THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

EXECUTIVE REPORT - CURRENT ISSUES

1. Executive Team

Particular attention is drawn to:

i) Pro-active management of the service portfolio and particularly in the more challenged Directorates.

ii) Interface with NHS England Area Team to assist in the underpinning of at risk specialist services in the North Cumbria population catchment.

iii) A proposed ‘Special Measures Buddying Agreement’ with Sherwood Forest Hospitals NHS Foundation Trust and liaison with Monitor in this regard.

iv) Progress in acting as host for the nationally designated Clinical Research Network (North East & North Cumbria).

v) Actions taken to ensure financial stability in 2013/14.

vi) The ever widening ‘Quality’ agenda vis à vis the plethora of even more intrusive assessment and reporting from a local and national perspective.

vii) Coping with ‘Winter Pressures’.

viii) Competition in secondary care provision.

ix) Involvement by invitation in the Monitor NHS Foundation Trust Governance Pilot exercise.

x) Follow up actions deemed necessary and following the Royal Victoria Infirmary being one of nineteen further hospitals linked to the Savile Inquiry.

xi) Information Technology security measures and controls.

xii) Ongoing support to East Lancashire Hospitals NHS Trust which is in ‘Special Measures’, with direct accountability as a consequence to NHS Trust Development Authority.

xiii) Prospective national determination of Clinical Commissioning Group financial allocations 2014/15 and the consequences that shall more than likely arisen in the local and regional settings.
xiv) A refresh in the approach being taken to address, influence and bring about the much needed enhancement of the healthcare integration agenda.

xv) Realignment of finite managerial resources to effectively cope with the demands of an ever evolving and more intrusive multi-factorial bureaucracy.

xvi) Firming up of the Annual Plan 2014/15.

xvii) Appraisal of a plethora of service investment proposals across the business portfolio.

xviii) Acquisition of Regent Point, Gosforth and the planned consolidation of the core administrative function on this site.

xix) Addressing the impact of diminished funding surrounding Postgraduate Medical Education and all this entails.


2. Key Impact Documents from Government/Regulators/Advisory Bodies/Others

(i) Dr Foster Hospital Guide 2013 (Dr Foster Intelligence)

This year, the Guide looks at four aspects of the wider health system:

- **Commissioning** – how financial austerity is affecting the way money is spent on hospital treatments.

- **Drugs & alcohol** – the impact that people with a drug or alcohol problem have on accident and emergency admission.

- **Quality of care at weekends** – how improvements are being made but there is still much to be done to ensure that care at weekends is as good as during the week.

- **Mortality** – reflection on a year which has reinforced the importance of mortality rate indicators, including review of the leading indicators being used and the difference between them, and to introduce a new variant of the HSMR that enables Trusts to review their performance at site-level for the first time.

It is to be noted that Newcastle was one of 12 Trusts to receive a ‘Highly Commended’ Award.

The overall Guide can be viewed at [www.myhospitalguide.com](http://www.myhospitalguide.com).
(ii) Academic Health Science Centre

Initial feedback from the interview with the International Designation Panel held in October 2013 and under the auspices of the National Institute for Health Research is now to hand.

As indicated in the guidance document, ‘Academic Health Science Centre – Full Application Guidance’, the designation criteria at the full application stage were:

- Volume, critical mass and world class excellence in basic medical research, and the ability to translate findings from basic research into excellent transitional, clinical and applied research across a range of interests.
- Excellence in patient care.
- Excellence in health education.
- Track record of translating scientific advances unto patient benefit, in order to improve patient cares and healthcare delivery.
- Strength of the strategy for the proposed AHSC.
- Strength and appropriateness of strategic alignment of the NHS provider/university partnership’s governance and leadership arrangements.
- Track record of, and capacity for, contributing to growth and the economy through partnerships with commercial life science organisations.

In addition, sound financial performance was also an important requisite for designation.

We have been advised:

“In assessing the applications, the Designation Panel used its professional judgement to consider the information provided in the full application, supplemented by the information provided during the interview. On this basis, the Designation Panel made recommendations on designation to the Department of Health and which it has accepted.

The Designation Panel did not recommend the formal Partnership (Newcastle University, Newcastle upon Tyne Hospitals NHS FT and Northumberland, Tyne & Wear NHS FT) for Academic Health Science Centre designation. In particular, the Panel judged that the application should not be designated on the basis that the case was not made for:

- Volume, critical mass and world class excellence in basic medical research, and the ability to translate findings from basic research into excellent transitional, clinical and applied research across a range of interests.

The Panel did however acknowledge the Partnership’s areas of world-class excellence and critical mass, excellence in patient care, areas of excellence in health education and strong existing organisational working relationships, and
recommended that the Partnership continue their trajectory of development in organisational joint working.

\textit{We will provide you with more detailed feedback on the Designation Panel’s assessment of your full application in due course”}.

Disappointingly and despite having been shortlisted in a highly competitive field, volume and critical mass per sè is a key make or break factor which does serve to pose questions as to whether or not such status shall ever be attainable. It is to be noted that all five established Centres were renewed following original designation in 2009 (when Newcastle did not reach the shortlist) together with Oxford (a failed applicant in 2009). It is to be noted that Birmingham also failed to make the grade.


A seven week consultation was launched on 12\textsuperscript{th} December 2013.

The declared vision of the Research & Development Strategy is to:

- \textit{Support development of high quality commissioning underpinned by research and innovation.}
- \textit{Support NHS England in becoming an excellent organisation by encouraging a culture that values and promotes research and innovation.}
- \textit{Create an evidence based decision making culture.}
- \textit{Ensure research undertaken or commissioned by NHS England is patient centred.}
- \textit{Offer every patient the opportunity to take part in research (where practical).}
- \textit{Contribute to economic growth.}

Also declared are the following aims:

- \textit{promote the use of research and the use of evidence obtained from high quality research and}
- \textit{support the NHS outcomes framework objectives by building the evidence base.}
- \textit{identify best practice to commission research that delivers benefits for patients families and}
- \textit{support the development of evidenced based innovative practice.}

(iv) Allocation of additional Winter monies 2013-14 (NHS England)

NHS England is making an additional £150m of non-recurrent funding available to
the NHS to “support effective delivery of Winter plans”.

It is explained “We are distributing the majority of the additional funding on a ‘fair shares’ basis to the health economies that have not yet received any additional funding (first tranche being £250 million), to support their investment in preparations for the winter period and to support their continued delivery of high quality services for their patients. Resources are being distributed via lead commissioners.

As with the earlier investment of £250m, the additional resources should be used to secure resilient delivery of the services to patients through the winter, and will involve:

- Schemes to minimise A&E attendance and hospital admissions
- Improvements to system flow through 7 day working across hospital, community, primary and social care with innovative solutions to tackle delayed discharges
- Specific plans to support high risk groups

As with the previous funding, we expect that the use of this money will be fully agreed through Urgent Care Working Groups (UCWG), with particular attention given to addressing those issues which the Chief Executives of the relevant acute providers see as key to reducing pressures on A&E Departments. It will also be important that all the vital stakeholders are consulted, especially leaders of Ambulance and Mental Health services, Local Authority Chief Executives and representatives of the independent and voluntary sector”.

Of particular note is the ‘fair shares’ based assessment outcome in the North East, i.e.

- Northumbria Healthcare NHS FT   £2.355 million
- South Tees Hospitals NHS FT     £2.148 million
- County Durham and Darlington FT £2.121 million
- The Newcastle upon Tyne Hospitals FT £2.015 million
- North Tees and Hartlepool NHS FT £1.167 million
- Gateshead Health NHS FT         £1.109 million
- City Hospitals Sunderland NHS FT £1.106 million
- South Tyneside NHS FT           £1.029 million

An update shall be given at the meeting.

(v) “Never Events” data (NHS England)

NHS England has published more detailed data than ever before about “Never Events” – the serious errors in care that put patients at risk of harm and that should not happen if full preventative procedures are in place. For the first time, provisional quarterly data on the number of never events happening at each hospital trust in England will be published, for patients, healthcare professionals, managers, stakeholders and the public to see and understand. Until now, data
has been published only annually, and only at national, aggregated level. From April 2014, the data will be updated every month.

The Trust responded to media enquiries as follows:

“Never Events are extremely rare but even one event is one too many. The Trust carries out a very thorough and detailed review into any event that occurs. That way we can ensure that every possible safeguard is in place and that we provide the right care first time, every time.”

There is no compromise in relation to quality in all that we do here in Newcastle.

All such incidents are reported each month in open public session and the subject of a comprehensive root cause analysis with lessons learnt.

Our calculated rate of incidence is 0.004% in contrast to the overall national rate of 0.005%.”

The Medical Director shall advise further at the meeting.

(vi) Excellence in Participation Awards 2013/14 launched (NHS England)

Patients, service users, carers, volunteers, members of the public and staff of health and care organisations are being asked to nominate their achievements for a series of new National Excellence Awards. The objective is to “celebrate the outstanding contributions of people and organisations across the country, who are transforming people’s lives, improving health and care services and putting patients, service users, carers and communities at the very heart of healthcare”.

(vii) Nursing Technology Fund (NHS England)

Involves £100m of funding “uniquely available to support Nurse and Midwife-led activities having been announced by the Prime Minister in October 2012. The first round of funding (£30m) is open to applications that must be received by 15th January 2014.


These Frameworks are based on six identical assurance domains and are intended to “enable commissioners to make a broad assessment of delivery, capability and reinforce our mutual responsibility for delivering high quality care to patients”.

(ix) Midwifery Supervision and Regulation - Recommendations for Change (Parliamentary& Health Service Ombudsman)

Published following the completion of three investigations into complaints from three families in the North West of England concerning events that took place at Morecambe Bay NHS Foundation Trust. In all three cases, the Midwifery supervision and investigations at local level failed to identify poor Midwifery practice.
In exploring why this happened, the Ombudsman uncovered a ‘potential muddling of the support and regulatory roles of supervisors of Midwives’. It is cited than an inherent conflict of interest arises because the support and development of a Midwife is currently done by the same person who also has the responsibility to report any concerns about ‘fitness to practise’ to the Regulator.

The report distinctly highlights that the inherent conflict could be exacerbated by Midwifery supervisors often being a peer and colleague of the Midwives they investigate. Regulation, and support and development, are separate in other branches of medicine. Also highlighted is the issue that the confidential nature of supervision can prevent information about poor care from being escalated effectively into hospital clinical governance or the regulatory system.

Two key principles are identified which should inform the future model of Midwifery Regulation. The principles are that:

- Midwifery supervision and regulation should be separated
- The Nursing and Midwifery Council should be in direct control of regulatory activity.

It is recommended that the Nursing and Midwifery Council works together with NHS England and the Department of Health to develop proposals to put these principles into effect. This will include developing and consulting on proportionate approaches to Midwifery supervision and Midwifery regulation. We recommend that this is done in the context of the anticipated Bill on the future of healthcare regulation and that the Professional Standards Authority advises and reports on progress.

The Nursing & Patient Services Director will comment further at the meeting.

(x) Future Arrangements for Maternity Care in North Tyneside (North Tyneside Clinical Commissioning Group)

A public consultation in relation to the proposal ‘the free-standing Midwifery-led unit at North Tyneside general hospital should no longer provide a service for deliveries and inpatient postnatal care’ was launched on 9th December 2013 and runs through until March 2014.

To place the need for change in context the following key statements are made:

- This change would happen when the new Northumbria Specialist Emergency Care Hospital in Cramlington opens in 2015.

- This means that when a woman becomes pregnant, no matter whether she is considered to be low or high risk she will be able to choose to deliver her baby at Northumbria Specialist Emergency Care Hospital, Cramlington or Royal Victoria Infirmary (RVI), Newcastle.

- The RVI already has both a Midwifery-led Unit (Newcastle Birthing Centre) and a Medical-led Unit on the same site, as will Northumbria Specialist Emergency Care Hospital.
• **Women should receive as much of their antenatal and postnatal care as possible in North Tyneside in a range of local settings.**

It is to be noted that more than 97% of local women now deliver babies outside North Tyneside with the Royal Victoria Infirmary (Newcastle Birthing Centre in the Medical-led Unit being the provider of choice i.e. in excess of 75% and the remainder attending Wansbeck General Hospital, Ashington and a small number remaining at the Midwifery-led Unit at North Tyneside General Hospital.

(xi) **The Mandate from Government to NHS England**  
**April 2014 – March 2015**

A document to which NHS England is being held to account.

The previous iteration was described by some commentators as a *political shopping list* and this time round emerging opinion serves to suggest that this document is *much less prescriptive*.

In summary, the main priorities are:

(a) **Significant improvements expected by:**

• taking forward the relevant actions set out in the further response to the Robert Francis QC Public Inquiry into the lessons arising out of the Mid Staffordshire NHS Foundation Trust;

• taking forward the actions set out in the Vulnerable Older People’s plan which will set out the Government’s ambition for improved health for the whole population, starting with the most elderly and vulnerable in society; and

• taking forward actions to deliver a service that values mental and physical health equally.

(b) **Anticipating significant progress on:**

• improving standards of care and not just treatment, especially for older people and at the end of people’s lives;

• the diagnosis, treatment and care of people with dementia;

• supporting people with multiple long-term physical and mental health conditions, particularly by embracing opportunities created by technology;

• preventing premature deaths from the biggest killers;

• furthering economic growth, including supporting people with health conditions to remain in or find work.

Overall NHS England is also expected to play a full role in supporting public service reform.
In the context of Education, Training & Research, the following points are of particular note, i.e.

- NHS England’s objective is to ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercial and non-commercial organisations, most importantly to improve patient outcomes, but also to contribute to economic growth. This includes ensuring payment of treatment costs for NHS patients taking part in research funded by Government and Research Charity partner organisations.

- NHS England also has a statutory duty as to promoting education and training, to support an effective system for its planning and delivery hence should support Health Education England in ensuring that the health workforce has the right values, skills and training to enable excellent care.

(xii) Changes to the GP Contract for 2014/15

NHS Employers (on behalf of NHS England) have reached agreement with the General Practitioners Committee of the BMA on changes to the General Medical Service (GMS) contract 2014/14.

In summary, these involve:

(a) Avoiding Unplanned Admissions and Proactive Case Management

The introduction of a new “new enhanced service” for 2014/15 for one year 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:

- 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.

- 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.

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

- work with hospitals to review and improve discharge processes, sharing relevant information and whole system commissioning action points to help inform commissioning decisions.

- undertake internal reviews of unplanned admissions/readmissions.
The “Enhanced Service” is to be underwritten via funding from the QP scheme in QOF (100 points) and the funding from the Risk Profiling Enhanced Service (£42m).

(b) **QOF** – It has been agreed that 341 points from QOF be retired. 238 of these points will be reinvested into core funding of General Practice. The remaining 103 points will be reinvested elsewhere in the contract with 100 points used to fund the new Enhanced Service (ES) for Avoiding Unplanned Admissions and Proactive Case Management and 3 points to fund improvements in the Learning Disabilities Enhanced Service.

It has been agreed that the planned changes in thresholds in QOF from April 2014 will be deferred for a year.

It is intended that “the retirement of indicators from QOF will reduce bureaucracy, allow GPs and practice staff more time to focus on the needs of individual patients and avoid unnecessary annual recall and testing of patients.” In this respect “GPs will use their professional judgment and continue to treat patients in accordance with best practice guidelines”.

(c) **Seniority** - It has been agreed that seniority payments will cease on 31st March 2020. In the meantime, those in receipt of payments on 31st March 2014 will continue to receive payments and progress as currently but there will be no new entrants from 1st April 2014. It is intended that there will be a 15% reduction in spend each year. Any money released will be reinvested into core funding.

(d) **Named GP for Patients Aged 75 and over** - as part of the commitment to more personalised care for more patients with long term conditions all patients aged 75 and over will have a named accountable GP.

(e) **Quality of Out of Hours Services** - practices who have opted out of Out of Hours services will have to monitor the quality of those services and report any concerns they may have.

(f) **Publication of GP Earnings** – All practices will publish GP NHS net earnings in 2015/2016.

(g) **Friends and Family Test** - it will be a contractual requirement for practices to undertake the Friends and Family Test from December 2014.

(h) **Choice of GP practice** - from October 2014, all GP practices will be able to register patients from outside their traditional practice boundary areas without any obligation to provide home visits for such patients. NHS England will be responsible for arranging in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.

(i) **Patients Needing Access to a Practice Clinician after Assessment** - where a patient has been assessed as needing contact with a practice clinician, the practice will ensure that when the patient contacts the
practice, a practice clinician will agree appropriate next steps having regard to the patient’s condition and circumstances.

(j) **CQC Inspections** - when the CQC’s new inspection arrangements are introduced, practices will be required to display the inspection outcome in their waiting room(s) and on the practice website.

(k) **Deprivation** – work is continuing to strengthen the weighting of Deprivation in the GP funding formula to be implemented from April 2015.

(l) **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
- update the Summary Care Record daily
- transfer patient records using the “GP2GP” facility
- allow patients to access online the data contained in their Summary Care Record

(m) **Enhanced Services**

- The Patient Participation scheme will continue for another year with the requirement to carry out a local survey removed due to the introduction of the Friends and Family Test
- The Extended Hours Access scheme is extended for another year with a number of flexibilities included to allow practices to work together to provide the most appropriate service for their patients
- The Dementia, Alcohol and Learning Disabilities Scheme will be extended for a further year with some changes made

It has been agreed that the Patient Online (£24m) and Remote Care Monitoring (£12m) Enhanced Services will cease on 31st March 2014 and the associated funding reinvested into core funding.

(n) **GP Pay and Expenses** - the General Practitioners Committee of the BMA and NHS England will separately submit evidence to the Doctors’ and Dentists’ Review Body (DDRB) in relation to the 2014/15 uplift to the GMS Contract. The Government will then consider the DDRB recommendations before making a final decision.

NHS England has spoken of these changes serving to ‘improve care for patients through empowering GPs’.

(xiii) **Hard Truths: The Journey to Putting Patients First (Department of Health)**

Published 19th November 2013 and with a covering letter from the Secretary of State for Health to all Chairs of Foundation Trusts and NHS Trusts stating:
You’ll have seen that we published ‘Hard Truths: The Journey to Putting Patients First’ today, the Government’s further response to the Mid Staffordshire NHS Foundation Trust Public Inquiry. The report can be found at: http://bit.ly/responsetofrancis.

Robert Francis’s inquiry contained difficult truths for everyone in the health and care system. I know from my regular visits to health and care services around the country that NHS organisations have been reflecting deeply on the inquiry’s key messages and engaging with their patients and staff to consider what this means for all of us.

Today’s response sets out our core messages from everyone working in health and care: to hear the patient and strive to see things from their perspective; to ensure the public know what’s really happening in their local NHS services; to be open about mistakes; and when things go wrong, to ensure that there is proper accountability. Together, these key themes are about fostering a culture which will make a reality of placing patients at the heart of a safe, compassionate NHS.

The best Boards are already driving this agenda forward – putting patients first, supporting staff, and embracing openness and transparency. The Care Quality Commission will help us identify where this is working well and we need to build on this work and share what is working with others.

The response sets out a range of actions by different partners in the health and care system to address the recommendations set out in the Francis inquiry. When I wrote to you earlier this year after the publication of ‘Patients First and Foremost’, I asked that all NHS hospitals should set out publicly how they intend to respond to the inquiry’s conclusions before the end of this year. Collectively, and with your drive, commitment and innovation, I know we will see real and lasting change”.

In essence Hard Truths is a Government response to not only the Mid Staffordshire NHS Foundation Trust Public inquiry recommendations but also the several related but independent reviews (Keogh, Cavendish, Berwick, Clwyd/Hart et al) in recent months.

It also provides responses to each of the 290 Francis recommendations, accepting 204 in full; 57 in principle; 20 part accepted; and 9 declined.

The report is comprehensive and detailed hence to aid Board level at a glance assimilation. Salient context is grouped under the key chapter headings - Preventing Problems; Detecting Problems Quickly; Ensuring Robust Accountability; and perhaps most importantly Ensuring Staff are Trained and Motivated.

Directors will recall that the Secretary of State wrote to all Chairs to encourage listening events to be carried out with staff. Within this report suggestion is for these to continue and for Trusts to feedback to the Department of Health.

In summary the following is to be noted:

- Preventing Problems
- Culture

Patients and the public expect the NHS to do all it can to prevent any repetition of the terrible events at Mid Staffordshire NHS Foundation Trust. This requires a profound change in culture that means ensuring safe care for patients; treating people as partners; and supporting staff to care.

- Patient Safety

As a result of the findings of Professor Don Berwick’s Review, (an International Expert in Patient Safety), take forward and make care safer for patients, developing a culture that is dedicated to learning and improvement, and that continually strives to reduce avoidable harm in the NHS. NHS England will establish a new Patient Safety Collaborative Programme across England to spread best practice, build skills and capabilities in patient safety and improvement science. The programme will include establishing a Patient Safety Improvement Fellowship scheme to develop 5,000 Fellows within a national faculty within five years.

The Department of Health has agreed with the Nursing and Medical Royal Colleges and Clinical Leaders that every hospital patient should have the name of the Consultant and nurse responsible for their care above their beds. The Government also intends to introduce a named accountable clinician for people receiving care outside hospitals, starting with vulnerable older people.

Care Quality Commission (CQC) and NHS England will work to align patient safety measurement and develop a dedicated hospital safety website for the public which will draw together up to date information on patient safety factors, for which robust data is available.

Trusts are to continue to be encouraged to use NHS Safety Thermometer data collection to help inform improvements in some key patient safety areas.

NHS England will begin to publish ‘never events’ data quarterly from November 2013, and then monthly before April 2014 to help Trusts, patients and the public drive improvement of services.

NHS England will re-launch the patient safety alerts system by the end of 2013 in a clearer framework to better understand and take rapid action in relation to patient safety risks.

NHS England will establish new patient safety networks across England to spread best practice, build skills and capabilities in patient safety and to focus on actions that can make the biggest difference to their patients.

- Openness and candour
Subject to Parliamentary approval, from 2014 every organisation registered with the Care Quality Commission will be expected to meet a “new duty of candour”.

In addition to the statutory duty of candour on providers, there is also a professional duty of candour on individuals that will be strengthened through changes to professional guidance and codes. The professional regulators will issue new guidance to make it clear professionals’ responsibility to report “near misses” for errors that could have led to death or serious injury, as well as actual harm, at the earliest available opportunity and will review their professional codes of conduct to bring them into line with this guidance.

- Listening to Patients

The NHS Constitution sets out in one place the rights that all patients should expect when they receive care, and these must govern how NHS organisations behave. The Department of Health will shortly issue for consultation a strategy to embed the NHS Constitution in everything that the NHS does.

The use of the “friends and family test” will be extended to mental health settings by the end of December 2014.

Trust Chief Executives and Boards will be expected to take personal responsibility for complaints, for example through signing off letters and through an update at each Board meeting. Detailed information on complaints and the lessons learnt will be published quarterly. CQC will look at how well a Trust deals with complaints and the Ombudsman has committed to expand the number of cases she considers.

- Safe Staffing

The National Quality Board and the Chief Nursing Officer have published A Guide to Nursing Midwifery and Care Staffing Capacity and Capability that sets out the current evidence on safe staffing and makes clear the expectations on all NHS bodies to ensure that every Ward and every shift has the staff needed to ensure that patients receive safe care.

By Summer 2014, NICE will produce independent and authoritative evidence based guidance on safe staffing, and review and endorse associated tools for setting safe staffing levels in acute settings. NICE will then start work to develop similar guidance and endorsement for staffing in non-acute settings, including mental health, community services and learning disability.

From April 2014, and by June 2014 at the latest, NHS Trusts will publish ward level information on whether they are meeting their staffing requirements. Actual versus planned nursing and midwifery staffing will be published every month; and every six months Trust Boards will be required to undertake a detailed review of staffing using evidence based tools. The first of these will take place by June 2014 and Trusts will be
required to set out what evidence they have used to reach their conclusions. The second review, to be undertaken by December 2014, will use NICE Excellence accredited tools. A review every six months will allow for the collection of several data points to inform appropriate staffing. Commissioners will use staffing data as a basis for further questions and discussions with providers.

CQC will monitor this performance and take action where non-compliance puts patient at risk of harm and appropriate staffing levels will be a core element of the CQC’s registration regime.

The Department of Health has commissioned a programme of work from NHS Employers to provide tools and training for employers to support the engagement, health and well-being of their staff.

Health Education England (HEE) are working to introduce values-based recruitment for all students entering NHS-funded clinical education programmes and together with NHS Employers building tools and resources for all NHS organisations to access.

- Detecting Problems Quickly

From January 2014, CQC will rate hospitals’ quality of care across 4 distinct Domains ie from Outstanding through to Inadequate. The three Chief Inspectors will use the insights of people who use services to guide, inform and influence the inspection process and the judgements that come out of it.

In Mental Health, inspection will begin with wave one pilots in January to March 2014; followed by a second wave in April-June 2014. Ratings will be published from October 2014 for NHS and January 2015 for the independent sector.

The Department of Health and the CQC are developing for consultation the Fundamental Standards of Care recommended by the Inquiry.

In particular the CQC has reviewed how it uses information to identify potential failures in the quality of care in hospitals. It will ask five key questions - is a service safe, effective, caring, responsive and well led?

The Secretary of State has made clear that so-called ‘gagging orders’ are unacceptable. NHS staff will be able to raise concerns about patient care in the knowledge that they will be listened to and their views will be welcomed. The new CQC Chief Inspector of Hospitals will be judging whether the culture of the organisation actively promotes the benefits of openness and transparency; and staff can now blow the whistle to their health and care professional regulatory bodies. NHS England will develop a Friends and Family Test for staff and the "Cultural Barometer" is being piloted and evaluated prior to a potential further roll out.
“Quality Surveillance Groups” will bring together all key organisations at a local level to share information to make judgements based on soft data and intelligence about the quality of care at hospitals where there are concerns about care standards. Once concerns are identified, action can be taken swiftly by the relevant organisation.

- **Ensuring Robust Accountability**

NHS England will hold CCGs to account for the quality outcomes they achieve and for their financial performance, and will have the power to intervene where there is evidence that CCGs are failing, or are likely to fail, in their functions.

There will be a new fit and proper persons test for board level appointments which will enable the CQC to bar Directors who are unfit from individual posts at the point of registration. This will apply to providers from the public, private and the voluntary sectors.

There must also, on occasion, be direct consequences for senior managers for failures in their organisations. NHS Employers will be commissioned to work with the CQC, the NHS Trust Development Authority and Monitor to develop guidance to support the effective performance management of very senior managers in hospitals through appraisal, including linking Chief Inspector’s ratings to individual contracts.

The Government agrees with Professor Don Berwick’s recommendation that there should be legal sanctions where individuals or organisations are unequivocally guilty of wilful or reckless neglect or mistreatment of patients. The Government will look to legislate in this Parliament, and will work with stakeholders to determine the details of this measure, and will consult on proposals for legislation as soon as possible.

The Care Bill proposes a new criminal offence applicable to care providers who supply, publish or otherwise make available certain types of false or misleading information, where that information is required to comply with a statutory or other legal obligation. The Bill also proposes that this offence will apply to the ‘controlling minds’ of the organisation, where they have consented or connived in an offence committed by a care provider.

The Government will seek an early opportunity to legislate for all the professional regulators (GMC, NMC, HCPC et al) to move rapidly to a maximum 12 months period for concerns raised about professionals to be resolved or brought to a hearing.

- **Ensuring Staff are Trained and Motivated**

The Department of Health has asked the Social Partnership Forum, which brings together representatives of staff and employers in the NHS, to produce guidance on good staff engagement.
Education and training are critical to securing the culture change necessary for the best patient care now and in the future. Action led by Health Education England (HEE) and other organisations will focus on ensuring improvements in continuous professional development and appraisal.

The Nurse Leaders in HEE, NHS England, Department of Health and Public Health England will work with the nursing profession to develop a bespoke older persons' nurse post-graduate qualification training programme.

HEE has established the first set of pilots of one year of pre-degree care experience for aspiring Student Nurses. On completion the pilot will be evaluated to see how pre-degree care experience can be rolled out in an affordable and cost-neutral way, so that everybody who wants to train to be a nurse is able to get caring experience before they start their studies.

The NMC has committed to introduce an affordable, appropriate and effective model of revalidation for nursing and midwifery.

The review undertaken by Camilla Cavendish, Non-Executive Director of the CQC, raised the need to improve recruitment, training, development and supervision of health and social care support workers. The Government has asked HEE to lead the work with the Skills Councils, and other delivery partners to develop a new Care Certificate to ensure that Healthcare Assistants and Social Care Support Workers have the right fundamental training and skills in order to give personal care to patients and service users.

Hospitals chosen to take part in a new initiative aimed at increasing access to Radiotherapy

NHS England has announced the 10 centres that are set to participate in a new £4.8 million national initiative aimed at increasing access to specialist Radiotherapy Services.

The 10 leading centres that will provide Selective Internal Radiation Therapy (SRT) are part of a time limited programme known as Commissioning through Evaluation.

The centres are:

- Newcastle
- Leeds
- Christie, Manchester
- Oxford
- Southampton
- Central Birmingham
- Nottingham
- Cambridge
- Kings College (London)
- Royal Free (London)
(xv) 2014/15 National Tariff Payment System

The national tariff is heralded as a “key tool for the effective delivery of services for patient care in the NHS - £67 billion worth of patient services is covered by it”.

The documents published under the joint banner of Monitor and NHS England arise out of a formal consultation facilitated by Monitor in Autumn 2013 and are designed to help commissioners and providers address the strategic challenges facing NHS care in their localities in three ways:

- by offering more freedom, to encourage the development of new service models;
- by providing greater financial certainty to underpin effective planning; and
- by maintaining incentives to provide care more efficiently.

Next steps are also highlighted to be:

- Publication of the 2014/15 National Tariff Payment System enables commissioners to work with providers to agree contracts which will deliver better care for patients and the best deal for taxpayers.
- Monitor and NHS England are now working on plans for the 2015/16 National Tariff, which will include further engagement with the sector over coming months.
- In particular Monitor pinpoint that one of the key priorities this will be to further encourage innovation in health care to support the sector in meeting present and future challenges.

(xvi) The NHS Standard Contract for 2014/15

NHS England has released a new, mandatory version of the NHS Standard Contract for 2014/15. The format of the contract is similar to the current version, with a set of Service Conditions, General Conditions, and Particulars for local customisation.

Of particular note:

- **Commissioning for Quality and Innovation (CQUIN)** – For the first time, the contract clauses make provision for disapplication of national CQUINs, an option for the Trust shall need to evaluate.

- **Intellectual Property** – the contract clause remains unchanged and will therefore require a waiver clause to be negotiated as in current and previous years.

- **Service Development Improvement Plan (SDIP)** – This has historically received little focus after contract sign-off from either the Trust or Commissioners. However from 2014/15, there will be two mandatory elements, i.e.

  i) Each provider of acute services must agree action that it will take during 2014/15 to commence implementation of the national determination to enhance and sustain “7 day services”.

ii) Each provider which has not yet completed implementation of the high-impact innovations set out in ‘Innovation, Health and Wealth’ (circa 10th December 2012) must agree action that it will take during 2014/15 to complete full implementation of all of the innovations relevant to the service portfolio.

An update shall be provided at the meeting.

(xvii) Better Information Means Better Care

Since 6th January 2014 leaflets explaining how the NHS uses patient information have been landing on the doormats of England’s 26.5 million households. Over the next four weeks, every household in England will receive ‘Better Information Means Better Care’, a leaflet explaining the benefits of sharing information about care they have received.

Sir Leonard Fenwick
Chief Executive
10th January 2014