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: 26th November 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
- commission a review of the DoH 'Never Events Policy Framework' from the Quality and Risk Committee

Author: Patricia Wright **Date: November 2012**

CEO's Update

1. INTERNAL

1.1 Management Restructuring update

All Clinical Directors have been appointed to the Trust's revised Clinical Management Structure. The new structure will be rolled out between now and January 2013.

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

- UEA Healthcare Partners
- WN CCG
- Cambs Community Services
- FTN Chairs and Chief Execs Meeting
- NNUH
- Norfolk and Suffolk WPG
- WN Urgent Care Network

2. EXTERNAL

2.1 Monitor

On 1st November, Monitor took on a series of new powers under the Health and Social Care Act 2012 to enable the regulator to protect patient services at failing hospitals.

The new Trust Special Administration regime enables Monitor to appoint administrators to work with local commissioners to ensure that services are protected if a trust becomes insolvent. This regime is designed to protect patient services ahead of creditors if trusts break down financially.

Under the Trust Special Administration system, options for the continued provision of services include restructuring the existing service provider, using other providers to continue services at existing sites, relocating services to other local providers, or bringing in new providers such as an out-of-area provider wanting to expand.

In line with these powers, Monitor will shortly be issuing a tender through OJEU to draw up a short list of administrators who could be called upon to carry out the Trust Special Administration process. Monitor intends to have a list of administrators in place who have the skills and expertise necessary to run a trust which is experiencing serious financial problems and work with local stakeholders to decide how to protect important services for patients.

Under the Secretary of State's commencement order which started on 1st November, Monitor also takes on other powers to help prepare for important parts of its new regulatory responsibilities which start in 2013. These powers include giving the regulator the authority to assign special conditions to individual licence holders and the ability to consult on how it will enforce compliance when providers fail to meet licence conditions.

2.2 CQC

The CQC has joined with other regulators, professional bodies and trade unions in launching the Speaking Up charter, a commitment to work together to support people who raise concerns in the public interest. ***Link***: http://www.cqc.org.uk/public/news/care-regulators-professional-bodies-and-unions-join-forces-launch-speaking-charter

2.3 Foundation Trust Network (FTN)

2.3.1 FTN's report to the Health Select Committee (Nov 2012)

The Foundation Trust Network has told the Health Select Committee (Tue 13 Nov 2012) that most NHS trusts are on target to make efficiency savings of over 5% again this year - but future savings of this magnitude will require game changing activity. Chris Hopson, chief executive, FTN said that evidence from trusts demonstrates that the savings being realised under cost improvement plans are not affecting the quality of patients' care. He also said that about 10 per cent of providers are under financial pressure at the moment, but the numbers could escalate and may do so rapidly in the coming years, he warned.

The Health Select Committee was also told about the way that trusts are penalised for emergency work that exceeds 2008/09 levels, where the 'surplus' work is reimbursed at a reduced rate of 30% of its tariff value. The DoH and Monitor plan to re-examine the emergency admissions tariff policy.

2.4 Anticipating the Report of the Francis Inquiry

The publication of the Report of the Francis Inquiry has been delayed until early 2013. However, there is evidence that organisations are responding to the Chair's closing remarks, which identified those areas where recommendations are likely to be made in the final report:

- Recruitment, standards, training and regulation of healthcare support workers;
- The recruitment, standards and training of registered nurses;
- The training and qualification of those charged with caring for the elderly;
- The recruitment, training, support and regulation of senior managers of NHS organisations;
- The standards applicable to healthcare generally;
- The exercise of the fitness to practice functions of professional regulatory bodies;
- The engagement of healthcare generally in the leadership and management of their organisations;
- The nature of standards set for the safety and quality of care, and which organisation or organisations should have the responsibility for setting and enforcing them;
- The relevance of staffing levels and skill mix to those standards;
- The interface between the regulation of governance, finance, and quality and safety standards;
- The use of commissioning to require and monitor safety and quality standards or provision;
- Methods of monitoring and enforcing those standards;
- The potential adverse consequence of structural reorganisations and the requirements for addressing these;
- The role of foundation trust governors and members, and other local public, patient and staff representatives;
- The nature, scope and definition of a duty of candour and methods of enforcing it;
- The involvement of external agencies in the complaints process and the use of information from it;
- The obligations of disclosure to and obtaining of evidence by coroners;
- The means of embedding the patient voice throughout the system;
- The development, collection, use and sharing of information and data, including safety alerts, mortality data and performance indicators; and
- The protection of whistle-blowers.

2.5 DoH

2.5.1 New NHS Mandate to the NHS Commissioning Board

The first Mandate between the Government and the NHS Commissioning Board, setting out the ambitions for the health service for the next two years, was published on 13th November.

The Mandate reaffirms the Government's commitment to an NHS that remains comprehensive and universal – available to all, based on clinical need and not ability to pay – and that is able to meet patients' needs and expectations now and in the future.

The NHS Mandate is structured around five key areas where the Government expects the NHS Commissioning Board to make improvements:

- preventing people from dying prematurely;
- enhancing quality of life for people with long-term conditions ;
- helping people to recover from episodes of ill health or following injury;
- ensuring that people have a positive experience of care; and
- treating and caring for people in a safe environment and protecting them from avoidable harm.

Through the Mandate, the NHS will be measured, for the first time, by how well it achieves the things that really matter to people.

The key objectives contained within the Mandate include:

- improving standards of care and not just treatment, especially for the elderly;
- better diagnosis, treatment and care for people with dementia;
- better care for women during pregnancy, including a named midwife responsible for ensuring personalised, one-to-one care throughout pregnancy, childbirth and the postnatal period;
- every patient will be able to give feedback on the quality of their care through the Friends and Family Test starting from next April – so patients will be able to tell which wards, A&E departments, maternity units and hospitals are providing the best care;
- by 2015, everyone will be able to book their GP appointments online, order a repeat prescription online and talk to their GP online;
- putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment;
- preventing premature deaths from the biggest killers; and
- by 2015, everyone should be able to find out how well their local NHS is providing the care they need, with the publication of the results it achieves for all major services.

2.5.2 The NHS Constitution

Proposals to strengthen the NHS Constitution were set out for public consultation on 5th November, with the NHS, patients and public are all being asked to respond.

The main changes proposed cover:

- a new responsibility for staff to treat patients not only with the highest standards of care, but also with compassion, dignity and respect
- a new pledge making it explicit that patients can expect to sleep in single-sex wards

- a new pledge to patients that NHS staff must be open and honest with them if things go wrong or mistakes happen – this 'duty of candour' will become a condition in the NHS Standard Contract from April 2013.

The changes also make it clearer that:

- patients, their families and carers should be fully involved in all discussions and decisions about their care and treatment, including their end of life care
- patients who are abusive or violent to NHS staff could be refused treatment
- the NHS is equally concerned about physical and mental health.

2.5.3 Never Events Policy Framework Review

The 'Never Events Policy Framework' has been reviewed and updated to address areas of uncertainty. It provides greater clarity about never events and the recommended response to them. Table 1 gives numbers of never events reported to SHAs and the National Reporting and Learning System in 2011/12.

Link: http://www.dh.gov.uk/health/2012/10/never-events/

The Board is recommended to commission a review of the DoH 'Never Events Policy Framework' from the Quality and Risk Committee

Table 1. Numbers of never events reported to SHAs and the National Reporting and Learning System in 2011/12.

Never Event	Number of never events reported to SHAs 2011/12	Number of Incidents flagged as never events in the NRLS 2011/12
Wrong site surgery	70	41
Wrong implant/prosthesis	41	15
Retained foreign object post-operation	161	86
Wrongly prepared high-risk injectable medication	0	0
Maladministration of potassium-containing solutions	<10	<10
Wrong route administration of chemotherapy	<10	0
Wrong route administration of oral/enteral treatment	<10	0
Intravenous administration of epidural medication	0	0
Maladministration of Insulin	<10	0
Overdose of midazolam during conscious sedation	<10	0
Opioid overdose of an opioid-naïve Patient	0	0
Inappropriate administration of daily oral methotrexate	<10	<10
Suicide using non-collapsible rails	0	0
Escape of a transferred prisoner	<10	0
Falls from unrestricted windows	<10	<10
Entrapment in bedrails	0	0
Transfusion of ABO-incompatible blood components	<10	0
Transplantation of ABO incompatible organs as a result of error	0	0
Misplaced naso- or oro-gastric tubes	23	15
Wrong gas administered	0	0
Failure to monitor and respond to oxygen saturation	0	0
Air embolism	<10	<10
Misidentification of Patients	<10	0
Severe scalding of Patients	0	0
Maternal death due to post partum haemorrhage after elective caesarean section	0	0
Total	326	163

Total for 2010 / 11	SHAs - 166	NRLS - 56

3. MEDIA COVERAGE

The following report provides an overview of the Trust's media coverage from 17 October to 13 November 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 17 October and 13 November 2012 there were a total of 22 articles about the Trust, which appeared in the local, regional and national press. Of these, 13 articles carried a picture. The average size of each article was 43 column centimetres. Of the 22 articles, 13 were negative, 3 were neutral and the remaining 6 were positive. The total number of column centimetres of coverage during this period was 956 with an AVE of £41,893.40

Radio

- BBC Norfolk – On our volunteers in response to Age Concern report
- BBC Norfolk – Interview with Geoff Hunnam RE: Mary Cooper LCP Case
- BBC Norfolk – Pressure Ulcer Scheme Interview with Karon Strong MAU
- BBC Norfolk – Ambulance Chaser Lawyers – Statement sent.
- KLFM – Pressure Ulcer Scheme Interview with Karon Strong MAU

TV

- ITV Anglia – Smoking Shelters
- BBC TV – Interview with Geoff Hunnam RE: Mary Cooper LCP Case