Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC – JULY 2016

Agenda Item Number: 99/16
Enclosure Number: (1)

Subject:	Report from the Interim Chief Executive
Prepared by / Sponsored by / Presented by:	Tim Powell, Interim Chief Executive
Purpose of paper	To updated the Board on national and local items of interest.
Key points for Trust Board members	Note contents of the report
Options and decisions required	None required, for information
Next steps / future actions:	None
Consideration of legal issues (including Equality Impact Assessment)?	None
Consideration of Public and Patient Involvement and Communications Implications?	None

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register	
Strategic Aim	**Strategic aim 1:** Deliver safe, high quality patient centred care **Strategic aim 2:** Develop a reputation for excellence in innovation, research & development and education in the top 20% of our peers. **Strategic aim 3:** Become the hospital of choice for general, specialist and selected tertiary services. **Strategic aim 4:** Staff would recommend the trust as a place to work and a place to receive treatment **Strategic aim 5:** Develop sufficient financial strengths to adapt to change and invest in the future.
BAF/Corporate Risk Register Reference (if applicable)	N/A
Risk Description	N/A
CQC Reference	N/A

Committees/Meetings at which paper has been approved:	**Date**
None	

Report of Chief Executive

Board of Directors – 7 July

1. Launch of New Fast Track Funding so NHS Patients get Treatment Innovations Faster

The head of NHS England has announced the launch of a new programme to fast-track cutting-edge innovations from across the globe to the NHS frontline. In his keynote speech to around 1,000 NHS leaders at the NHS Confederation Conference in Manchester, Simon Stevens announced that for the first time the NHS will provide an explicit national reimbursement route for new medtech innovations. This will accelerate uptake of new medtech devices and apps for patients with diabetes, heart conditions, asthma, sleep disorders, and other chronic health conditions, and many other areas such as infertility and pregnancy, obesity reduction and weight management, and common mental health disorders.

This new funding route will help cut the hassle experienced by clinicians and innovators in getting uptake and spread across the NHS. This is because a new Innovation and Technology tariff category will remove the need for multiple local price negotiations, and instead guarantee automatic reimbursement when an approved innovation is used, while at the same time allowing NHS England to negotiate national 'bulk buy' price discounts on behalf of hospitals, GPs and patients.

Mr Stevens also announced a new round of recruitment to the NHS Innovation Accelerator (NIA) programme, which supports developers with tried-and-tested innovations to spread them further and faster across the health service. This follows a successful first year, which saw a rapid roll out of innovations to 68 NHS hospitals, benefitting over 3 million patients.

2. New Care Models and Staff Engagement: All Aboard

The NHS Confederation, NHS Clinical Commissioners, NHS Providers and the Local Government Association, have published a handy guide to the work Vanguards are doing to engage their staff in the design and delivery of new care models. The new report 'New Care Models and Staff Engagement: All Aboard' aims to help spread the learning from the Vanguard programme across the health and care sector.

The publication contains four case studies which examine the ongoing work of NHS and Local Government organisations that are ensuring staff are at the heart of all decisions about new models of care in local areas, they are:

- All Together Better Dudley (multispecialty community provider)
- Barking and Dagenham, Havering and Redbridge System Resilience Group (urgent and emergency care)
- Better Care Together – Morecambe Bay Health Community (integrated primary and acute care system)
- East and North Hertfordshire Clinical Commissioning Group (enhanced health in care homes) the publication also identifies a number of key principles in order to help plan staff engagement when developing new models of care

They include:

- Enabling different groups of staff across organisations to 'break down the barriers' so people can break out of old working patterns and think differently
- Recognising that those on the front line of care have the best ideas about how to improve it, but need to feel empowered to do so
- Recognising that if staff feel that their contribution is valued, they will want to do all they can to make new care models a success

This publication is the second in a series of two. The first publication focused on new models of care and prevention and was published at the end of May.

3. 2015/16 Financial Position for NHS Trusts

The 2015/16 financial position for NHS Foundation Trusts and Acute Trusts was announced at the end of May. The key facts were stark: 65% of the provider sector is in deficit, to the tune of nearly £2.5bn, with the underlying deficit likely to be far greater. But what does this mean as we move into the second quarter of 2016/17?

The Treasury awarded extra money to the NHS in the 2015 spending review on the proviso that the provider sector would be able to get back in financial order. They want rules used to make providers achieve balance at the end of 2016/17. This means that every provider Board must have mandated saving targets and be held very strongly to account if they miss them.

Guidance released for the sector at the end of the last calendar year was unambiguous. £1.8bn of 'sustainability' funding, designed to close the deficit, is being awarded to Trusts in 2016/17 that hit negotiated financial saving targets as part of a 'control totals' process. However, it also said if providers are more than £1.8bn in deficit at the end of 2015/16, they would have to agree greater financial stretch targets to close the gap.

Only around half of providers have signed up to the first round of proposed control totals and getting the rest to sign is not going to be easy. Control totals are viewed by some as unrealistic and unmanageable.

However, not signing up to control total targets, or signing up and then missing them may be very problematic because of the clash of interpretation about what to do and who is most at fault when finances veer off course. Providers are already planning on doing everything within their power to cut costs for this financial year to meet a (now notional) £1.8bn deficit. However, even the most financially astute and well-managed provider will struggle in an environment when demand and costs rapidly outstrip revenue, and other services such as social care and public health experience even more dramatic funding pressures.

4. Care Quality Commission Adult Inpatient Survey

The Care Quality Commission (CQC) Adult Inpatient Survey 2015 received feedback from 83,116 patients. The results of this survey show that there have been statistically significant improvements in a number of questions. The increase in positive responses across a number of areas indicates general improvement in people's experiences of care. The survey is a really valuable source of information about the experiences of those who use these services. These results highlight the NHS' excellent work in improving all aspects of patient experience.

The fact that the results show overall improvement in people's experiences of care over the past five years is a reflection on the hard work and commitment of NHS staff not least given the pressures facing the health and care system. Encouragingly, 85% of patients now report that their care and treatment was 'good' or better in a range of areas, including access to care, cleanliness and patient choice. However the results also raise questions about the need to ensure more timely discharge from hospital, to improve the support available to people in their homes and to ensure that service users with a mental health condition are supported in all care settings.

5. Delays in Discharging Older Patients

Unnecessary delay in discharging older patients (those aged 65 and over) from hospital is a known and long-standing issue. For older people in particular, longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs as they can quickly lose mobility and the ability to do everyday tasks such as bathing and dressing. Keeping older people in hospital longer than necessary is also an additional and avoidable pressure on an already pressurised health and social care system.

The report from the National Audit Office 'Discharging Older Patients from Hospital' is clear acknowledgement that without urgent action, the problem regarding delayed transfers of care will only worsen.

Rising demand from an ageing population adds further strain to the financial sustainability of the NHS and Local Government, emphasising again the extreme pressure on health and social care. The publication also helpfully highlights that the true scale and impact of delayed transfers of care on services and, more importantly, on patients is not always apparent from data available. As it is a systemic rather than individual problem, we need to take action both locally and nationally to improve flow

It is widely recognised that for much of the time, older people are not in hospital for any clinical benefit, but due to delays in arranging relevant social care. In the report 'Right Place Right Time Commission' it captured evidence and good practice about transfers of care across all settings. It showed that, with strong integration of services, it is possible to stop the revolving doors whereby older people come into hospital because it's the only place where the support they need is immediately available, and help them to get into the appropriate care setting and back to their own homes where possible. The report also gives evidence that delays in the discharge of mental health patients are also a key challenge as they may have to remain as an in-patient when there is not suitable housing or community support package in place.

6. Local News

Portsmouth Hospitals NHS Trust's Fire Safety Management

The Trust has a management structure for fire safety in accordance with the Department of Health Guidance (HTM 05 01), with a Director Responsible for Fire Safety (Director of Corporate Affairs), a Fire Safety Manager (Head of Estates and Facilities), and a full time Fire Safety Adviser. Fire matters are formally scrutinised by the Fire and Security Steering Group, chaired by the Director of Corporate Affairs.

The Hospital Company and Carillion also have responsibilities for fire safety at Queen Alexandra Hospital which is supported by their own in-house Fire Compliance Manager.

The relevant legislation is the Regulatory Reform (Fire Safety) Order 2005. The Enforcing Authority for the Fire Safety Order is Hampshire Fire and Rescue Service (HFRS). The Trust and PFI Parties work closely with Hampshire Fire and Rescue Service and maintain a dialogue concerning any issues arising. Hampshire Fire and Rescue Service conduct occasional audits of the facilities and the resulting action plans are jointly reviewed and implemented. Hampshire Fire and Rescue Service are represented on the Trust Fire and Security Steering Group.

A comprehensive Fire Risk Assessment was undertaken at Queen Alexandra Hospital in 2015. The PFI Project parties are dealing with the significant findings of the Risk Assessment in priority order. The findings range from operational lapses in day to day usage of the facilities, to more fundamental modernisation of the physical fire precautions. These improvements require considerable investment and are disruptive to implement, often requiring decanting of wards and departments. The PFI project provides a mechanism for funding and undertakes these improvements as part of the Life Cycle Programme. Commercial liability for funding certain aspects is the subject of current discussions between the PFI Parties. These are not holding up any priority works required. A small working group has been formed to review and improve the Fire Incident Response plans.

Fire Safety Training to some 7,000 staff is provided by the Trusts Fire Safety Adviser in accordance with the provisions of HTM 05-01. Plans to extend this training into practical fire fighting and increased departmental drills are under preparation.

Team Brief

A copy of team brief is attached for your information.