

TRUST BOARD PUBLIC – APRIL 2015

Agenda Item Number: 72/15

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 <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 – 30 April 2015

1. 2016/17 National Tariff Development

Monitor has published a blog outlining its plans for the 2016/17 National Tariff development process. Informed by feedback from 2014/15 engagement, and with the aim of speeding progress towards payment arrangements to help to realise the *Five year forward view* and new models of care, development will be in three phases across six work streams, with provider engagement and feedback throughout. The work streams cover:

- Increasing the tariff system's transparency
- Reviewing adjustments to the tariff system
- Ensuring clinical relevance of currencies and prices
- Supporting the introduction of new models of care
- Developing payment approaches for mental health and specialised services

2. The Dalton Review

Following the launch of the Dalton review in December 2014, a number of briefings have been issued focusing on good governance from the outset, as a critical factor in determining the success of any 'delivery vehicle' and reviews the importance of Board assurance on the rationale for change. A series of practical checklists has been published by the Department of Health, the organisational forms outlined in the Dalton review include:

- Federations
- Joint ventures
- Management contracts
- Service led chains
- Integrated Care organisations
- Multi-Service Chain (Foundation Group/Multi site Trust)

3. CQC Issue new Guidance and Updated Handbooks

The Care Quality Commission has published guidance on the Fit and Proper Person requirements for Directors and Duty of Candour regulations that came into force on 1 April, as well as guidance on Special Measures. The regulator has also updated provider handbooks to reflect the changes in the law brought in by the new fundamental standards regulations. The regulations also include a new requirement for providers to prominently display their ratings on their websites, as well as at premises, public entrances and waiting areas of care services. The CQC has recently published a new report: *Celebrating Good Care, Championing Outstanding Care* which looks at some key examples of good and outstanding practice across the country. The publication features case studies from a number of healthcare providers, including member Trusts Basildon and Thurrock University Hospitals NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust, and Frimley Health NHS Foundation Trust.

4. End of Life Care First for Hospitals

Two wards at the Royal Devon and Exeter Hospital and one at Royal Lancaster Infirmary are the first to be recognised for their care for patients nearing the end of their lives, having received accreditation by the National Gold Standards Framework Centre (GSF). All three wards at the two hospitals demonstrated key improvements to the quality of care for all patients in the final year, months, weeks and days of life; the coordination of their care; and enabling more people to live and die at home if that is their choice. Staff from the two hospitals received their awards from Professor Sir Mike Richards, Chief Inspector of Hospitals at the Care Quality Commission. The GSF accreditation for acute hospitals is endorsed by the British Geriatric Society, who also partnered in its development.

The successful hospitals are among more than 40 to have completed the GSF acute hospitals training, a two year programme which aims to enable the provision of integrated tailored care. This in turn helps reduce the length of a patient's stay and improves the discharge process, which leads to better outcomes once the patient returns home. More information is available on the Gold Standards Framework website.

5. Planning for Winter 2015-2016

Effective planning for the winter is essential and 2015-16 will be the first test of both the new approach to planning urgent and emergency care, and efforts to expand community urgent care capacity, set out in the Urgent and Emergency Care Review.

It is becoming clear that NHS England expect significant action to be taking place on building community capacity, and implementing urgent and emergency care networks as collaborative planning mechanisms. However greater support and clarity is needed around the implementation of the urgent and emergency care review, particularly how urgent and emergency care networks are expected to work.

The NHS Confederation's Urgent and Emergency Care forum is publishing a briefing to provide support by bringing clarity about how urgent and emergency care networks can be developed and the levers already in place to enable change, and share examples of good practice. The briefing also calls for increased clarity from NHS England as soon as possible, and for swift progress on key enablers of whole system service change, such as new payment mechanisms. The Trust needs to focus on

- Ensuring that plans are in place for system responses to next winter, based on BCF and CQUIN payments - where you are able to access them.
- Developing local SRGs into UEC Networks.

The timing of these changes and the dislocation from the planning cycle is poor and will need to be improved in future years. Without clearer guidance, some local healthcare systems may struggle to implement the change needed to deal with the expected winter pressures. Commissioners and providers must not inadvertently be set up to fail.

6. Flu Plan: Winter 2015-2016

The Department of Health has published the Flu Plan: Winter 2015-16 which it hopes will aid the development of strong and flexible operational plans by local organisations and emergency planners within the NHS and local government. It provides the public and healthcare professionals with:

- An overview of the co-ordination and the preparation for the flu season
- Signposting to further guidance and information

The flu plan includes details about the extension of the flu vaccination programme to children, which is being implemented gradually due to the scale of the programme.

7. NHS Outcomes Framework 2015-2016

The Department of Health has made a limited number of changes to the NHS Outcomes Framework. These changes are set out in the NHS Outcomes Framework 2015-2016 and a summary of stakeholder feedback gathered as part of a consultation. These changes were informed by a review, and a period of stakeholder consultation, to see how the NHS Outcomes Framework could be improved. The aims of this review and consultation were to:

- Update the existing set of indicators
- Give an indication of the future direction of travel for indicator development
- Increase alignment with the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework, where appropriate

Data for the indicators of the NHS Outcomes Framework, as well as further technical detail, is contained on the Health and Social Care Information Centre indicator website.

8. Guidance to Changes on Overseas Visitor Charging Regulations

Guidance for NHS bodies in carrying out their duties under the NHS (Charges to Overseas Visitors) Regulations 2015 to make and recover charges for NHS hospital treatment from chargeable overseas visitors. It also includes guidance to safeguard the health of those not entitled to free hospital treatment and new guidance on sharing information on NHS debtors to subject them to immigration sanctions.

The Department of Health has provided template letters, guidance and posters to help the NHS recover the costs of health care from visitors and migrants. This replaces all previous guidance manuals on this topic. It is not intended to cover all possible scenarios, and should therefore be used as a companion to the regulations themselves and, where necessary, tailored legal advice.

9. NHS Choice Framework 2015-2016

The Department of Health has updated the Choice Framework. The 2015-2016 Choice Framework is consistent with NHS England's recently published mental health choice guidance and provides greater clarity about the different choice rights.

10. Local News

Health and Wellbeing Board

Health and Wellbeing Boards were introduced as part of the Health and Social Care Act 2012. They are statutory in all upper tier local Authorities in England, bringing together elected members, key council officers, the Portsmouth Clinical Commissioning Group, the NHS Commissioning Board and local Healthwatch to develop a Joint Strategic Needs Assessment and deliver it through a Joint Health and Wellbeing Strategy. At their last meeting it was unanimously agreed the Trust should be invited to become members of the Health and Wellbeing Board, which meets four times per year, in public. I have responded to confirm that I would be delighted to be part of the Health and Wellbeing Board and will provide updates to the Trust Board as and when required.

Clinical Research Network: Wessex Network RESEARCH Capability Funding (nRCF)

The Clinical Research Network: Wessex Partnership reviewed commercial performance at its regular quarterly meeting on 15 April and discussed the suggested flow through distribution model for nRCF. A decision was taken to distribute the income via the established CRN: Wessex contingency funding allocation process. There is currently a call out for bids and a meeting is organised for 7 May 2015 of the CRN: Wessex Executive Group and Clinical Leadership Group to allocate funding.

The Trust receives two sources of funding from the Clinical Research Network. First is core funding dependent on performance and this year the Trust will receive circa. £2million. Second is bidding for part of an extra fund, circa. £750k, but this is by competitive application from every organisation.

Team Brief

A copy of Team Brief is attached for information.