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:					
NHSLA Standard Reference:					
Media / Communications:	N/A				

Meeting Date: 24 September 2012
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.

Author: Patricia Wright **Date: September 2012**

CEO Update

1. INTERNAL

1.1 Regulatory Update

Key regulatory activities for September to date have included:

1.1.1 NHSLA Assessment Visit

The NHS Litigation Authority (NHSLA) is a Special Health Authority that was set up in 1995. The NHSLA handles negligence claims made against NHS organisations and works to improve risk management practices in the NHS.

All NHS organisations in England can apply to be members of these schemes. Members pay an annual contribution (premium) to the relevant schemes, which are similar to insurance.

Each member organisation is assessed at one of 3 levels:

Level 1 - Policy
The process for managing risks has been described and documented.

Level 2 - Practice
The process for managing risks, as described in the approved documentation at Level 1 is in use.

Level 3 - Performance
The process for managing risk, as described in the approved documentation at Level 1, is working across the entire organisation. Where deficiencies have been identified through monitoring, action plans must have been drawn up and changes made to reduce the risks.

The higher the 'level' that an organisation can evidence, the lower the NHSLA premiums charged.

The Trust was visited by assessors from the NHSLA on 4th and 5th September, for the three-yearly Level 2 assessment against risk management standards in relation to: governance, learning from experience, workforce, environment and clinical care. During the visit, the assessors were looking for evidence from a total of 50 different criteria. This included visiting wards to check standards of health record-keeping; tracking of records; paperwork covering transfusions and Venous Thromboembolism (VTE) assessment; records relating to patient consent and information; falls assessments; prescribing of drugs and other documents. The NHSLA Assessment Team randomly selected wards and then chose sets of health records to investigate. It was a very rigorous assessment. The pass mark was 40 out of 50 criteria passed and we achieved 42. This means we have achieved Level 2.

This is really good news for the Trust and I would like to thank Claire Roberts, Jane Cole, Shirley Munday, Louise Stevens and their colleagues for all the hard work they put in to ensure we succeeded.

Although we achieved Level 2, the visit revealed that we still have work to do to achieve our ambition of Level 3 in the future. There were some centres of excellence, such as our colleagues in Paediatrics, who should be congratulated on their excellent record keeping, but in other areas, our record keeping could be improved further. An action plan is being drawn up to tackle the issues that were raised and we will receive a full report from the NHSLA in 20 working days from the date of the assessment visit.

The Trust will also be having a NHSLA - Clinical Negligence Scheme for Trusts (CNST) Maternity Standards assessment in early October 2012.

1.1.2 CQC

The Care Quality Commission is expected to visit the Trust again soon. They will be re-inspecting our record keeping.

The Board will be kept fully informed regarding the Trust's responses to the draft reports and the agreed final reports.

1.2 The QEH - Senior Appointments

Consultants:

MAU & ITU	- Dr Harith Altemimi	- start date 1st August
Consultant Anaesthetist	- Mr Fawzy	- start date 3rd Sept 2012
A&E	- Dr Frank Sutherland	- start date 17th September
ENT	- Dr Andrew Norris	- start date 1st October

1.3 CEO Meetings with key strategic partners since the last update have included:

- Norfolk System Leadership Group
- NHS Norfolk
- Eastern Academic Health Science Network
- WN CCG

1.4 Academic Health Science Network

The development of the Eastern Academic Health Science Network is moving at a pace. A draft prospectus has been prepared and will undergo further review by partner organisations until submission on 1 October. If the bid is successful, a decision on designation should be made in November 2012 with a 'go live' date of April 2013.

The structure being proposed is one of a network consisting of a hub with 4 nodes. QEHKL would be part of the Norfolk and Suffolk node, to be called UEA Healthcare Partners.

Further discussion is required on the legal form of the centre and the nodes and the governance arrangements.

A detailed paper will be presented to the Board (in private) in October 2012.

1.5 MacMillan Centre

Work began on 17th September on the £840,000 building project to extend the chemotherapy suite and improve the palliative care day room at the Macmillan Centre at The QE.

Funding for the project is being provided by Macmillan Cancer Support (£400,000), The QE (£240,000), with the remaining £200,000 coming from the Trust's charitable donations fund.

The 45m² extension to the existing chemotherapy suite will take around five months to complete. During the course of construction work all Macmillan Cancer Support services, along with the Centre's staff, will re-locate to West Newton ward. At the same time,

Shouldham ward, the hospital's cancer in-patient ward, will relocate temporarily to Marham ward for the duration of the building work.

2. EXTERNAL

2.1 Monitor

In August, the Board received Monitor's letter in response to the submission of the Trust's Annual Plan Review (APR). Monitor also published its review of Annual Plans for the entire FT Sector, late in August 2012.

Key messages include:

- In the short term, the sector's balance sheet is in good shape overall and trusts have planned sufficient cost savings in the year ahead
- Monitor's review suggests that an increasing number of individual trusts will face financial difficulties by the end of this period
- There are indications that the sector's finances will be weaker by the end of 2015.
- Monitor expects an increasing number of trusts could be placed in significant breach for financial reasons
- Particular challenges come from the need to improve the quality of care while delivering considerable savings each year. Foundation trusts are planning to do this without planning to treat fewer patients or reduce the level and quality of care they provide. To achieve this, they will need to look at making significant changes in the way services are delivered to meet patients' changing needs
- The challenges include: pressures in the local health economy; specific cost structures, such as large or expensive PFIs; and questions about the sustainability of the District General Hospital model if it remains unchanged
- Trusts are forecasting a more challenging 2012/13, with the aggregate Financial Risk Rating (FRR) declining from 3.4 to 3.2, reflecting increased risk
- Significantly, 43 trusts (30% of the sector) are forecasting a lower FRR in 2012/13 than they achieved in 2011/12 and only ten trusts (7% of the sector) are forecasting a higher FRR in 2012/13 than they achieved in 2011/12
- The pattern of risk is spread unevenly across the sector:

    - of the 20 small acute trusts, six are in significant breach
    - of the 41 mental health foundation trusts, 14 are regarded as low risk (FRR 4/5)

- Foundation trusts are forecasting CIPs to remain greater than 4.1% of operating costs each year from 2012/13 (peaking at 4.3% in 2013/14)
- Income is forecast to increase by only 1% in 2012/13 and then decline by 1% per year thereafter
- There is a small planned improvement in Governance Risk Ratings (GRRs) in 2012/13 compared to actual performance in quarter 4 2011/12. Also 77% of foundation trusts are forecasting green or amber-green GRRs throughout 2012/13

2.2 Foundation Trust Network

The FTN produced a briefing for MPs ahead of a backbench business committee debate on the future role of community hospitals.

Key messages

- For a sustainable NHS and better health outcomes for patients we need to transform demand for acute health care services. Community services that put patients at the centre of their care are key to unlocking these benefits for patients and the NHS. The strategic role for community hospitals must be viewed in the context of what they can offer to the 24/7 care that community services provide to patients.

- This strategic transformation in the NHS is reliant on commissioners of care better understanding the complexity and breadth of community health services. Commissioners will also need to support providers as they innovate care pathways balancing patient needs, patient health outcomes and value for money.

- Acute, mental health and community care providers are increasingly developing innovative ways to provide high quality community care to support patients to move from acute wards back to their home and rehabilitate to live independent lives.

- The community health foundation trust model has the potential to be well suited to developing innovative community services that meet the needs of patients and reflect their local communities.

- Community hospitals should be owned by those providing services from them and who can marshal the resource to meet the requirements local commissioners set down. Where assets are no longer required the returns from their sale should be reinvested into community services.

2.3 DoH

Jeremy Hunt became Secretary of State for Health in September 2012

Of potentially strategic importance for the Trust, Norman Lamb, MP for near neighbour North Norfolk, became Minister of State for Care and Support in the recent Cabinet re-shuffle. In an early King's Fund speech, he said the health reforms will provide the basis for more integrated care and that the NHS should 'embrace' new insurgents into the market to overcome monopoly complacency.

3. MEDIA COVERAGE

The following report provides an overview of the Trust's media coverage from 21 August 2012 to 13 September 2012.

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 21 August & 13 September 2012 there were a total of 16 articles about the Trust, which appeared in the local and regional press. Of these, 6 articles carried a picture. The average size of each article was 13 column centimetres. Of the 16 articles, 3 were negative, 2 were neutral and the remaining 11 were positive. The total number of column centimetres of coverage during this period was 212.5 with an AVE of £5,964.13.

Radio/TV

KLFM/BBC Radio Norfolk/Anglia TV/BBC Look East

- BBC Breakfast News – Insect bite feature - Interview with Dr Tina Green, Dermatology Consultant - (Positive)

BBC Radio Norfolk

- Cross-section of subjects – Interview and Phone in with Kate Gordon (Positive)
- Car parking – Interview with Jon Flack (Positive)
- Opening of new Police Office – Interview with Gary Morris (Positive)

KLFM

- Fakenham outreach services - Interview with Mark Henry (Positive)
- Opening of new Police Office – Interview with Gary Morris (Positive)