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Whittington Health Trust Board

27 November 2013

Title:	**Chief Executive's Report to the Board**		
Agenda item:	**13/148**	**Paper**	**2**
Action requested:	***For discussion***		
Executive Summary:	The report updates the Board with local, regional and national policy changes that will affect the organisation and key issues facing the Trust. Headlines for November: 1. Introduction 2. Finance 3. Integration Pioneer status for Islington 4. CQC intelligence monitoring report 5. National urgent and emergency care strategy 6. Government's mandate to NHS England for 2014-5 7. New 2014-15 GP contract 8. Government's response to the Francis report 9. Staff surveys		
Summary of recommendations:	The Board is recommended to discuss the report.		
Fit with WH strategy:	This report provides an update on key issues that could affect the achievement of WH strategy.		
Reference to related / other documents:			
Date paper completed:	14 November 2013		

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Date paper seen by EC		**Equality Impact Assessment complete?**	**n/a**	**Risk assessment undertaken?**	**n/a**	**Legal advice received?**	**No**

Chief Executive's Report to the Board

27 November 2013

1. Introduction

The purpose of this report is to update the Board on local, regional and national policy changes that will affect the organisation and set out the key issues facing the Trust.

2. Finance

Performance in October shows a slight improvement on last month. At the end of October the trust reports a break-even position. However the position continues to be underpinned through the use of trust reserves to support investments to deliver patient waiting time targets and under delivery of savings targets. All divisions are focusing on the identification and delivery of in-year measures to deliver the financial target for the year with a caveat that the measure will not impact on the quality of services.

3. Integrated care pioneer status

Whittington Health in partnership with Islington CCG and Islington Council has been selected as one of 14 integrated care pioneers in England. Care and Support Minister Norman Lamb announced the winners on 1 November. The Department of Health described the 14 ambitious initiatives as blazing a trail for change by pioneering new ways of delivering coordinated care. The pioneers were selected by a renowned panel of experts, including international experts drawing together global expertise and experience of how good joined up care works in practice. Islington's plans build on the achievements of Whittington Health in aligning acute and community provision. The next steps are to work with patients to develop individual care plans and providing a single point of access.

4. CQC intelligent monitoring report

The Care Quality Commission (CQC) published its first intelligent monitoring report alongside announcing the trusts to be inspected in wave 2 under the new CQC inspection model on 24 October. The monitoring report categorised acute trusts into 6 risk bands. The Whittington Hospital was put in Band 4, which is better than average. The Chief Operating Officer will bring a report to a future Trust Board meeting on the trust's results and their implications.

The first wave of acute hospital inspections using the new model is nearly complete. Along with feedback from the consultation, *A new start*, CQC will

use the learning from these inspections to continue to develop the model. The first set of inspection reports was published on 21 November.

The 19 NHS trusts to be inspected from January 2014 will use larger, expert teams that include professional and clinical staff and trained members of the public. The trusts have been selected based on whether they:

- score highly in the CQC intelligent monitoring tool
- are a foundation trust applicant that Monitor have asked CQC to look at
- were inspected by Sir Bruce Keogh

These NHS trusts are the first to be given one of the following ratings.

- Outstanding
- Good
- Requiring improvement
- Inadequate

Trusts aspiring to FT status must achieve either a good or outstanding in order to progress their FT application.

CQC has also selected eight mental health trusts and community health services to help test and develop the inspection models for the way CQC inspect and regulate those services. The new models will be finalised in April 2014 for NHS acute hospitals and in October 2014 for mental health trusts. This is when new underpinning regulations will be introduced.

5. National urgent and emergency care strategy

NHS England published on 13 November its interim report into how urgent & emergency care services should be organised and delivered in the future. This publication concludes Phase 1 of the work programme, which has focussed on developing the evidence base for change and the principles that should guide service redesign.

The five key headlines from the report are

a) *better support for self-care to reduce avoidable attendances and admissions*

   This will be achieved by, for example, taking a more comprehensive and standardised approach to care planning and sharing care plans across

care settings (potentially using residents nursing and care homes as a pilot patient group for this work).

b) *people with urgent care needs to get the right advice first time*

This will be achieved by, for example, enhancing the NHS 111 service to be more clinician-led allowing NHS 111 to directly book appointments at GP services, 100 hour pharmacists, urgent care centres, and to book community or psychiatric nurse home visits.

c) *Providing a more responsive out of hospital service to prevent A&E being the default choice for urgent care*

This will be achieved by, for example, delivering rapid telephone consultations in primary care; potentially federating GP practices to offer extended opening hours; placing more prominence on pharmacists and 100 hour pharmacies as a consultation and condition management service

d) *Ensuring that medical emergencies are treated in the right facilities with the right expertise*

This will be achieved by rebranding and reconfiguring A&E services into:

- 40-70 Major Emergency Centres (MEC), which will be large units capable of assessing and initiating treatment for all patients. These units will provide a range of specialist services led by senior staff with access to specialist equipment and expertise.

- Emergency Centres (EC), which will be capable of assessing and initiating treatment for all patients. Patients needing specialist treatments after assessment with be transferred to an MEC.

- Urgent Care Centres (UCC) – the term Urgent Care Centre will replace all other terms such as minor injury unit and walk in centre. They will offer an accessible walk in minor illness and injury service and may be based in both community settings and alongside hospital.

It is expected that the overall number of Emergency Centres and Major Emergency Centres will be broadly the same as the existing number of Emergency Departments (or Type 1, major, consultant-led, 24 hour units). However, services and staffing mixes will be considerably changed to support the new two-tier model of Emergency Centres.

e) *The whole urgent and emergency care system must be connected together through networks*

This will be achieved by, for example, Major Emergency Centres taking lead responsibility for the quality of care and operational performance of services across the network, including Emergency Centres; introducing formal critical care transfer and retrieval systems in remote and rural

areas; providing shared opportunities for hospital and community services to plan and redesign services.

Next steps

a) NHS England will now formally launch phase two of the urgent and emergency care review, which will focus on turning implementation, which is expected to take 3-5 years.

b) In the next six months progress will be made in the following areas:

- The principles of the review will be used to inform CCG five year strategic plans and two year operational plans. Commissioning guidance will be developed over 2014/15 to specify the new ways of delivering urgent and emergency care.

- Pilot health economies will be selected to trial these new models of care, supported by NHS Improving Quality.

- Developing the new service specification for NHS 111 for go-live in 2015/16

- Developing new payment systems for urgent and emergency care services will begin in partnership with Monitor

c) Longer term changes, including work with Health Education England to develop the correct workforce structure for future services, will also be progressed by the Delivery Group.

d) An interim report on progress with phase two of the work will be published in Spring 2014, to allow development time for any proposed changes to the 2015/16 National Tariff and commissioning plans.

6. Government's mandate to NHS England for 2014-5

The Government published on 13 November a refreshed mandate to NHS England for 2014-5 which consolidates the DH's role within the new system to provide strategic direction for the service, while allowing NHS England to determine how best to implement agreed objectives in partnership with commissioners, providers and other bodies in the system.

Priorities

The priorities within the mandate have remained consistent with last year and mirror the NHS Outcomes Framework as follows:

a) Preventing ill-health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease

b) Managing ongoing physical and mental health conditions such as dementia, diabetes and depression so that patients, their families and carers can experience a better quality of life; and so that care feels much more joined up, across GP surgeries, district nurses and midwives, care homes and hospitals

c) Helping patients to recover from episodes of ill health such as stroke or following injury

d) Making sure patients experience better care, not just better treatment, including being treated with compassion, dignity and respect

e) Providing safe care – so that patients are treated in a clean and safe environment and have a lower risk of infections, blood clots or pressure sores.

The refreshed mandate includes an enhanced focus on:

a) Taking forward the actions set out in the Government's response to the Francis Inquiry and learning the lessons from Mid Staffordshire NHS Foundation Trust and Winterbourne View

b) Supporting vulnerable older people including the introduction of a 'named clinician'

c) Supporting earlier diagnosis of dementia – a particular interest for Ministers, ensuring mental and physical health services are placed on an equal footing. NHS England (NHSE) is tasked to 'provide demonstrable progress by 2015 including ensuring communities have plans in place to offer crisis support, costing options to develop similar access times for crisis support as those in physical health from 2015 and increasing uptake of IAPT services particularly for children and young people

d) Roll out of the 'Friends and Family Test' to GPs, community and mental health services by the end of December 2014. The rest of NHS funded services to have the test by the end of March 2015

e) More joined up care in pregnancy and for children in the early years of life including delivering the pledges in 'Better health outcomes for children and young people'

f) Sustaining the existing focus on incident reporting and improving patient safety by 2015

g) Continuing to promote transparency and involving patients and carers in their care

h) NHSE's role in supporting the delivery of the Integration Transformation Fund and the Integration Pioneers.

7. New 2014-15 GP contract

The GP contract sets out the services that GP practices provide. The changes will come into effect from April 2014 following agreement between NHS Employers, on behalf of NHS England, and the British Medical Association's General Practitioners Committee (GPC). Key changes are:

a) A named GP will be accountable for ensuring proactive care is provided for people aged 75 and older as well as patients who are at high risk of hospital admission or have complex health needs (estimated to account for 2 percent of a practice population).

b) GPs to ensure integrated and personalised care for vulnerable patients, working with health providers such as A&E, the ambulance service and care homes to ensure joined up care. There will be a particular focus on reducing unnecessary hospital admissions and supporting appropriate admission and follow-up care.

c) A reduction in some overly prescriptive targets set out in the Quality and Outcomes Framework (QOF) to free up more time for GPs, with more focus on the patient's overall needs.

d) Patients to have greater ability to choose the GP practice that best meets their needs.

e) Patients having the facility to book and amend appointments and repeat their prescriptions online. This is better and more convenient for the patient and frees up time for GP surgeries to focus on direct patient care.

f) From December 2014, the Friends and Family Test will be available at all GP surgeries. It asks 'would you recommend this service to a friend or family member' and follows the roll-out of the test for patients staying in hospital. As in other areas of the health service, the overall results will be published online as part of a drive to improve quality and transparency.

g) Encouraging GP practices to find innovative ways to offer extended opening hours to patients on evenings and at weekends.

h) Patients and Information - During 2014/15 all practices will

- use the NHS Number in all clinical correspondence
- provide the ability for all patients to book appointments online
- allow all patients to order repeat prescriptions online
- allow patients to access their summary care records online.

Avoiding Unplanned Admissions and Proactive Case Management

As part of the new contract, a new enhanced service has been introduced for 2014/15 to put in place arrangements that improve services for patients with complex health and care needs, who may be at high risk of unplanned admission to hospital. In particular, the aim is to:

a) case manage vulnerable patients (both those with physical and mental health conditions) proactively through developing, sharing and regularly reviewing personalised care plans, including identifying a named accountable GP and care coordinator

b) provide timely telephone access, via ex-directory or bypass number, to relevant clinicians and providers to support decisions relating to hospital transfers or admissions, in order to reduce avoidable hospital admissions or A&E attendances

c) improve access to telephone or, where required, consultation appointments for patients identified in this service

d) work with hospitals to review and improve discharge processes, sharing relevant information and whole system commissioning action points to help inform commissioning decisions such as undertake internal reviews of unplanned admissions/readmissions.

8. Government's response to the Francis report

The Government published its full response to the Mid Staffordshire public inquiry (the Francis Report) on 19 November. The report incorporates the Government response to six expert independent reports on safety, complaints, bureaucratic burdens, support workers and trusts with the worst mortality rates. Trusts are expected to publish their own response to Francis by the end of 2013.

The government's initial response in February 2013, *Patients First and Foremost*, called for a 'fundamental culture change' across the health and social care system to put patients first at all times. It looked at six core themes: culture, compassionate care, leadership, standards, information, and openness, transparency and candour.

This report details the specific response to each recommendation. The Government has accepted 281 out of the 290 Francis recommendations, including 57 in principle and 20 in part. Progress against the report will be reported to Parliament on an annual basis.

Developments in this report include:

a) The expectation of monthly reporting of ward-by-ward staffing levels

b) 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
c) A statutory duty of candour on providers, and a professional duty of candour on individuals through changes to professional guidance and codes
d) Consultation on whether trusts should contribute to the NHS Litigation Authority's compensation costs when they have not been open about a safety incident
e) Legislation to hold accountable those responsible for wilful neglect
f) A fit and proper person's test which will act as a barring scheme
g) A protocol to minimise bureaucratic burdens on Trusts signed by all arm's length bodies and the Department of Health
h) A Care Certificate to ensure that Healthcare Assistants and Social Care Support Workers have the right fundamental training and skills
i) A new criminal offence applicable to care providers that supply or publish certain types of information that is false or misleading

9. Annual staff surveys 2013

The annual national staff survey is running now and a sample of staff has been sent the survey questionnaire by Picker, which is running this year's survey for us.

To ensure that every permanent staff member can give feedback, the trust has decided to run its own staff engagement survey. "Your voice – our future" was launched on 11 November and will run until 6 December. In contrast to the national survey which focuses on the staff having the skills, knowledge and tools to carry out their roles, "your voice – our future" sets out to measure what people think about their job and working for the trust. Both surveys will report after the new year.

Dr Yi Mien Koh **19 November 2013**