

TRUST BOARD PUBLIC – DECEMBER 2015

Agenda Item Number: 207/15

Enclosure Number: (1)

Subject:	Report from the Chief Executive
Prepared by / Sponsored by / Presented by:	Ursula Ward, Chief Executive
Purpose of paper	To updated the Board on national and local items of interest.
Key points for Trust Board members	Note contents of the report
Options and decisions required	None required, for information
Next steps / future actions:	None
Consideration of legal issues (including Equality Impact Assessment)?	None
Consideration of Public and Patient Involvement and Communications Implications?	None

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

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

Report of Chief Executive

Board of Directors – 3 December 2015

1. Junior Doctor Pay Offer

A firm contract offer for junior doctors was made on 4 November 2015. Health Secretary Jeremy Hunt has written directly to all junior doctors in England confirming that no junior doctor will receive a pay cut compared to their current contract. Around three quarters of junior doctors moving to the new contract will see an increase in pay with the remainder getting pay protection. Key points from the offer include:

- There are a very small minority (around 1% of junior doctors) who are forced to work excessive hours under the current contract and who will be better protected under the new contract against breaching hour's limits
- Junior doctors will receive an approximate 11% increase to basic pay. A newly qualified junior doctor can expect to start on a basic salary of £25,500, compared to £22,636 in the current contract. As doctors advance through the stages of training and take on increased responsibility they will be rewarded through 5 pay progression points, reaching £55,000 in the final stage of training, compared to £47,175 in the current contract
- Pay increases, based on successful progress through training and taking up a post at the next level of responsibility, will replace automatic annual increments based on time served. The current system means all junior doctors get an automatic pay increase every year, regardless of achievement and performance, leading to examples under the current contract of high flying junior doctors supervising colleagues who are paid at a higher rate because they have progressed more slowly
- Junior doctors will be paid for all hours worked and will be paid at a higher rate for hours worked in unsocial periods. Doctors will receive time and a half for any hours worked Monday to Sunday between 10pm–7am and time and a third for any hours worked between 7pm–10pm on Saturday and 7am–10pm on Sunday
- Junior doctors will receive on-call availability allowances, ranging from 2% to 6% of basic pay, as well as payment for work undertaken as a result of being on-call
- Putting a greater proportion of earnings into increased basic pay mean doctors will benefit from higher pension contributions from the NHS, as basic pay is pensionable, whereas other elements of pay are not counted when calculating pension contributions
- New flexible pay premia will be offered for those training in hard-to-fill training programmes where there is the most need: general practice, emergency medicine and psychiatry
- Junior doctors, who take time off for academic research, which is part of their NHS training, or which contributes to the wider NHS and improvements in patient care, will get additional pay premia to make sure they do not lose out. The existing situation where a junior doctor can take time out to do an unrelated degree and continue to get an automatic pay rise will stop
- Junior doctors taking maternity/paternity leave will continue to get the same leave and pay entitlement from the NHS as they do already but the current situation where they continue to get an automatic pay increase will be removed. This means that in the future pay on return will be the same level as other trainees working at the same level of responsibility. This is consistent with arrangements for other public sector staff.

2. Greater Patient Power

From next year new 'Ofsted style' ratings will show patients how their local area's health service is performing in crucial areas, including:

- Cancer
- Dementia
- Diabetes
- Mental health
- Learning disabilities
- Maternity care

The new ratings, broken down by Clinical Commissioning Groups (CCGs), will not only be based on local data but will also be verified by experts in each field, including:

- The Chief Executive of Cancer Research UK, Harpal Kumar, who will verify cancer ratings
- The government's Mental Health Taskforce Chairman Paul Farmer, who will lead on mental health ratings

Initial ratings, based on the current CCG assessments, will be published in June 2016. As part of the Government's transparency agenda, this will both spread best practice and help bring about improvements where services are underperforming. This will create a complete picture of care quality in the NHS.

By giving patients access to performance data, healthcare services in local towns and cities will be much more accountable to their local population than previously. Patients and clinicians will also benefit from a range of new measures to cut bureaucracy across the health system, saving time and money. Up to 27% of GP appointments could potentially be avoided if there was more co-ordinated working between GPs and hospitals, wider use of primary care staff and better use of technology. New measures will include immediately stopping pointless referrals from hospitals back to GPs, which accounts for around 2.5% of appointments. By giving 2 hours a week back to each GP, there could be a 5% increase in workforce capacity (equivalent to 15 million appointments a year). Other measures to save valuable resources which can be given over to patient care include:

- Introducing a single payment system that covers all transactions to stop GP practices chasing different organisations for payment
- Making surgeries paperless by 2018, ending the use of fax machine communications between hospitals and surgeries

3. Lord Carter Review

Hospitals can save around £5 billion by reducing variation in care and improving the way they care for patients, Lord Carter has reported. The call is part of Lord Carter's review into how savings can be made by the NHS, which aims to help local NHS Chief Executives make their hospitals safer and more efficient at the same time.

For the first time, the activity carried out by all NHS hospitals has been reviewed together and broken down by clinical speciality. The results show huge variations in clinical costs; infection rates; readmission rates; litigation payments and device and procedure selection. The review has highlighted the huge opportunity for hospitals to tackle these variations. 137 NHS acute hospital Trusts (non-specialist) in England have received detailed plans that show how and where they can improve patient care and become more efficient. The £5 billion worth of savings has been broken down by speciality and the top twelve specialties are:

Specialty	Potential saving (£ million)
General medicine	381
Obstetrics and gynaecology	362
Trauma and orthopaedics	286
Pathology	256
Cancer services	255
Emergency medicine	254
General surgery	234
Community nursing	217
High cost drugs	213
Paediatrics	209
Intensive and critical care	209
Cardiology	184

The data means hospital leaders can compare their organisation against peers which have similar levels of demand and similar populations, meaning they can pinpoint areas of improvement and can identify where large improvements could be made by reducing variation in services.

In the next few months, Lord Carter and Professor Tim Briggs (newly-appointed National Director for Clinical Quality and Efficiency) will travel the country, helping Trusts to make these improvements. Lord Carter will meet with NHS hospitals across the country to discuss the savings target he has given them in each clinical area, with the aim of finalising and publishing these targets early next year. The targets will be published alongside a model hospital, highlighting best practice so local NHS leaders can mirror the best performers. Further details will be announced in early 2016.

4. Nurse Recruitment

Nurses will be added to the Government's shortage occupation list on an interim basis. This means that nurses from outside the EEA who apply to work in the UK will have their applications for nursing posts prioritised. The independent Migration Advisory Committee will review the change and present further evidence to the Government by February 2016.

The move is designed to ease pressure on the NHS at a time when the Government is introducing tough new controls on costly agency spending. It will help the NHS improve continuity of care for patients, invest in the frontline and maintain safe staffing levels.

5. Stay Well This Winter Campaign

The 'Stay Well This Winter' campaign begins with a national flu vaccination programme for children. This year the programme is being extended to children in school years one and two, and aims to help three million children between the ages of 2 and 6. For the first time, the youngest primary school children in 17,000 schools will be eligible to receive the free nasal spray vaccine, making this the largest school-based vaccination programme ever in England.

As in previous years, the adult flu vaccine will also be offered for free to those in groups at particular risk of infection and complications from flu. The groups being offered the adult flu vaccine are:

- Pregnant women
- Those aged 65 or over
- Those aged under 65 with long-term conditions
- People who receive a carer's allowance or who are the main carer for an elderly or disabled Person whose welfare may be at risk if they are ill

As well as protecting against flu, the NHS 'Stay Well this Winter' campaign will give advice on how to avoid common illness to people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness. The campaign's messages are:

- Make sure you get the flu jab if eligible
- Keep yourself warm, heat your home to least 18 degrees C (or 65F) if you can
- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve
- Always take your prescribed medicines as directed

6. Quarter 1 – Provider Financial Position

The NHS Trust Development Authority has published the overarching financial position of NHS Trusts for the first quarter of 2015/16. The figures, which cover the period 1 April 2015 to 30 June 2015, show that the NHS Trust sector ended the first quarter of the year £485 million in deficit against an initial planned deficit of £412 million. At the same time Monitor published similar data for the NHS Foundation Trust sector, NHS Foundation Trusts ended the first three months of the financial year with a net deficit of £445m.

The financial position reflects a number of pressures on NHS providers. Some of the most significant pressures identified are:

- Higher than planned levels of agency staffing paid for at premium rates, both to meet the rise in demand for services and as a direct response to the heightened focus on service quality
- Continued pressure for hospital-based care, demonstrated by the level of demand for urgent and emergency services and continuing difficulties with the discharge of medically fit patients to more appropriate care settings
- A reduction in the level of income expected by NHS Trusts compared with that received last year, combined with a general weakness in financial resilience

These figures pre-date the announcement in June to introduce a package of new measures aimed at cutting costs, whilst improving the quality of care. New rules on management consultancy spend came into force immediately and the Trust Development Authority and Monitor have been working with NHS Trusts and NHS Foundation Trusts on new measures to bring high levels of spending on agency staffing under control. The measures range from mandating the use of approved frameworks, setting maximum rates and putting a cap on agency staffing spend by Trusts and are currently being rolled out. In the first three months of this year, NHS Trusts had spent over £380 million on agency and contract staff. This rise in spending is expected to slow as the new controls come into force.

7. Care Quality Commission (CQC) Intelligent Monitoring Report for NHS Acute and Specialist Trusts

The Care Quality Commission (CQC) will not be publishing any further iteration of Intelligent Monitoring reports for NHS acute and specialist Trusts. The Intelligent Monitoring reports have been a key part of their new regulatory approach. Together with local insight and other factors, they have helped the CQC to decide when, where and what to inspect, giving their inspectors a clearer picture of the areas of care that need to be looked at.

By March 2016, all NHS acute and specialist Trusts will have had an inspection under the new regulatory approach, using the comprehensive methodology introduced in 2014. They will continue to provide up-to-date intelligence, in the form of data packs, to inform the remaining comprehensive inspections. They are using the learning from their first round of hospital inspections to review what developments and improvements they should make to their inspection approach for hospitals. This will include how they use intelligence to inform their approach.

The CQC recently published 'Building on Strong Foundations' which forms the basis for developing their new strategy from April 2016. It sets out their current thinking and approach to the quality regulation of health and social care services in the future, including the development of smarter monitoring and strengthening insight from data. They will continue to work with the Acute Intelligent Monitoring Provider Reference Group as they develop their approach.

8. Local News

Staff Briefing Sessions

A series of staff briefing sessions took place during November 2015. These were in a similar format to the sessions held prior to the CQC inspection, which took place earlier in the year. The purpose of these sessions was to ensure that we continue to recognise and celebrate our achievements. Staff workloads can, at times, be relentless and I wanted to demonstrate what a difference our efforts continue to make for patients and for staff to understand what is needed to look after one another through what will inevitably be a busy winter for us. The sessions were very well received.

Public Meetings

I attended the recent set of public meetings with the Director of Corporate Affairs to provide the local community with an update following the Care Quality Commissions inspection in February of this year. I also updated on general matters of interest regarding the hospital. Overall feedback received has been overwhelmingly supportive of the hospital.

Anaesthesia Clinical Services Accreditation (ACSA) – 24 November

Anaesthesia Clinical Services Accreditation (ACSA) is a voluntary scheme for NHS and independent sector organisations that offers quality improvement through peer review. The scheme has been developed by the Royal College of Anaesthetists Quality Management of Service Group and the Clinical Quality Directorate. It is about peer review for professional improvement. The department that engages is assessed against a set of standards (over 170) all derived from the Guidelines for the Provision of Anaesthetic Services that covers everything a department of anaesthesia needs to be a safe and high quality service. The focus is very much on quality improvement and provides a framework to review practice and address gaps which will lead to improvement. ACSA is also about recognising and sharing best practice. If we achieve this standard we will be the first Trust in the Wessex Region to do so and one of only a handful in the South.

HSJ Awards

I was absolutely delighted that the Trust won a prestigious HSJ Award for our work using technology to improve patient care. We won in the category 'Improving Care with Technology' for our work using the VitalPac system, which addresses the failure to recognise patient deterioration in hospital and respond immediately. This technology is used for multiple indicators, including the identification of possible norovirus infections, which was reported on BBC Radio Solent and was published in the BMJ. We also use this home grown technology to screen all patients for risk of alcohol harm. We have not only developed and deployed the technology, but we are now publishing the evidence to show we are improving care.

Best People Awards 215

As many of you know the Best People Awards are our own special award ceremony to recognise staff members who have gone above and beyond the call of duty. This year's Best People Awards took place on 26 November 2015 at the Marriott Hotel and was a huge success.

Team Brief

A copy of team brief is attached for your information.