Agenda Item: 10

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

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Manjit Obhrai CEO	Decision		High	Med	Low
	Discussion	✓			✓
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic		NA		
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				

CQC Essential Standard Ref:	NA
NHSLA Standard Ref:	NA
Media / Communications:	NA

Meeting Date: **26 November 2013**

Report Title: **CEO's report**

PURPOSE:

To update the Board in respect of key current Trust issues

SUMMARY:

The November CEO's report covers the following issues:

- Board-level appointments;
- Integrated Quality Improvement Programme;
- Values and Behaviours workshop programme;
- Winter Planning:
- A&E capacity update;
- Recovery Plan update;
- Media update;
- Strategic and operational planning in the NHS; and
- Government response to the report of the Francis Inquiry.

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 CEO's report.

1 Senior Appointments

The following Board-level appointments have been made at the Trust since the last CEO's update in September 2013.

- David Dean (Interim Chairman) – 28 October 2013
- Sharon Beamish (Acting CEO) – completed her assignment on 22 November.
- Manjit Obhrai (Interim CEO) – took up his post on 25 November
- Andrew Stenton (Interim Chief Operating Officer) – in post since 14 October
- Margaret Barnaby (Interim Emergency Flow & Winter Planning Project Director) – in post from 04 November
- Catherine Morgan (Interim Director of Nursing) – takes up her post on 25 November
- David Hill (Monitor's Improvement Director) – takes up his post on 16 December

2 Integrated Quality Improvement Programme

The Trust delivered its Integrated Quality Improvement programme to Monitor on 15 November in line with agreed timescales. The integrated programme assimilates actions to address quality issues identified through:

- CQC inspections (May and August 2013);
- CQC Warning Notices;
- Rapid Responsive Reviews (August 2013);
- Risk Summits (May and September 2013);
- The Quality Governance Review (October 2013); and
- The Trust's enforcement undertakings with Monitor.

The Integrated Quality Improvement Programme and adopted delivery methodology is the subject of further reporting and discussion on the Board's 26 November 2013 agenda.

The Trust is developing a programme of communication and engagement to ensure that patients, staff and the public are kept regularly updated concerning the Trust's progress in delivering improved quality.

3 Values and Behaviours Workshop Programme

The Trust has been rolling out a programme of workshops to engage our teams in the Values and Behaviours agreed by the Board in 2013. The programme of 92 workshops runs from October to mid- December 2013.

To date (20 November), 1,400 people have attended Values & Behaviours workshops, which have been facilitated and supported by executive and non-executive directors. 90 colleagues attended one workshop.

Feedback has been largely positive and key messages include:

- The Trust should consider how it can manage 'change' differently;
- People want to be involved in co-design;
- People want to understand the rationale for change; and
- There is broad support for valuing people equally at all levels of the organisation.

Although attendance has been strong from all areas of the Trust, colleagues are asked to encourage managers and doctors to attend a session.

4 Winter Planning

The Urgent Care Board was successful in its bid for winter monies of £3.9m in autumn 2013, and is actively supporting a number of schemes to improve access to emergency care over the winter period. Improvements include increasing the number of Accident and Emergency consultants by 4.0 wte., expanding observation and cubicle spaces by nine in Accident and Emergency (see paragraph 5), introduction of additional services to patients at home so that they can be discharged from hospital sooner, and establishment of mental health liaison and in-reach to accident and emergency services.

Many of these will be in place by the beginning of December 2013.

There is a high level of commitment across the health community to delivering these improvements.

5 A&E capacity update

A&E capacity was also the subject of concerns raised through recent regulatory inspections.

The A&E expansion project, once complete will provide a net gain of five major treatment spaces, four of which will be single rooms. It will also provide an observation ward area with four en-suite single rooms. Additional offices will be provided on the first floor to allow the decant of spaces required for clinical capacity and to accommodate additional A&E staff.

The bulk of the work is a high specification modular new build situated in the courtyard between A&E and the medical secretary corridor. A similar but lower specification building by the supplier has been visited by the Estates and Clinical team to ensure a quality facility. Additional space has also been found at the top end of A&E/fracture clinic.

The complex phasing of the project has been designed to ensure that at no point is the A&E treatment capacity reduced from its current baseline. Some additional treatment rooms will be online towards the end of January, creating a gain of three spaces but this will only be a short term gain before the next phase takes over other space. The current date for handover to the Trust is 10 March 2014.

The project outturn cost is currently £2m. Due to the ambitious speed and complexity of the project it has been impossible to accurately predict or ensure a fixed price or programme for the works. The project timescales have been radically shortened meaning we are still designing the building while the foundations are being constructed.

6 Recovery Plan Update

The Trust's recovery plans outline financial assumptions for the short to medium-term in the context of:

- Likely volumes of commissioned activity and income;
- Investment required to address quality concerns;
- Savings / efficiency opportunities; and
- Potential strategic options for the future.

Production of the recovery plan has been led by the Trust and supported by work commissioned jointly with Monitor from PwC, to address sustainability concerns.

The recovery plan has been delivered to Monitor to deadline and has been shared with other key stakeholders e.g. CCG. Clearly, this plan is subject to further review in the context of recent changes being implemented with regard to special measures. PwC input to the process is in the process of being finalised, including the 'causes of the deficit' work, which is due week ending 29 November.

Dialogue with Monitor to date has focused on actions to address quality concerns and the expectation is that there will be further dialogue regarding plans to address the financial position during December. However, whilst there is still more work to do, it is clear that CIP delivery work-streams must be progressed with pace, in order that the organisation can demonstrate that it is doing everything in its gift to mitigate its financial situation.

The outcome of this work will need to be aligned with Health System-wide sustainability work, led by West Norfolk CCG. Timelines for this project have yet to be finalised.

7 Media update

The following report provides an overview of the Trust's media coverage from 18 September to 18 November 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 18 September and 18 November 2013, there were a total of 76 articles about the Trust, which appeared in the local and regional press. Of these, 50 articles carried a picture. The average size of each article was 55 column centimetres. Of the 76 articles, 13 were negative, 23 were neutral and the remaining 40 were positive. The total number of column centimetres of coverage during this period was 3825 with an AVE of £92,107.31

TV and Radio

Since 18 September, broadcast media coverage has been as follows:

- 13 October: KLFM QEH and Hospital Radio feature
- KLFM Interviews Lucy Massen.
- BBC Radio NFK interview David Stonehouse regarding nurse recruitment, extensive coverage.
- KLFM/Sky News/BBC Radio NFK: Extensive coverage on CQC/RRR report and Chair's resignation.
- 01 November: BBC Radio NFK interviews Val Newton on rise in pressure ulcers
- KLFM/Radio NFK: News bulletin coverage regarding IVF refusal
- KLFM News bulletins regarding QEH typhoon appeal

8 Strategic and operational planning in the NHS

The Trust has recently received a communication from NHS England, the NHS Trust Development Authority, Monitor and the Local Government Association concerning the need for long-term innovative and transformational change in the NHS, to meet the likely challenges driven by an ageing population; increase in long-term conditions; and rising costs and public expectations within a challenging financial environment.

The following actions will be taken by the four key agencies to embed a long-term planning process to deliver the required transformation through the development of a fully integrated service between the NHS and local government:

- Provision of draft guidance now as to the process and expectations and full guidance in December, including a joint set of assumptions agreed by all parties;
- Alignment of respective timelines in regards to the planning process;
- Each body is revisiting their own process to consider how these can be adapted to better facilitate operational and strategic planning; and
- Further support will be provided and this will be communicated separately by each body as appropriate.

The implications for the Trust and the West Norfolk Healthcare Community will be reported as further guidance is published.

Access to Information

Please contact Company Secretary, Gill Rejzl for a full copy of the communication and preliminary guidance.

9 Government response to the report of the Francis Inquiry

The Governments' formal response to the report of the Francis Inquiry was published on 19 November.

The Government calls for a cultural shift, built on candour and continuous improvement, which recognises and addresses variations in quality: *"Being honest and open about this and creating an environment in which problems are prevented, detected quickly and addressed firmly and in the interests of patients is the basis for re-establishing public trust"*. The Government sees the Francis recommendations as resonating across health and social care, and is explicit that its response applies equally to mental health and physical health services.

Some of the Government's response has already been actioned e.g. the Keogh reviews and the appointment of Professor Sir Mike Richards as the Chief Inspector of Hospitals.

Developments in the Governments' response include:

- The expectation of monthly reporting of ward-by-ward staffing levels
- Hospitals to set out clear routes for patients to raise complaints and concerns, with trusts reporting complaints data and lessons learned on a quarterly basis
- A statutory duty of candour on providers, and a professional duty of candour on individuals through changes to professional guidance and codes
- Consultation on whether trusts should contribute to the NHS Litigation Authority's compensation costs when they have not been open about a safety incident
- Legislation to hold accountable those responsible for wilful neglect
- A fit and proper person's test which will act as a barring scheme
- A protocol to minimise bureaucratic burdens on Trusts signed by all arm's length bodies and the Department of Health
- A Care Certificate to ensure that Healthcare Assistants and Social Care Support Workers have the right fundamental training and skills
- A new criminal offence applicable to care providers that supply or publish certain types of information that is false or misleading

Nine rejected recommendations relate to:

- *Merger of system regulatory functions.* Rather than merging Monitor and the CQC, a single failure regime will be created.
- *Commissioners' powers of intervention.* Rejected to avoid blurred roles and responsibilities.
- *Designated Healthwatch structure.* Local Healthwatch organisations will be set up to best meet the needs and reflect the circumstances of their local communities.
- *Criminal offence to obstruct statutory duties.* The Government does not intend to criminalise untruthful statements to commissioners and regulators made by healthcare professionals.
- *Statutory regulation and developing standards for healthcare support workers.* Rejected on the basis of sufficient safeguards already existing.
- *Dismissing unsatisfactory staff following breach of code of conduct.* Rejected on the basis that the Government does not believe regulation of health care assistants and support workers will improve the quality of care.

Access to Information

The Government's full report is available at:

https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response

The Foundation Trust Network's Briefing can be obtained from Company Secretary, Gill Rejzl.