

<b>TRUST BOARD IN PUBLIC</b>	<b>Date: 25 July 2013</b>	
	<b>Agenda Item: 1.4</b>	
<b>REPORT TITLE:</b>	CHIEF EXECUTIVE'S REPORT	
<b>EXECUTIVE SPONSOR:</b>	Michael Wilson Chief Executive	
<b>REPORT AUTHOR:</b>	Gillian Francis-Musanu Director of Corporate Affairs	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)	N/A	
<b>Purpose of the Report and Action Required:</b>		(√)
This report provides members with key updates and highlights from a national and local perspective to inform the Board's understanding of policy, performance or new developments.	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Information</b>	√
<b>Summary of Key Issues</b>		
<b>National Issues:</b> <ul style="list-style-type: none"> <li>• New proposals to improve care for vulnerable older people</li> <li>• Overhaul of end of life care system</li> <li>• New proposals to ensure care and compassion in the NHS and social care organisations</li> <li>• Sir Bruce Keogh's review into 14 hospital trusts in England published</li> <li>• Care Quality Commission launches consultation on changes to the way they will inspect, regulate and monitor care services</li> <li>• Consultant treatment outcomes published</li> </ul> <b>Local Issues:</b> <ul style="list-style-type: none"> <li>• Additional community beds</li> <li>• HSJ Awards</li> <li>• GE Healthcare</li> <li>• PACS &amp; RIS implementation</li> <li>• Audit with South East Coast Ambulance Service</li> </ul>		
<b>Relationship to Trust Corporate Objectives &amp; Assurance Framework:</b>		
Objective 4 – Become a sustainable, effective organisation.		
<b>Corporate Impact Assessment:</b>		
<b>Legal and regulatory implications</b>	Ensures the Board are aware of current and new requirements.	
<b>Financial implications</b>	N/A	
<b>Patient Experience/Engagement</b>	Highlights national requirements in place to improve patient experience.	
<b>Risk &amp; Performance Management</b>	N/A	
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Includes where relevant an update on the NHS Constitution	
<b>Attachments: None</b>		

## TRUST BOARD REPORT – 25<sup>th</sup> JULY 2013 CHIEF EXECUTIVE'S REPORT

### 1. National Issues

#### 1.1 New Proposals to Improve Care for Vulnerable Older People

The health secretary is seeking views on a set of proposals to radically improve care for vulnerable older people. The proposals set out improvements in primary care and urgent and emergency care. They look at establishing ways for NHS and social care services to work together more effectively for the benefit of patients, both in and out of hospital.

Comments are being sought from NHS, social care and public health staff, carers and patients.

The proposals include every vulnerable older person having a named clinician responsible for their care outside of hospital, ensuring accountability is clear and care packages are personalised and tailored around individual needs.

The other proposals include:

- better early diagnosis and support to stay healthy by improving the role GPs play in supporting people to stay healthy and taking an active role in managing the health of their local populations
- improving access to primary care through new types of services such as rapid walk-in access services, helping patients connect with their GP in different ways through new technology, making booking appointments easier and building on existing services and opening hours
- providing consistent and safe out-of-hours services
- enhancing choice and control by rolling out the friends and family test to general practice by December 2014, giving more choice about location and type of service such as seeing a preferred GP or nurse and the option of doing this face-to-face or by email and telephone
- better sharing of information and joining up services so care can be provided in a coordinated way

The consultation runs until 27<sup>th</sup> September 2013. Full details are available from <http://betterhealthandcare.readandcomment.com/http://betterhealthandcare.readandcomment.com/>

#### 1.2 Overhaul of End of Life Care System

The Government is to replace the Liverpool Care Pathway (LCP) and will ask senior clinicians to sign off all end of life care plans, as part of its response to the findings of an Independent Review.

The Review, headed by Baroness Julia Neuberger, was established by the Norman Lamb, Care & Support Minister after concerns were raised by patients, families, carers and a number of clinicians that the system for providing care in the last days and hours of people's lives was flawed.

Published on 15<sup>th</sup> July, the Review found that in the right hands and when operated by well-trained, well-resourced and sensitive clinical teams the LCP does help patients have a dignified and pain-free death. But its findings included too many cases of poor practice, poor quality care of the individual, with families and carers not being properly engaged in the patient's care. Because of these failings in its use, the Review has recommended it should be phased out.

The Government has published an initial response to the Review, which includes a series of actions for the health and care system, including that:

- All NHS hospitals should immediately undertake clinical reviews of all care given to dying patients. Led by senior clinicians, these reviews will ensure the care all patients are receiving is appropriate;
- All NHS hospitals should ensure that arrangements are put in place as soon as possible so that now and in the future every patient has a named senior clinician responsible for their care in their final hours and days of life;
- NHS England should work with CCGs to bring about an immediate end to local financial incentives for hospitals to promote a certain type of care for dying patients, including the LCP;
- The LCP is phased out over the next 6-12 months and replaced with an individual approach to end of life care for each patient, which will include a personalised end of life care plan backed up by condition-specific good practice guidance, agreed with a named senior clinician; and
- The CQC will undertake a thematic review into end of life care and the three new Chief Inspectors – of Hospitals, Social Care and General Practice – will consider end of life care issues as they develop their new approaches to inspections.

In addition, the Review there is a requirement that will give greater assurance to families that their complaints or concerns are being properly listened to. Anyone with worries about how their loved one has been treated at the end of their life will have access to an independent assessment of their case. To support this independent assessment, the Government will make available a list of experts to provide local support for patients if needed - and all NHS hospitals will be asked to appoint a Board member with responsibility for overseeing any complaints about end of life care and for reviewing how end of life care is provided.

In addition, patients and families who have previously made complaints about care received on the Liverpool Care Pathway but whose cases were not resolved satisfactorily will have the opportunity to have their case reviewed.

In all those cases where evidence of poor care or malpractice is found, professional regulators will be asked to consider action. Families also will be able to pursue other routes of redress including making negligence claims against the Trust.

### 1.3 **New proposals to ensure care and compassion in the NHS and in social care Organisations**

All healthcare assistants and social care support workers should undergo the same basic training, based on the best practice that already exists in the system, and must get a standard 'Certificate of Fundamental Care' before they can care for people unsupervised, according to a new independent report published on 10<sup>th</sup> July.

The Independent Cavendish Review carried out in the wake of the Francis Inquiry into Mid-Staffordshire NHS Foundation Trust, makes a number of recommendations on how

the training and support of healthcare assistants who work in hospitals and social care support workers who are employed in care homes and people's own homes can be strengthened to ensure they provide care to the highest standard.

Healthcare assistants and social care support workers provide some of the most personal and fundamental care to people when they are ill or help people with long term conditions to live as independently as possible in their own home. This may include turning people in bed so they do not get pressure sores, helping people to eat and wash, to get out of bed and to get dressed. Such care should be done by competent professionals who treat people with compassion and dignity. The review found that the quality of training and support that care workers receive in the NHS and social care system currently varies between organisations.

The recommendations it makes include:

- Common training standards across health and social care, along with a new 'Certificate of Fundamental Care', written in language that is meaningful to patients and the public. For the first time, this would link healthcare assistant training to nurse training.
- The opportunity for talented care workers to progress into nursing and social care through the creation of a 'Higher Certificate of Fundamental Care'. This will ensure they have a route to progress in their careers and an opportunity to use their vocational experience of working as healthcare assistant to enter the nursing profession.
- HEE (Health Education England), with Skills for Health and Skills for Care, should develop proposals for a rigorous system of quality assurance for training and qualifications, which links to funding outcomes, so that money is not wasted on ineffective courses.
- Healthcare assistants should be allowed to use the title 'Nursing Assistant' on completion of the Certificate of Fundamental Care to improve clarity and communication between staff and patients, enhance the status of support workers and reduce the number of job titles - which currently stands at more than 60.
- The Nursing and Midwifery Council should make caring experience a prerequisite to starting a nursing degree and review the contribution of vocational experience towards degrees.
- Trusts should empower Directors of Nursing to take full responsibility for the recruitment, training and management of Healthcare Assistants. Employers should also be supported to test the values, attitudes and aptitude of future staff for caring at the recruitment stage.
- The legal processes for challenging poor performance should be reviewed so that employers can be more effective in identifying and removing any unsatisfactory staff.

#### **1.4 Sir Bruce Keogh's review into 14 hospital Trusts in England published**

Following the Francis report into the tragedy at Mid-Staffordshire NHS Foundation Trust, the Prime Minister asked Professor Sir Bruce Keogh, the NHS Medical Director, to conduct a series of 'deep-dive' reviews into other hospitals with mortality rates which have been consistently high for two years or more.

The process was thorough, expert-led and consisted of both planned and unannounced and out-of-hours visits, placing particular weight on the views of staff and patients.

Sir Bruce found that, while there were some examples of good care, none of the 14 hospitals investigated was providing consistently high quality care to patients. They identified patterns across many of the hospitals (the individual reports and recommendations can be found on the <http://www.nhs.uk/Pages/HomePage.aspx>)

As a result of the reviews, the NHS Trust Development Authority and Monitor have placed all 14 Trusts on notice to fulfill all the recommendations made by the review about their hospitals. All will be inspected again within the next year by the new Chief Inspector of Hospitals, Professor Sir Mike Richards.

In addition, the Secretary of State has today announced that 11 of the 14 Trusts will be placed into “special measures”, which will mean that:

- Each hospital will be required to implement the recommendations of the Keogh review, with external teams sent in to help them do this. Their progress will be tracked and made public;
- The Trust Development Authority or Monitor will assess the quality of leadership at each hospital, requiring the removal of any senior managers unable to lead the improvements required; and
- Each hospital will be partnered with high-performing NHS organisations to provide mentorship and guidance in improving the quality and safety of care.

Since 2010, each of the Trusts has seen substantial changes to its management, including a new chief executive or chair at nine of the 14. However, while some have improved, others have failed to do so, making additional measures necessary.

Three of the 14 hospitals are not going into special measures. They are Colchester Hospital University NHS Foundation Trust, The Dudley Group NHS Foundation Trust and Blackpool Teaching Hospitals NHS Foundation Trust. Whilst there were still concerns about the quality of care provided, the Foundation Trust regulator, Monitor, has confidence that the leadership teams in place can deliver the recommendations of the Keogh review.

As well as specific action to support the 14 hospital Trusts, the Government will also legislate to make sure it will be no longer possible for failed managers to get new jobs elsewhere in the NHS. And, drawing inspiration from education where Super-Heads have helped to turn failing schools into outstanding ones, the NHS Leadership Academy will develop a programme that will identify, support and train outstanding leaders.

### **1.5 Care Quality Commission Launches Consultation on changes to the way they will inspect, regulate and monitor care services**

The Care Quality Commission (CQC) is seeking feedback on plans they have developed to help ensure that people receive high-quality care. Their strategy for 2013 to 2016 sets out a clear purpose to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to make improvements.

This consultation is an important step towards making the changes needed to deliver their purpose. Specific feedback is required on plans to:

- inspect all care services, NHS trusts and foundation trusts and independent acute hospitals.
- develop clear standards of care that health and social care services must meet.
- make better use of information and evidence we receive to decide when, where and what to expect.
- introduce Chief Inspectors to lead national teams of expert inspectors which will include people who receive care, clinical experts and others.
- develop a ratings system to help people choose between services and to encourage services to make improvements.
- make sure that directors or leaders of organisations have made legal commitments to provide safe and high-quality care, and are personally held to account for it.

Plans for delivering changes that specifically relate to the NHS include:

- indicators used to trigger action in NHS acute hospitals.
- longer, more thorough hospital inspections.
- a programme for failing hospitals that makes sure immediate action is taken to protect people and to hold those responsible to account.

The CQC have developed these plans based on:

- recommendations from a report into the abuse of people with learning disabilities at Winterbourne View.
- Robert Francis' report into failings at the Mid Staffordshire NHS Foundation Trust.
- independent reviews of our work – including Professor Keiran Walshe's evaluation and Deloitte's report on how the CQC carries out investigations.
- feedback received from our consultation on the CQC's "New Strategy"

The consultation closes on 12<sup>th</sup> August 2013. Full details can be found at:

[http://www.cqc.org.uk/sites/default/files/media/documents/cqc\\_consultation\\_2013\\_taggged.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/cqc_consultation_2013_taggged.pdf)

## **1.6 Consultant Treatment Outcomes Published**

NHS England is committed to making more information available about how services and professionals are performing. The aim is to drive up the quality of care and to help people choose the treatment that suits them best.

This initiative is a central part of NHS England's ambition to ensure every patient gets high quality care, and to build improved services for the future.

The data has been published on NHS Choices by consultant for a number of clinical areas to help patients look at a range of operations and treatments to help and make decisions about their care.

The reporting of the data was led by Prof Ben Bridgewater from the Healthcare Quality Improvement Partnership (HQIP). Prof Bridgewater is a practising heart surgeon who leads the successful cardiac consultant-level reporting which paved the way for this work.

The data show where the clinical outcomes for each consultant sit against the national average. Where results differ significantly from the national average, there may well be good reason. The information available for each type of treatment varies, but in all cases you can see how many times each consultant has performed a particular procedure.

Publication began on Friday 28 June with most results due available by 5 July. The Trust has begun to analyse, understand and where necessary take action on our local data.

## **2. Local Issues**

### **2.1 Additional Community Beds**

The Trust has been working with other trusts, commissioners and the voluntary sector to provide an alternative for those patients that need care but don't require an acute hospital admission. We have collectively agreed to open 100 additional community beds which will reduce bed occupancy at East Surrey Hospital, allow us to be better prepared for winter and improve the patient experience. Sir David Nicholson, Chief Executive of NHS England said that preventative care and improved services for people in the community were crucial to avoid a growing funding gap in the NHS. By working in partnership we are ensuring that the way in which services are organised is in the best interests of patients.

### **2.2 HSJ Awards**

The Health Service Journal (HSJ) Care Integration Awards ceremony was held on 10<sup>th</sup> July and I'm pleased to say that our breast cancer service was runner-up for its partnership with MediHome. Together the two healthcare teams provide help to patients who have undergone breast surgery as part of their treatment for cancer. Our Breast Care nurses and the MediHome team support patients from admission right through to recovery at home. More than one in three people will develop some form of cancer during their lifetime. An ageing population, earlier detection and more effective treatment means that the number of people living with cancer is steadily increasing, with over 2 million people now living with or beyond cancer in the UK. Care integration can improve quality of care and outcomes through prevention, screening, early diagnosis, treatment and long-term care for cancer survivors. Our partnership with MediHome is a prime example of care that removes the barriers between all the healthcare services – giving patients a better experience of the whole NHS system.

### **2.3 GE Healthcare**

As reported previously to the Board the launch of the programme to develop clinical leadership took place on 4<sup>th</sup> & 5<sup>th</sup> July which was well attended by Clinical Chiefs, Clinical Leads, the Executive Team, Assistant Director's of Operations, the Deputy Chief and Divisional Chief Nurses. Areas covered included review of best practice clinical leadership, Trust culture and values, feedback from the survey and the next steps in the development programme. Further information and outputs from the programme will be made available to the Board as the programme develops over the next eight months.

## **2.5 Picture Archiving & Communication System (PACS) and Radiology Information System (RIS) Implementation**

The Trust went live with its new PACS and RIS systems on the 22<sup>nd</sup> June. This represents a significant element of our strategy to have a fully-integrated Electronic Patient Record (EPR). As with all major IT implementations there have been a number of post go-live issues which are being worked through by the project team. The Trust had a deadline of the end of June 2013 to move away from its previous systems and this was achieved by a multi-disciplinary team including staff from within and out outside the Trust who worked well together under significant pressure to meet this deadline.

The staff in Radiology have been maintaining an excellent service despite considerable disruption. In addition to the installation of a new CT scanner and Gamma camera currently in progress, during the couple of weeks that the old (PACS/RIS) were switched over to the new Cerner systems. This has been a huge and very complex undertaking, requiring months of preparation. But the Implementation Team of Radiology, IT and Cerner staff have done a very good job.

## **2.6 Audit with South East Coast Ambulance Service (SECAMB)**

The Trust has agreed that SECAMB will undertake a one week audit of patients arriving at SaSH by Ambulance which started this week. The primary aim is to ensure that ambulance crews are aware of, and have considered, the services available as an alternative to A&E. This should yield rich data about knowledge of alternatives, how useful they are and accessibility. The results will be shared with the Board in September.

## **3. Recommendation**

The Board is asked to note the report.

**Michael Wilson**  
**Chief Executive**  
**July 2013**