

TRUST BOARD PUBLIC – MARCH 2015

Agenda Item Number: 51/15

Enclosure Number: (1)

Subject:	Report from the Chief Executive
Prepared by / Sponsored by / Presented by:	Ursula Ward, Chief Executive
Purpose of paper	To update the Board on national and local items of interest
Key points for Trust Board members <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
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	None required, for information
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	None
Consideration of legal issues (including Equality Impact Assessment)?	Items relating to professional staff may have some implications and will be considered
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	N/A

Reference (if applicable)	
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 – 26 March 2015

1. Two New NHS Foundation Trusts Authorised by Monitor

Monitor has authorised Nottinghamshire Healthcare NHS Trust and Kent Community Health NHS Trust as NHS Foundation Trusts on 1 March 2015. There are now 150 NHS Foundation Trusts in total, almost two-thirds of all Trusts in England's NHS.

2. Kirkup Inquiry Report into University Hospitals of Morecambe Bay NHS Foundation Trust Published

The findings of the independent investigation into the historic standard of care provided by maternity and neonatal services in Morecambe Bay have been published. Covering January 2004 to June 2013, the report made a number of recommendations for NHS providers as well as regulators and national bodies. University Hospitals of Morecambe Bay NHS Foundation Trust welcomed the publication of the report, acknowledged the criticisms and accepted the recommendations "without reservation". Towards the end of the period covered by the report, the whole Trust Board changed and the new Board has now made a number of improvements in maternity and neonatal services.

This report is currently being considered by the management team within the Women and Children's Clinical Service Centre. Where there are points of learning, both in Maternity and the wider organisation, these will be addressed in line with the Trusts governance arrangements.

3. New CQC Registration Forms to Come into Effect

The Care Quality Commission will soon be introducing new registration application and registration variation forms for NHS providers. The new forms have been developed to take account of the changes to regulations from 1 April, including the introduction of the fundamental standards. The forms also reflect the new approach to regulation, which looks at whether care services are safe, effective, caring, responsive to people's needs, and well-led. The new system will apply from 1 April 2015.

4. Every Moment Counts

A new piece of work setting out how good, coordinated or integrated care looks like to people near the end of their life has been published by National Voices, the National Council for Palliative Care in partnership with NHS England.

The Every Moment Counts narrative draws on surveys and testimonies of bereaved carers and end-of-life charities, as well as the reflections of professionals who have highlighted failures in coordinating and personalising the different elements of End of Life Care, in order to highlight a range of personal experiences.

People have also outlined five themes that they say are key to coordinated care near the end of life. These are summarised as:

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

The Board will be aware that the Trust is reviewing its strategy for end of life and indeed are taking the lead across the system. When this work is complete a full report will come to the Board. In the meantime we have already merged our Palliative Care team with our End of Life team, thus proving greater clarity and access for both patients and staff to this specialist expertise.

5. Evidence for Pay Review Bodies of Healthcare Professionals

The Department of Health has submitted evidence to the Doctors and Dentists Review Body (DDRB) for employed doctors and dentists, and the NHS PRB for staff that are subject to the Agenda for Change pay system. Government has asked the pay review bodies to consider and make observations on this evidence about barriers and enablers within NHS employment contracts for the delivery of affordable 7-day services. They are asked to make recommendations in the case of doctors in training.

Each pay review body will take evidence from the department, NHS Employers, NHS England, Health Education England, NHS Providers and other interested parties and will report back by the end of July 2015.

6. Jimmy Savile NHS Investigations: Lessons Learned

The Secretary of State for Health asked former barrister Kate Lampard to produce a 'Lessons Learned' report, drawing on the findings from all published investigations and emerging themes.

The report includes 14 recommendations for the NHS, the Department of Health and wider government. The common themes and issues that have emerged from the investigations' findings can be grouped under the following general headings:

- Security and access arrangements, including celebrity and VIP access
- The role and management of volunteers
- Safeguarding
- Raising complaints and concerns (by staff and patients)
- Fundraising and charity governance
- Observance of due process and good governance

There was a case for Portsmouth Hospitals NHS Trust which was investigated under national policy and guidance, the outcome of which was no case to answer.

7. Health Services that should be commissioned as Specialised Services

The Prescribed Specialised Services Advisory Group's (PSSAG) provides advice on which health services should be commissioned as specialised services. PSSAG makes recommendations to Ministers on which health services should be considered to be specialised and therefore nationally commissioned by NHS England, rather than locally commissioned by clinical commissioning groups.

A report published recently sets out the proposals considered by PSSAG at its May and September 2014 meetings, and outlines the Group's recommendations for each of these proposals. Proposals for the following services were set out in the report:

1. Adult haematology services – NHS England to take on commissioning responsibility for these services from April 2016
2. Primary Ciliary Dyskinesia management services for adults – NHS England commissioning responsibility for this service will take place from 1 April 2016
3. Specialist paediatric critical care services – NHS England will take on commissioning responsibility for these services from 1 April 2016

Current position on vascular services in Portsmouth Hospitals NHS Trust

There is still a final decision to be reached regarding the commissioning of vascular services across Portsmouth and Southampton. In the meantime the clinical teams on both sides continue to work well together through a multi-disciplinary team approach that ensures the most appropriate decision making for patients. The Trust is currently providing some support to St Richards Hospital at present.

8. 'Enhanced Tariff' for 2015/16

A large majority of NHS hospitals, community health services and mental health Trusts have opted to move to a new voluntary tariff option for 2015/16. 88% of all NHS providers will move to the new voluntary tariff option, that is 211 out of 240 NHS Trusts and Foundation Trusts will move to the new voluntary tariff option (the 'Enhanced Tariff Option') for 2015/16.

They will gain their share of the improved tariff funding made available to the NHS in December's Autumn Statement, worth up to £500 million. The 'Enhanced Tariff Option' (ETO) will help:

- Reduce the funding pressures on acute hospitals, without raiding necessary investments in mental health, primary care and other services
- Support wider action to unlock provider and commissioner-led efficiencies, while ensuring the orderly management of the overall NHS budget within the cash limit set by Parliament
- Enable the timely completion of the annual NHS contracting round and give more certainty to commissioners and providers for 2015/16

Under the ETO, the marginal rate providers are paid for extra emergency admissions will increase from 30% now to 70%; the marginal rate for extra specialised services will also increase from the originally proposed 50% to 70%; and the headline efficiency requirement will be 0.3% lower than originally proposed.

The ETO incorporates an allowance for service developments in mental health and changes to Trusts' clinical negligence premiums. Participating providers will join an NHS-wide efficiency collaborative to help them track and manage cost pressures, including temporary staffing costs and procurement savings.

The minority of providers, which includes Portsmouth, who have not affirmatively opted in to the ETO will continue on current prices (the 2014/15 'Default Tariff Rollover', or DTR) until such time as a new tariff is established. This will not be until later this year, possibly following a referral by Monitor to the Competition and Markets Authority.

As previously notified, since providers on the 2014/15 DTR would not be contributing proportionately to the shared NHS-wide 2015/16 efficiency goals through the tariff deflator, they will instead be ineligible for discretionary payments, including CQUIN, next year.

9. Local Information

9.1 Portsmouth and South East Hampshire Transformation Event – 17 and 18 March. The System Transformation and Resilience Board (STaR) agreed to support a practical session to help reaffirm and shape the system-wide vision for the future, building on the work of the Sustainability Strategy and the Hot House Event. The first day was dedicated to working through the Commissioners perspective and alignment with the second day supporting the identification of key themes of work, enablers and interdependencies, with a guide to the timelines and resources required to deliver the transformation programme. Recommendations from the event, along with a proposed work programme, will be taken to the STaR Board.

9.2 A copy of Team Brief is attached for information.