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	√			

Meeting Date: 25th March 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:

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

Recommendations: The Board is invited to note the update

CEO'S UPDATE - MARCH 2013

1. INTERNAL

1.1 Patient Revolution – Pathfinder project

The Trust is approaching the conclusion of the initial stages of its work with TMI, on the Patient Revolution Pathfinder project. I reported this important project first in in my January 2013 CEO's report. The work has included broad 'listening exercises' throughout the Trust to improve the Board's understanding of the views of its key stakeholders – the Trust's patients, carers and staff.

The Board will be now be moving to its action planning work and the Pathfinder Project outcomes will also be aligned with the Trust's Patient Experience Strategy work plan.

1.3 The CEO's diary

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

- WN Clinical Commissioning Group
- TMI – Patient Revolution – Pathfinder project
- Cambridgeshire Community Services
- DoH Leadership Academy Team
- UEA Healthcare Partners – node of the Eastern Academic Health Sciences network
- Academic Clinical Partnership
- FTN Chairs' and CEOs' meeting
- WN Executive Forum
- West Suffolk NHSFT

1.6 Senior Appointments

Consultant Anaesthetist, Darcy Pearson, was appointed on 4th February 2013.

A Consultant Breast Surgeon was appointed on 14 March 2013 – I will publish our new colleague's name next month following the completion f some HR formalities.

Other appointments include:

- Fateha Zaman, Lead Manager - Cancer Services
- Emma Coulson, Patient Flow Manager - Emergency Care

We welcome our new colleagues to the Trust.

2. EXTERNAL

2.1 Monitor

Monitor has published its risk ratings for 144 Foundations Trusts, authorised as at September 2012. The full list is available on the Monitor website http://www.monitor-nhsft.gov.uk/about-nhs-foundation-trusts/nhs-foundation-trust-performance/actual-performance/risk-ratings

I have set out the risk ratings of our near neighbours here.

Key

Financial risk rating (FRR) - (rated 1-5, where 1 represents the highest risk and 5 the lowest)

Governance risk rating (GRR) (rated red, amber-red, amber-green or green).

Trust	FRR	GRR
James Paget	4	Green
Norfolk and Norwich	4	Green
Cambridge University Hospitals	3	Red
Peterborough and Stamford	1	Red
The Queen Elizabeth, KL	3	Red
West Suffolk	3	Amber-Red

Monitor has also published its FT sector review of the 9 months to 31st December 2012. Headlines include:

- overall improvement in foundation trusts meeting health care targets, namely cancer and referral to treatment targets (the time it takes patients to receive treatment after being referred by their GP), compared with the same time last year
- a significant increase in the number of trusts breaching A&E waiting targets.
- only one in four foundation trusts are delivering the cost savings they said they would make this financial year
- despite the overall shortfall on planned cost savings, financial performance remains ahead of plan at quarter three and the foundation trust (FT) sector as a whole continues to over-perform on key financial metrics

2.2 Foundation Trust Network

The FTN has been campaigning on the 30% marginal tariff for emergency admissions, specifically concerning stronger wording on how the ''withheld 70%'' should be reinvested to support local demand management. The FTN has been drafting the PbR guidance with the DoH and the Commissioning Board to specifically strengthen conditions around:

- the level of provider engagement - to help ensure providers from all sectors are genuinely engaged in designing the demand management schemes with commissioners;
- greater transparency and accountability - to help ensure the funding is being used effectively to support admission avoidance and demand management;
- and clear mechanisms to release the funding - to ensure that funding is made available to providers earlier in the financial year to pump prime demand management schemes and support system resilience.

Assuming agreement, and depending on the assumptions made, this could be worth between £200m and £300m in extra demand management funding which would otherwise be accommodated within generic commissioner/LAT funding pools. Further briefings are awaited, as there is additional work to be done on the tariff business rules for both emergency admissions and readmissions.

2.3 DoH

Policy on tendering of NHS care

Health minister Norman Lamb has told the House of Commons that regulations in relation to Section 75 of the Health and Social Care Act 2012 will be rewritten to remove scope for confusion. He said the re-drafted regulations will be clearly in line with the previous government's policy on tendering of NHS care, but with greater emphasis on integration and without special support for non-NHS providers. The key points of clarification will be:

- commissioners will not be under a duty to tender all services;
- Monitor will not force commissioners to competitively tender; and
- integration and competition are not mutually exclusive – what is in patients' best interests is most important.

In a letter to peers, health minister Earl Howe said the regulations would continue the approach set out in the existing Principles and Rules of Co-operation and Competition.

Letter from Sir David Nicholson to all staff in the NHS

At the NHS Commissioning Board (NHS CB), public Board meeting on 28 February 2013, the NHS CB promised fundamental change for the NHS and absolute commitment to addressing the failings that allowed the events at Mid-Staffs to develop unchecked.

On 4th March, Sir David Nicholson wrote a letter to all NHS staff, addressed to CEOs. I have included an extract from the letter here:

> *"There are few institutions the public feel more passionately about than the NHS. For nearly 65 years we have provided care, free at the point of need to people who often come to us at times of great personal anxiety. They trust us to provide the best possible care, and for most of the time throughout these 65 years we have. Yet this year we have seen the report into the terrible failings at Mid Staffordshire NHS Foundation Trust which amounted to a betrayal of the care that the vast majority of staff joined the NHS to provide.*
>
> *I have apologised personally, and on behalf of the NHS, for these failings. But apologies are not enough. The NHS response must be to put a commitment to high quality care at the centre of all that we do, and to transform our relationship with patients.*
>
> *There have been many recent achievements that demonstrate what staff across the NHS are capable of achieving. We have seen dramatic improvements in safety and care - healthcare acquired infections have been cut by more than half, the numbers of patients facing the indignity of mixed sex accommodation has been cut by more than 90%, and more than 90% of patients are treated within 18 weeks. Most importantly of all, the service you provide retains high levels of public confidence and trust.*
>
> *We now face an economic environment that means resources are going to be limited for some time. We also face increasing demands on our services from an ageing population. Our response must not be to simply work in the same way, whilst stretching ourselves more thinly. If we do this our patients will suffer. We must get the best possible value from every pound spent in the NHS in order to provide the best care for patients."*

The letter goes on the talk about the role of innovation in delivering higher quality care and encourages organisations to attend the March 2013 Healthcare Innovation Expo.

The full letter is attached to my report as **Appendix A**.

Changes to the NHS Constitution from April 2013

In March 2012, the NHS Future Forum working group on the NHS Constitution, chaired by Professor Sir Steve Field, was tasked with advising the Secretary of State for Health on ways to strengthen the NHS Constitution.

On 5 November 2012, the Government launched a consultation seeking views on the NHS Future Forum's recommendations for reinforcing the Constitution in the areas of patient involvement, feedback, duty of candour, end of life care, integrated care, complaints, patient data, staff rights and responsibilities, and dignity, respect and compassion.

The most immediate outcome of the Government's response to the consultation will be the implementation of The National Health Service (Revision of NHS Constitution—Principles) Regulations 2013, which will come into force on 1 April 2013.

The regulations make revisions to four of the seven guiding principles within the Constitution:

Principle 1: The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, etc. - will be updated to reflect the protected characteristics set out in the Equality Act 2010, including gender reassignment and marital or civil partnership status, and the commitment to ensure that mental health is to be given parity with physical health.

Principle 3: The NHS aspires to the highest standards of excellence and professionalism -will be revised to emphasise the importance of treating patients with respect, dignity and compassion and improving patient outcomes by ensuring staff are valued, empowered and supported.

Principle 4: NHS services must reflect the needs and preferences of patients, their families and their carers - will be amended to begin "The NHS aspires to put patients at the heart of everything it does", and will commit to actively encourage and use feedback from patients, public and staff to improve services.

Principle 5: The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, etc - will be updated to reflect the breadth and range of bodies with whom the NHS will work to deliver integrated care.

2.4 General Medical Council (GMC)

The GMC has published guidance 'Effective governance to support medical revalidation'. http://www.gmc-uk.org/GMC_revalidation_governance_handbook_51305205.pdf

This new guidance for non-executive directors will help boards and governing bodies of healthcare providers to check if their organisations have strong enough systems in place to support quality patient care and revalidation. It has been developed in partnership with the Care Quality Commission and Monitor.

Dr Sivakumar made a presentation to the Board on the revalidation of doctors at its March 2013 meeting.

3. MEDIA OVERVIEW

The following report provides an overview of the Trust's media coverage from 15 February to 13 March 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 15 February and 13 March 2013, there were a total of 23 articles about the Trust, which appeared in the local and regional press. Of these, 16 articles carried a picture. The average size of each article was 57 column centimetres. Of the 26 articles, 3 were negative, 5 were neutral and the remaining 15 were positive. The total number of column centimetres of coverage during this period was 1413 with an AVE of £36,861.60

TV and Radio

KLFM: car parking - week long campaign to have 'pay on exit' payment method (negative coverage)
BBC Radio Norfolk: NHS hospitals in Norfolk on black alert (negative)
BBC TV 'Look East': Hospitals on black alert (negative)
BBC 1: Operation Hospital Food - week long series from 25 Feb - 1 March (positive)