The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Patricia Wright CEO	Decision		High	Med	Low
CONSULTATION:	Information	✓			✓
N/A	REPORT TYPE:		RELATED WORK:		
	Strategic	✓			
	Operational	✓			
	Governance	✓			
BAF ref:	N/A				
Monitor Compliance Framework:	N/A				
CQC Essential Standard Reference:	N/A				
NHSLA Standard Reference:	N/A				
Media / Communications:	N/A				

Meeting Date: 28th January 2013
Report Title: CEO Update

Purpose:

To update the Board on pertinent internal and external events and issues.

Financial Implications / Efficiency Savings / Quality Improvement:

None as a direct result of this report.

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓				✓	✓

Recommendations: The Board is invited to note the update

CEO'S UPDATE - JANUARY 2013

1. INTERNAL

1.1 The Patient Revolution

The SHA, NHS Midlands and East, is promoting a 'Patient Revolution' initiative that aims to transform the patient and customer experience of patients and carers across the Midlands and East region.

The QE is very pleased to have been accepted as one of just five SHA Pathfinder pilot organisations.

A specialist organisation called TMI will be working with us to design and deliver a series of interventions at Board level that will provide a lasting legacy for the Trust and its patients. Board development workshops with TMI have already been programmed and Governors have also been invited to become involved in the project as Patient Leaders who will be working with The Centre for Patient Leadership (CPL) on a Patient Leader learning programme. The Patient Leader learning programme aims to provide emerging Patient Leaders with the relevant tools, skills, knowledge and support for their work at strategic level with Boards. This is in order that they can become more credible and effective leaders for the patient and customer voice in the Patient Revolution.

The Patient Experience Steering Group will be monitoring the development of this important project.

1.2 Open Day

The Trust is planning an Open Day for June 2013.

We are hoping that the event will give us a chance to engagement with the community we serve. We expect visitors attending the Open Day to find:

- 'Fun' – traditional fête-type activities e.g. team 'tug-o-war', toy hospital;
- Information - presentations, stands, demonstrations;
- Education - programme of health-related talks;
- Fundraising;
- FT Member recruitment;
- Access – to low risk areas of the hospital & interactive health related activities; and
- Entertainment – music / dance.

Planning is in the very early stages and a steering group will be set up to organise the event, which will be publicised widely so that as many of our patients and community members as possible can come and join us for the day.

June is also the month during which the Trust will recognise and celebrate its 'Shining Stars'; the individuals and teams who have made outstanding contributions to patient care. June 2013 looks likely to be a busy but rewarding month!

1.3 Introducing our Clinical Directors

The Trust has been working over recent months to review the way it organises its services. The Trust's new structure is now in place and I am delighted to introduce our newly appointed Clinical Directors.

- Emergency Services – Mark Blunt

- Medical Services – Raj Shekhar
- Surgical Services – Nick Redwood
- Theatre Services – Sue Abdy
- Women's and Children's Services – Barbara James
- Diagnostic Services – Dan Rose
- Ambulatory Services – David Mc Partlin
- Oncology and Non-Acute Services – Lisa Cooke

Dr Mark Blunt is also currently Acting Medical Director.

1.4 CEO meetings with key strategic partners since the last update have included:

- Local Area Team – LAT
- Eastern Pathology Alliance - EPA
- UEA Healthcare Partners
- TMI 'Patient Revolution – Pathfinder'
- Academic Clinical Partnership Board
- NCH&C
- West Norfolk Executive Forum

2. EXTERNAL

2.1 Monitor

Monitor's latest sector report

Monitor's latest quarterly report indicated that half way through the financial year, the NHS foundation trust sector continued to perform well in the current challenging economic climate. Monitor reported that more foundation trusts are meeting healthcare targets. The sector overall has also improved its planned financial performance, although a few trusts are not making the necessary savings early enough in the year.

Stephen Hay, Managing Director of Provider Regulation pointed out that to meet the challenge of financial pressures in the medium term, all trusts will need to understand the forces at work within their local health economy and develop strategic plans to deal with them. He also indicated that without exception, trusts will need to plan sooner and more effectively for the longer term to ensure they can continue to deliver quality services.

The report bears out Monitor's forecast in its annual review of foundation trusts' plans, that an increasing number of foundation trusts are at risk of breaching their terms of authorisation for financial reasons in the next few years.

The report also notes that a small number of trusts have relatively large deficits. Those at greatest financial risk include trusts based on the traditional district general hospital model and those having to adapt to changing local health economy pressures or struggling with unaffordable PFI schemes.

Authorisation

Monitor has authorised West Midlands Ambulance Service NHS Trust as a foundation trust, effective from 1st January 2013.

Monitor also announced that applications by Leicestershire Partnerships and East of England Ambulance Service NHS Trusts have been deferred for six and 12 months respectively.

James Paget Hospital has been removed from 'significant breach in the terms of its authorisation'

Consultations

Monitor is currently consulting on the Risk Assessment Framework (RAF) (closes on 4th April 2013), which will replace the Compliance Framework.

Because Monitor's new powers under the Health and Social Care Act 2012 will now cover additional matters and a wider range of providers of NHS services, the existing Compliance Framework is being replaced with a new regulatory tool, the RAF.

This will enable Monitor to make a more specific assessment of the risk of financial failure. The new monitoring regime will be introduced for NHS Foundation Trusts during 2013. A similar monitoring regime will also apply to any commercial or third sector providers from whom key NHS services are commissioned, when these are licensed from 2014.

The proposed new continuity of service risk rating will flag the risk of insolvency over the next 12-18 months on a scale of one to four, with the lowest rating signifying the highest level of concern.

The Risk Assessment Framework will also have additional measures to enable Monitor to continue to judge whether NHS foundation trusts are well-run, through strengthening the existing range of measures to assess good governance by taking extra material such as staff and patient satisfaction surveys into account.

These governance arrangements will not apply to private organisations providing NHS services, such as independent companies or charitable enterprises.

Governors' Panel

Monitor is currently recruiting experienced professionals to the Panel for Advising NHS Foundation Trust Governors. Directors and Governors will recall that the introduction of this body under the Health and Social Care Act 2012, was reported in our November development presentation on the implications of the new legislation.

2.2 CQC – A&E Survey

The CQC collected the experiences of almost 46,000 patients who received care in A&E departments at the beginning of 2012.

The Trust's Quality and Risk Committee has reviewed the QE's A&E survey outcome in January 2013. Responses were received from 354 people at The Queen Elizabeth Hospital. In summary, for all question categories, the QE is performing about the same as most other trusts that took part in the survey – 'amber' rating throughout.

Based on the survey results, the CQC has published a broad picture of A&E services across all Trusts surveyed. The results show that:

- A third of respondents waited more than 30 minutes before they saw a doctor or nurse (an increase from 29 % in 2008 and 24 % in 2004);
- A third of patients also said they spent more than four hours in A&E (up from 27 % in 2008 and 23 % in 2004);
- Nearly a quarter of respondents who were taken to hospital in an ambulance said they had to wait with the ambulance crew for more than 15 minutes before their

care was transferred to A&E staff. One in 20 said they waited more than an hour before care was handed over;

- Patients reported having confidence and trust in the staff in A&E departments. 75 % of patients said doctors and nurses 'definitely' listened to them, 83 % were told why they needed to take medication and 48 % said they had enough privacy when discussing their condition with receptionists.
- Other aspects of communication between patients and A&E staff were less positive. More than half of the patients were not told how long they would have to wait to be examined and 44 % were not informed about the possible side-effects of the medication they were prescribed.

2.3 Foundation Trust Network (FTN)

The FTN has commented on the publication of the tariff rules for 2013/14.

While recognising the difficulty of the task i.e. balancing the need to create a new commissioning system with a growing squeeze on providers within a tight overall settlement, the FTN asserted that there is also a need to incentivise the major changes to the way that the NHS delivers healthcare.

The FTN argued strongly that provider risk is increasing rapidly and was pleased that providers will receive £200m more than originally expected. The FTN also welcomed the changes to the 30% marginal tariff that now require commissioners to work with providers to ensure the withheld 70% of funding is fully spent on reducing preventable emergency admissions.

However, the FTN remains concerned at the level of risk being carried by providers in 2013/14, particularly those who are being most disadvantaged through the approach on contract fines, emergency admissions and readmissions.

The QE Board will be considering the implications of the Operating Framework, tariff rules and changes in the healthcare community infrastructure for the Trust, as it plans and contracts for services in 2013/14.

2.4 DoH

2.4.1 Public Health Funding

A £5.45 billion two-year ring-fenced public health budget for local authorities has been announced.

From April 2013, public health budgets will be protected for the first time, with local authorities taking the lead for improving the health of their local communities. It is expected that this will help drive local efforts to improve health and wellbeing by tackling the wider determinants of poor health.

Building on advice from an independent expert group – the Advisory Committee on Resource Allocation (ACRA) – funding is specifically targeted, for the first time, at those areas with the worst health outcomes.

The funding allocations support the Government's vision of helping people live longer, healthier and more fulfilling lives and tackling inequalities in health.

In 2013/14 the total budget for local public health services will be just under £2.7 billion. In 2014/15 the budget will be just under £2.8 billion. Every local authority will receive a real terms increase in funding.

2.4.2 District Nursing Model

A new vision and service model for district nursing was published in January.

This vision builds on 'Compassion in Practice', the national vision for nurses, midwives and care staff. It was developed by a strategic partnership of the Department of Health, NHS Commissioning Board Authority, The Queen's Nursing Institute, and with the district nurse leaders and practitioners. The vision recognises the unique and specialist contribution of district nurses and their teams.

It sets out the strong foundations of district nursing services:

- enduring values underpinning service and delivery
- trust – which starts with therapeutic relationships between patients and carers
- partnerships across GP and other services – collaborative working across agencies to support care
- supporting transition of care – working with partners to provide seamless support including discharge planning, transition to residential or hospice care
- supporting patient choice – working with patients and carers to encourage active participation in care and decision making
- managing risk – reducing social isolation through supportive care co-ordination, supporting the needs of carers and safeguarding vulnerable patients.

3. MEDIA COVERAGE

The following report provides an overview of the Trust's media coverage from 07 December 2012 to 16 January 2013.

Press

Press coverage for the Trust has been reviewed for average column centimetres per article, number of articles, total column centimetres, tone – positive, neutral or negative and Advertising Value Equivalent (AVE). A ratio of 1 to 2.5 has been used to calculate AVE.

Between 07 December 2012 and 16 January 2013 there were a total of 54 articles about the Trust, which appeared in the local and regional press. Of these, 31 articles carried a picture. The average size of each article was 44 column centimetres. Of the 54 articles, 6 were negative, 18 were neutral and the remaining 30 were positive. The total number of column centimetres of coverage during this period was 2285 with an AVE of £62,688.90

Radio

- BBC Norfolk - Sadie Bailey Cases (Baby born in QEH toilet)
- BBC Norfolk – Interview for Bumpes Study
- BBC Norfolk – Norovirus Update
- BBC Norfolk - Norovirus Update
- KLFM – Bumpes Study
- BBC Norfolk – Norovirus Update
- KLFM – Update on winter pressures (interview with Dr. Mark Blunt)
- BBC Norfolk – Live interview with Sister Ann Lancaster – Stroke Services

TV

- Anglia TV – Sadie Bailey Cases (Baby born in QEH toilet)
- Anglia TV – Norovirus Update
- Anglia TV – Interviews on weather related stories