

TRUST BOARD PUBLIC – OCTOBER 2015

Agenda Item Number: 185/15

Enclosure Number: (1)

<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>	Note contents of the report
<b>Options and decisions required</b>	None required, for information
<b>Next steps / future actions:</b>	None
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	None
<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 – 29 October 2015

#### 1. Conservative Conference

On the first day of the Conservative conference, Prime Minister David Cameron made announcements on seven day access to GPs and secondary care, stating that improving access to primary care would relieve pressure on A&E and other emergency services within the NHS, key messages were:

- A new voluntary GP contract, for federations or practices covering over 30,000 patients, offered on a phased basis to support doctors to deliver seven day services and integrated care, to be funded from within the £10bn of additional NHS investment, based on the principles of:
  - More money for primary care
  - More control for GPs over the way they work
  - More time to care for patients and provide services seven days a week
  - Reducing the “bureaucratic box ticking of the 2004 contract”, highlighting proposals within an NHS Alliance and Primary Care Foundation report on reducing bureaucracy, such as better use of technology and wider use of other primary care staff
- All patients to have access to seven day GP care by 2020, to be guaranteed by NHS England and CCGs. Delivery milestones are to be set out in the coming months
- Seven day hospital services rolled out to half the country by 2018 with:
  - A quarter of the population able to access the same level of consultant assessment and review, diagnostic tests and consultant-led interventions seven days a week by 2017, including those living in Northumberland and the north-east, Greater Manchester, Leicester, Leicestershire and Rutland, Southampton and north-west London.
  - Complete coverage to be achieved by 2020
- A £750m primary care investment fund over the next three years to fund improvements in premises, technology and modern ways of working, including support for federations and larger practices in providing seven day services. The fund will be subject to a bidding process with the first schemes approved in 2016

#### 2. CQC State of Health Care and Adult Social Care in England 2014/15

The Care Quality Commission’s annual State of Health and Adult Social Care in England 2014/15 report has been published. This sets out key findings from the inspection of almost 5,500 registered organisations in primary, secondary and social care, across both NHS and independent/private providers. The findings in the report are derived entirely from the use of CQC’s new inspection model for the first time. It provides a valuable update across the health and care sector, key messages were:

- The CQC’s acknowledgement of the increasingly difficult financial climate in which NHS providers and their partners are operating is particularly welcome
- The need for a sustained focus on patient safety which is underpinned by robust governance and a culture of learning and improvement. Even so, as the CQC acknowledges, the funding challenges cannot be ignored if the NHS is to provide sufficient staff to ensure consistently high quality and safe services every day of the week
- In the current climate it is essential that regulation remains risk based and proportionate and there is a need to balance institutional accountabilities with a view of the wider issues impacting the local health and care economy
- The media coverage of the report has on the whole been unhelpful and does not reflect the fact that not all providers have yet been inspected

The CQC recognises the complex and challenging environment in which the majority of services are operating. Overall, across health and social care, the CQC found:

- Services have responded well to changing care needs and extreme financial constraint and there are many examples of excellent care across the country, and particularly of the compassion and dignity with which frontline staff treat those in their care
- There is significant variation in the quality of care provided both within and between organisations, and for different groups of patients and service users
- The factors impacting most on the safety of services include safe staffing numbers and skills mix, learning from incidents and errors, creating a culture of transparency and improvement and staff feeling able to raise concerns. The report also highlights the importance appropriate data sharing between services
- Strong leadership and collaboration are emerging as more crucial than ever to delivering good care. 94 % of services rated as good or outstanding overall were also rated good or outstanding for leadership. In the future leadership, resilience and innovation will be key to ensuring that quality is maintained and improved as providers move towards new ways of working to meet the changing health and care needs of their populations.

### **3. Research by Monitor – Productivity in Elective Care**

The NHS could increase productivity in elective care significantly and cut the length of time patients spend in hospital, if it takes up recommendations from research by Monitor. The regulator has set out a series of practical steps that hospitals can take to improve clinical outcomes and reduce the amount of money spent on Ophthalmology and Orthopaedic services by between 13% and 20%.

The research, developed with the Royal College of Ophthalmologists and the British Orthopaedic Association, has looked into the efficiency and productivity of elective services at a range of NHS providers, as well as at five international centres. A result of close collaboration with providers, the report and its detailed appendices describe where and how elective teams can concentrate their efforts to maximise quality and efficiency, from first consultation to follow-up after operations. The results include benefits for patients, such as shorter hospital stays. Other areas that could boost NHS productivity in elective care include:

- Rating patients by risk and simplifying pathways for lower risk patients
- Extending clinical roles to enable lower grade staff to undertake routine tasks in theatre or outpatient departments usually performed by consultants
- Increasing efficiency in theatres by better measuring, communicating and managing the number of procedures per theatre session
- Implementing enhanced and rapid recovery practices to reduce length of stay
- Providing virtual follow-up for patients without complications

### **4. Consultation on National Price Caps for Agency Working in the NHS**

Monitor and the Trust Development Authority (TDA) have announced a four-week consultation on proposals to cap the rates for agency staff and to encourage workers back into substantive and bank roles. The proposals include the following principles:

- An overall rationale to bring agency pay in line with substantive pay by April 2016
- Price caps would apply to all doctors, nurses and all other staff in NHS Trusts and Foundation Trusts
- Rules will apply to all NHS Trusts, NHS Foundation Trusts in breach of their licence for financial reasons and those in receipt of interim support from the Department of Health, although all others will be strongly encouraged to comply
- There will be a phased approach to implementation with break clauses in place for local managers and clinical leaders to override the rules under exceptional circumstances in the interests of patient safety
- Ceilings and frameworks for agency nursing still apply. There are plans for agency expenditure ceilings to be extended across all staff groups from 2016/17

## **5. Trust Development Authority – Safe Staffing Guidance**

The current safe staffing guidance has been designed to support decision makers at the ward/service level and at the Board to get the best possible outcomes for patients within available resources. The guidance supports, but does not replace, the judgements made by experienced professionals at the frontline. The responsibility for both safe staffing and efficiency rests, as it has always done, with provider Boards.

As set out in the guidance, it is important for providers to take a rounded view of staffing. Providers should be able to demonstrate that they are able to ensure safe, quality care for patients and that they are making the best use of resources. This should take account of patient acuity and dependency, time of day and local factors, such as line of sight for those caring for patients. In some cases, these factors will mean a higher number of nurses per patient, and in other cases it will mean a lower number or different configuration of staff can be justified. Some trusts have taken innovative approaches whereby Allied Health Professionals are included in their ward based teams, and this can have a positive impact on patient outcomes. We support this approach where appropriately implemented.

## **6. Jim Mackey, New Chief Executive of NHS Improvement**

The first opportunity to hear from the new combined provider regulator, NHS Improvement, will be at the NHS Providers annual conference and exhibition in Birmingham on the 10-11 November in a keynote speech and panel debate.

Addressing the provider sector for the first time, Chief Executive Jim Mackey will set out the organisation's new role and priorities in a keynote speech 'Delivering Sustainable Care for a 21<sup>st</sup> Century Service. NHS Improvement will open this panel on sustainability and share the organisation's vision of how to best stabilise NHS performance and finances, while transforming how care is delivered to ensure a more integrated, consistent and sustainable service for patients and service users. Panellists from the acute, ambulance, community and mental health sectors will share their experiences of working innovatively and collaboratively across the system to deliver high quality care:

## **7. Junior Doctors' Contracts**

There is a great deal of concern from Junior Doctors locally concerning the national negotiations taking place around the Junior Doctor contract. The Trust is ensuring that its Junior Doctors feel supported during this time and that their vital contribution to patient care is recognised.

## **8. Local News**

### Trust Open Day

The Trust held another successful Open Day on 3 October. The care and attention that all members of staff put into their creative, informative and eye-catching stands was obvious and the departmental tours were, yet again, very well received by all that went on them. The feedback received has been overwhelmingly positive. One couple were quoted in the News article saying "It was tremendous. I have never been on a hospital tour in my life before. It was incredible".

### The News Best of Health Awards

Congratulations to our incredible staff who picked up awards at The News Best of Health Awards on Friday 9 October 2015:

- Jim Khan was named as Hospital Doctor of the Year, with Dr Caroline Archer being named as the runner-up
- Colin Beevor, Matron, was named as Hospital Nurse of the Year
- The Amulree team based at St Mary's, were double winners, being named as Hospital Team of the Year and Care and Compassion overall winner
- Our Neonatal Intensive Care Unit team were also named as the runners-up for the Hospital Team of the Year

This is a real accolade to all of those who won, and to the many more of our hard-working staff who were shortlisted.

### Regional NHS Leadership Recognition Awards

Some more great recognition for staff nominated in the 2015 Regional NHS Leadership Recognition Awards. The Leadership Recognition Awards offer a fantastic opportunity to recognise and say thank you to NHS staff who go above and beyond their role to make a real difference. It is also an opportunity to celebrate the contribution they make to providing exceptional care to patients, service users, working collaboratively with partners and acting as role models and inspirational leaders for other staff.

- Matthew Smith, General Manager, CHAT, and Katharine Edgerley, Foundation Year Two Doctor were nominated as Emerging Leader of the Year
- Lorraine Smith, Designated Nurse, Safeguarding Children was nominated as Outstanding Collaborative Leadership
- Lucy Wiltshire, Head of Organisational Development, and Alison Charig, Head of the Vascular Unit, were nominated as Inspirational Leader of the Year

### Team Brief

A copy of Team Brief is attached for your information