for example, of new collaborative technologies to give patients more control of their care and transform the cost effectiveness of local services. This will require investment in social care and other Local Authority services, primary care services and community health services.

- vii. Working together** – A critical ingredient of success for the transformation fund will be the quality of partnership working at local level. Health & Wellbeing Boards will need to have strong governance arrangements for making transparent and evidence-based decisions about the use of the ITF. The Chief Executive of NHS England will remain the accounting officer for the ITF, accountable to Parliament for its use, and in that context NHS England Area Directors will take a close interest in the effectiveness of local arrangements for governance and implementation.
- viii. Competition** – There has been considerable discussion about the impact of competition rules on commissioners over recent months. The key requirement for commissioners is to determine how to improve services for patients including how to use integrated care, competition and choice. Commissioners should adopt transparent decision making processes which use competition as a tool for improving quality, rather than as an end in itself. NHS England and Monitor will support commissioners who adopt this approach to competition.
- ix. Local innovation** – NHS England will set a national framework for planning to encourage local innovation. Within the scope of the new tariff rules for 2014/15 agreed with Monitor, innovative local approaches that enable change to happen on the ground. For example, commissioners could add additional resources to the transformation fund or they could agree local variations to the national tariff in line with the recently published 2014/15 national tariff system rules, where they can demonstrate that it is in the interests of patients to do so. Commissioners could explore new contracting models, such as giving acute providers responsibility for patients 30-100 days following discharge from hospital and introducing prime contractor arrangements for integrated care.
- x. Immediate actions** – NHS England is encouraging commissioners to focus on three immediate tasks:
  - Commissioners should progress the development of five year plans and engage local people in this work;
  - Strengthen local partnership arrangements so that you are well placed to make decisions about the use of the ITF.
  - Identify the things that will make the greatest difference to patients locally and maintain a relentless focus on putting them into action at pace.

## 5. The NHS TDA Summer Report

- The NHS Trust Development Authority published its Summer Report on 27 September setting out how its Trusts have performed in the four months to July 2013.
- The report looks at how NHS Trusts have performed against all standards, including A&E performance, 18 week waits and harm-free care, as well as how Trusts are doing financially:
  - On Accident & Emergency waits, NHS Trusts have performed well with 95.8% of patients receiving care within four hours of arriving at A&E.
  - On the 18-week waiting standard, the sector has continued to perform well, achieving 90% performance against admitted pathways, 97.1% against non-admitted
  - On Healthcare Associated Infections, both C.difficile and MRSA have improved during the first four months of the year
  - For the first time since the standard was reported, mental health, acute and community trusts achieved higher than the 92% aggregate in delivering harm-free care
  - On finances, the NHS Trust sector as a whole has performed well, however 30 of the 62 acute Trusts are predicting a deficit at the end of this year
- The scores for every Trust are given in the 103-page report, including where they are in the NHS TDA's escalation process. The NHS TDA plans to publish similar statistics three times a year.