

<b>Report to Trust Board</b>	<b>Date 25 November 2009</b>	<b>Agenda item no 6.1</b>
<b>Title</b>	Strategic Dashboard	
<b>Author Responsible Director</b>	Director of Finance	
<b>Classification</b>	Information	
<b>Purpose</b>	To provide an overview of emerging strategic issues facing the Trust	
<b>Recommendations</b>	The Board to note the report	
<b>Impact assessment</b>	The report identifies the issues which potentially impact on the Trust's Strategic direction. Where appropriate these issues are developed in separate reports.	
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**Executive Summary**

<u>STRATEGIC POSITION</u>	<u>STRATEGIC OPTIONS</u>
<p><b><u>PCT Provider Arm services</u></b> Discussions continue with PCT.</p> <p><b><u>Links with other Trusts</u></b> Dialogue with SHA's PCT's and Trusts continues.</p> <p><b><u>HMP Prison Tender Bid</u></b> The Trust has been formally recognised as a sub-contractor to support the development of an integrated healthcare model.</p> <p><b><u>Hinchingbrooke Healthcare NHS Franchise</u></b> Following the Trust attendance at the SHA's Partnering Day on 2nd October 09, Serco have identified the Trust as a partner in a future consortium to bid for this franchise.</p> <p><b><u>Pathology Tender</u></b> The TUPE transfer to GSTS Pathology for 1st December 09, has now been formalised for the contract signature.</p> <p><b><u>Flu Pandemic</u></b> New guidance published.</p> <p><b><u>Infection Control</u></b> MRSA screening continues to be a challenge.</p>	<p><b><u>Acquisition of PCT Provider Arm Services</u></b> PCT action awaited.</p>

## STRATEGIC IMPLEMENTATION

### Vascular

Vascular Technologist appointed.

### Decontamination

The FBC for the project was approved by the Trust Board in October 2009.

### Main Server Room Pathology Building

Work to construct new Trust Server room is progressing. Completion due December 09.

### Carbon Reduction

The Trust investment in energy and carbon reduction measures continues.

### One Stop Clinic Breast and Bowel - OPD

The Development for One Stop Services for delivery of Breast and Bowel progressing.

### Pathology Project

The Estates Team have now been able to complete the appointment of the project design team for the design and tender required to fit out the top floor of the Pathology building.

### Preceptorship framework for Nursing

The Trust is involved in a national pilot called 'Flying Start'.

### Learning Disabilities

The Director of Nursing & patient Services has joined the Learning Disabilities Partnership Board hosted by the Borough Council.

## STRATEGIC ISSUES & RISKS

### QIPP/Public Sector spending

Chief Executive attends QIPP event 30 October.

### Care Quality Commission

The Care Quality Commission is consulting on its proposed strategic plan for 2010/15.

### Preparing for CQC Registration

From April 2010, the Care Quality Commission (CQC) is introducing a new registration system.

### EWTD

Researchers writing in the *British Medical Journal* have claimed the European Working Time Directive could put patients in danger. The Royal College of Surgeons has published the results of its survey into the impact of the introduction of the European Working Time Regulations on surgeons.

### Revalidation

Licensing and recertification of all doctors will be introduced by statute from April 2010.

### Payment by Results

Findings from the second year of the Payment by Results (PbR) data assurance framework have shown that although trusts are making fewer clinical coding errors compared with last year, there are still serious concerns over the quality of medical records.

### Rise in Rates of Superbugs

A report due out from the Public Accounts Committee is expected to show that while rates of MRSA and C.diff are falling, other potentially fatal infections which receive less attention appear to be on the rise. The number of cases of Clostridium difficile (C.diff) could be twice as high as previously thought because tests are failing to pick up infection.

### Changes to Reporting Procedures – Overseas Visitors from EEA

From 12 October, NHS organisations providing emergency or immediately necessary treatment to visitors from European Economic Area (EEA) countries will need to collect patients' European Health Insurance Card (EHIC) or Provisional Replacement Certificate (PRC) details, as proof of entitlement to receive their treatment free of charge.

### Social Care Guarantee for England

The National Information Governance Board for Health and Social Care launched the Social Care Record Guarantee for England.

### Action for Health Visiting

New guide issued - '*Getting it Right for Children and Families*'.

### 18 Week Guidance

New guidance suggests methods for reviewing and reporting waits longer than 18 weeks.

### Patients to be given legal right to treatment within 18 weeks

Patients who wait more than 18 weeks for treatment and cancer sufferers not seen by a specialist in a fortnight on the NHS will have the right to free private care.

**Additional Funding for Neonatal Care denied**

Ministers have reportedly not taken up the advice of the Neonatal Taskforce to allocate investments of £89million a year into neonatal care with a further one-off investment of £102million.

**Corporate Manslaughter**

The Sentencing Advisory panel is currently consulting on penalties.

**NICE aims to help employers reduce levels of staff mental ill-health**

Nice has produced an online calculator.

**Report finds poor communications leads to unnecessary deaths**

A report published by the National Confidential Enquiry into Patient Outcome and Death looking at 4,500 fatalities has found poor communication between doctors and delays in contacting consultants are causing unnecessary hospital deaths.

**NHS FT private patient cap - call for evidence**

Call for evidence in relation to restrictions on private patient income to the NHS.

**New certification scheme for health and social care information**

The Information Standard has been launched to provide an easy way for the public to identify quality information they can trust.

**Safeguarding targets and indicators**

In response to a recommendation in Lord Laming's recent progress report on *The Protection of Children in England*, the cross-Government National Safeguarding Delivery Unit (NSDU) has launched a limited consultation.

**CQC Challenges over Child Protection**

A special review commissioned by the Care Quality Commission (CQC) following the death of Baby P has challenged claims made by 112 trusts.

**Draft Regulations for the framework for registration of health and adult social care providers**

Response to March 2009 consultation recently been published.

**Personalised Care Planning: Outline Service Specification (OSS)**

The Outline Service Specification has been developed to assist NHS commissioners.

**Being open Webinars**

19 November 2009 sees the re-launch of the *Being open* framework.

**Public service targets face scrutiny**

The use of targets, audit and inspection of public services will come under growing pressure as public funding tightens.

**Nursing becomes an all graduate profession**

Within the next four years, anyone wishing to become a nurse will have to have a degree qualification.

**More for less: The NHS theme for the future**

'More for less' is becoming the theme for the next five years. NHS boards will face the challenge of increasing productivity while maintaining or improving quality.

	<p><b><u>NHS Constitution</u></b> A consultation on proposals to include new rights into the NHS Constitution was launched on 10 November.</p> <p><b><u>High Impact Actions for Nursing and Midwifery</u></b> If implemented in every NHS organisation across the country, will hugely improve the quality of care and make significant reductions in cost.</p> <p><b><u>Review of the Dignity in Care Campaign</u></b> An independent review has been conducted on the impact of the Dignity in Care Campaign since its introduction in November 2006.</p> <p><b><u>Social Care Institute for Excellence – Social Care TV and Dementia Gateway</u></b> The Social Care Institute for Excellence offers a unique, new broadband service featuring engaging films along with guidance and advice, multimedia and e-learning resources.</p> <p><b><u>Royal Assent for Health Bill</u></b> The Health Bill 2008/09 last week received Royal Assent and is expected to come into force within the next few months.</p>
<b>STRATEGIC POSITION</b>	
<b>PCT Provider Arm Services</b>	Discussions continue with the PCT about how different management arrangements for community services could help both of our organisations.
<b>Links with other trusts.</b>	Dialogue with SHA's, PCT's and Trusts covering the MKSM growth area is continuing.
<b>HM Prison Bid Tender</b>	<p>The Trust has been formally recognised as a sub-contractor to support the development of an integrated healthcare model for the prison. Discussions have been held with key department heads to inform the Trust's input. One key area where there is a developmental opportunity will be the provision of a telemedicine facility in the Trust to support clinical liaison.</p> <p>The PCT have indicated that they are reviewing the recent DH letter to CEOs, about the NHS being a preferred provider (dated 13 October 2009). This may have an impact on the future contract, but both the Trust and Serco are awaiting a formal response on this aspect. The final bid documentation is currently required by 30 November 09.</p>
<b>Hinchingbrooke Healthcare Franchise</b>	Following the Trust attendance at the SHA's Partnering Day on 2nd October 09. Serco have identified the Trust as a partner in a future consortium to bid for this franchise. Discussions within Serco are at an early stage, but Serco have formally expressed an interest in bidding on a consortium basis. Further meetings with Serco are planned in late November to inform the development of the pre-qualification questionnaire.
<b>Pathology Tender</b>	<p>The TUPE transfer to GSTS Pathology for 1st December 09 has now been formalised for the contract signature. GSTS Pathology has published a second newsletter for staff and has established a number of workshops for pathology staff in November 09. A Trust Clinicians/GSTS Pathology workshop has been arranged for lunchtime 17th November 2009 and a formal launch is arranged for 1st December 09.</p> <p>The contract is in the final stages of review awaiting final legal comment, but there are no showstoppers. In addition, the Trust and GSTS have begun discussions with the L&amp;D to scope potential opportunities to align some aspects of service at Bedford Hospital, including Cytology, Microbiology and Biochemistry. Further joint discussions are planned over the next few weeks, under a formal confidential business framework.</p>
<b>Flu Pandemic</b>	There has been a small decrease in the number of cases of swine flu, although the number of patients in critical care remains high. Virtually all GPs will have received their first delivery of the swine flu vaccine by 13 November, and are continuing to vaccinate patients in the priority groups and eligible frontline staff. New guidance for pregnant women has been published. Information has also been published on the role of healthcare students during the swine flu pandemic, and information for health and social care staff who are pregnant or in other at-risk groups. All organisations must continue to plan for managing swine flu

	<p>alongside the added pressures of winter.</p> <p>The trust has received a supply of pandemic flu vaccine. A mass vaccination programme has commenced with over 700 doses administered so far. The vaccine is intended for front line staff at greatest risk of acquiring flu because of their proximity to infected patients.</p>
<b>Infection Control</b>	<p>MRSA screening of elective patients at Bedford Hospital has continued to be a challenge, the action plan is in place and being actively managed through a weekly turnaround group, the percentage of elective admissions with a screen recorded on information systems is 77% screened. Progress is being made towards screening of emergency patients currently 77% against a local target of 80%.</p>
<b>STRATEGIC OPTIONS</b>	
<b>Acquisition of PCT Provider Arm Services</b>	<p>PCT action awaited.</p>
<b>STRATEGIC IMPLEMENTATION</b>	
<b>Vascular</b>	<p>Vascular Technologist appointed and taking up post in January 2010.</p>
<b>Decontamination</b>	<p>The FBC for the project was approved by the Trust Board in October 2009. The project is progressing in line with the FBC. The Estates Team are in the process of agreeing the Guaranteed Maximum Price (GMP) under the P21 framework agreement. The current indication is that the final GMP will be in line with the costs identified in the FBC. Confirmation of the GMP is expected to be agreed by the end of December 2009. This will allow a start date on site in December 2009 in line with the programme provided to the Trust Board.</p>
<b>Main Server Room Pathology Building.</b>	<p>The work to construct the new Trust Server room is now progressing and is on programme to be completed in December 2009. This will be followed by a period of population of the IT equipment to allow the server room to be brought on line.</p>
<b>Carbon Reduction</b>	<p>The Trust investment in energy and carbon reduction measures continues with the investment to upgrade the main boiler house plant room. The design is now complete with the tender package out to the market. Other investments being implemented include improved theatre ventilation controls and upgrades to the lighting systems within the Cygnet Wing Building.</p> <p>The Estates Team are also in the process of evaluating the impact of the Carbon Reduction Commitment Scheme (CRC). This scheme will require the Trust pay a tax or circa £12/tonnes of carbon produced as a direct result of the utilities used on the main site. It is currently estimated that the Trust produces around 9000 tonnes of carbon a year. The boiler house project is therefore key to the reduction of this potential tax as it is estimated that the project to convert the boiler house from heavy oil to gas will reduce this figure by 1000 tonnes of carbon per year while also providing improved efficiency on site for the Trust main heating source.</p>
<b>One Stop Clinic Breast and Bowel - OPD</b>	<p>The Development for One Stop Services for the delivery of Breast and Bowel is progressing on site with refurbishment of the 1st floor of the OPD. The project is due for completion in April 2010 with phase 1 to be completed December 2009. The Breast one Stop clinic going live in January 2010.</p>
<b>Pathology Project</b>	<p>The Estates Team have now been able to complete the appointment of the project design team for the design and tender required to fit out the top floor of the Pathology building. This process will be undertaken on behalf of GSTS in partnership with the Trust. This will enable the relocation of the Microbiology Department. The first meeting of the project board was completed on Monday 9th November 2009. This will now be followed by the formation of the user groups to enable the design brief to be agreed and to inform the final specification.</p>
<b>Preceptorship framework for Nursing</b>	<p>The Trust is involved in a national pilot called 'Flying Start' which was launched by the Chief Nursing Officer for England. We are the only acute hospital with funding for this project in the east of England and will be demonstrating learning to other organisations from our experience. This will inform a national framework of formal Preceptorship to be implemented as part of the registration process for all newly qualified nurses in the future.</p>
<b>Learning Disabilities</b>	<p>The Director of Nursing &amp; patient Services has joined the Learning Disabilities Partnership Board hosted by the Borough Council. An action plan is being developed to ensure that patients who have learning disability have access to services and take account of their individual needs. NHS East of England have produced a strategic document with this focus which is in its first wave of consultation.</p>

STRATEGIC ISSUES & RISKS	
QIPP/Public Sector spending	The chief Executive attended the NHS Bedfordshire QIPP event on Friday 30 October. The purpose of the event was to look at ideas that could facilitate savings, for example, prescribing practices across the health economy, patient flow – the admission of patients to hospital from nursing homes and return.
Care Quality Commission	The Care Quality Commission is consulting on its proposed strategic plan 'making sure people get better care – our strategy for 2010/15' and is inviting views on how it should use its powers and resources to achieve the best possible care for people across England. The consultation document outlines the challenges it sees; what it's seeking to change as a result; its five strategic priorities; what it will do to achieve its aims; and how it will measure the outcomes for people who use services. The closing date for comments is 24 December 2009.
Preparing for CQC Registration	From April 2010, the Care Quality Commission (CQC) is introducing a new registration system which will apply to all regulated health and adult social care services. Trusts need to familiarise themselves with the new system to make sure they are ready to apply for registration from 4 January 2010. Board members should be taking steps now to be sure their trust is compliant with the new regulations.
EWTD	<p>Researchers writing in the <i>British Medical Journal</i> have claimed the European Working Time Directive could put patients in danger. Research from Germany shows that reducing the working day from 12 hours to eight affected the number of patients suffering complications. Authors of the research say "if enough hands-on patient care as well as operative experience cannot be achieved during a restricted working week, surgical training should be extended." Royal College of Surgeons president John Black said: "This paper provides compelling evidence that the need for both cognitive ability and manual dexterity cannot be shortcut by reduced hours."</p> <p>The Royal College of Surgeons has published the results of its survey into the impact of the introduction of the European Working Time Regulations on surgeons. The results indicate that there is clear evidence that patients are much less safe in the NHS since the August introduction of the 48 hour working limits. The results include the following:</p> <ul style="list-style-type: none"> <li>▪ Sixty-four per cent of all respondents thought quality of care had worsened due to the EWTR.</li> <li>▪ More than half of consultants believe compliance with EWTR has been achieved at the expense of patient safety (overall 44% of respondents agreed).</li> <li>▪ A third said handover arrangements are inadequate in their hospital and 23% said they cannot stay involved in all stages of individual patients' clinical care that require their expertise.</li> <li>▪ Sixty-two per cent of surgeons said they were not working a truly compliant 48 hour week, with 70% estimating they worked more than 48 hours – with these surgeons estimating they averaged between 55-60 hours a week.</li> <li>▪</li> </ul> <p>A quarter of respondents said that other professionals in the healthcare team are acting up to cover tasks previously done by surgeons, and 43% said they are covering rota gaps in other areas of their own hospital to keep services running.</p>
Revalidation	<p>All registered doctors wishing to practice were issued with a licence to practice on November 16<sup>th</sup> 2009. In time all specialists will also need to be revalidated in their speciality. The two processes will run in parallel.</p> <p>The General Medical Council and the NHS Revalidation Support Team (part of the Department of Health) have made it clear that once licences are issued processes must be put in place to ensure enhanced appraisal, the cornerstone to revalidation, is of uniformly high quality across the country. The issuing of licences in 2009 does not start the five year cycle for revalidation, which will begin when appropriate processes have been put in place nationally. Currently there are a number of pilot systems being evaluated, although the principles have been agreed.</p> <p>It is therefore clear that once processes have been defined, organisations will have to not only implement them but also provide assurance as to their quality.</p>

<p><b>PbR</b></p>	<p>Findings from the second year of the Payment by Results (PbR) data assurance framework have shown that although trusts are making fewer clinical coding errors compared with last year, there are still serious concerns over the quality of medical records. An Audit Commission report on the clinical coding audit programme carried out at acute trusts, published in August 2009, found that:</p> <ul style="list-style-type: none"> <li>• Over 12 per cent of the clinical codes for diagnoses and procedures were wrong. However, this is an improvement on the 2007/08 figure of 16.5 per cent and the improvement in specialist trusts was particularly notable.</li> <li>• On average, 8 per cent of payments in the cases audited were wrong in 2008/09, down from 9.4 per cent in 2007/08.</li> <li>• The gross amount of overcharging and undercharging totalled £2.6 million, which was 3.9 per cent of the coding sample reviewed compared with 4.7 per cent last year. The net financial impact was almost zero, and there continues to be no evidence of trusts seeking to 'game' the system and overcharge purchasers for the work that they do.</li> </ul> <p>The report raises concerns over the poor quality of some medical records - about 80 per cent of PbR audit reports recorded problems relating to the quality of records. Some medical records were so poor they could not be audited - for example, there was no evidence from the record that any treatment had been provided. Poor quality records and documentation not only represent financial risks but, more importantly, may lead to significant clinical and patient safety risks.</p>
<p><b>Rise in rates of superbugs</b></p>	<p>A report due out this week from the Public Accounts Committee is expected to show that while rates of MRSA and C.diff are falling, other potentially fatal infections which receive less attention appear to be on the rise. A scheme charting all bloodstream infections found numbers increased by 30 per cent between 2003 and 2007. The report is expected to show rising rates of E.coli and Klebsiella.</p> <p>The number of cases of Clostridium difficile (C.diff) could be twice as high as previously thought because tests are failing to pick up infection, according to microbiologist Professor Gary French. Professor French, a consultant microbiologist at King's College London and Guy's and St Thomas' NHS Foundation Trust claims that current tests only pick up 38 per cent of cases of C.diff. His research, to be published in the <i>Journal of Hospital Infection</i>, suggests a more thorough detection by screening for the presence of C.diff and then testing to establish whether it is producing the toxins which cause symptoms or is lying dormant. Professor French said that although improved tests may find new cases, it should not be taken as a rise in C.diff figures and hospital managers would need reassurance that a rise did not reflect standards of poor care.</p>
<p><b>Changes to Reporting Procedures – Overseas Visitors from EEA</b></p>	<p>From 12 October, NHS organisations providing emergency or immediately necessary treatment to visitors from European Economic Area (EEA) countries will need to collect patients' European Health Insurance Card (EHIC) or Provisional Replacement Certificate (PRC) details, as proof of entitlement to receive their treatment free of charge. This information, which should be submitted via the new Overseas Visitors Treatment (OVT) Portal, will enable the NHS to recover the costs of their care from their home healthcare system. Patients who cannot provide a valid EHIC or PRC should be treated as NHS charged patients (and not as private patients), in line with the Department of Health's Overseas Visitors Hospital Charging Regulations. Income received from EEA visitors treated as NHS charged patients should not count towards an FT's private patient cap. The DoH have now issued draft regulations and draft accompanying guidance to provide greater clarity to the NHS about the application of case law on Article 49 of the EU Treaty to NHS patients as well as incoming patients from other EEA Member states. The DoH is seeking views on the proposed guidance and regulations with a closing date of 20 November 2009.</p>
<p><b>Social Care Guarantee for England</b></p>	<p>The National Information Governance Board for Health and Social Care launched the <i>Social Care Record Guarantee for England</i> to social care professionals on 21 October 2009. The Guarantee explains to service users how the information they provide to social care staff is used and what control they can have over this. It complements the NHS Care Record Guarantee for England. The Social Care Record Guarantee will establish standards for what should be included within</p>

	<p>children's and adults' social care records, and how they should be used and shared by local authorities in England. It is designed to complement and mirror the existing NHS Care Record Guarantee, which performs the same role in health. Under the <a href="#">Health and Social Care Act 2008</a>, the NIGB will gain statutory powers in December this year to monitor data handling and security in NHS trusts and council adult social care departments.</p> <p><b>Link:</b> <a href="http://www.nigb.nhs.uk/social-care">www.nigb.nhs.uk/social-care</a></p> <p><b>Action:</b> NHS Chief Executives and Directors of Adult Social Care are asked to consider adopting the Guarantee in their organisations and bring it to the attention of local service users.</p>
<b>Action on Health Visiting</b>	<p>This guide, '<i>Getting it right for children and families</i>', reports on the first phase of the action on health-visiting programme. A collaboration between the Department of Health, Unite and CPHVA, it defines the contribution of health visitors in key elements of child and family health and sets out next steps for the future. It will be of interest for everyone who has an interest in providing a public health programme for children and families.</p> <p><b>Link:</b> <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107278">www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107278</a></p> <p><b>Action:</b> NHS chief executives will wish to discuss this guide with appropriate leads in their organisation.</p>
<b>18 Week Guidance</b>	<p>New guidance suggests methods for reviewing and reporting waits longer than 18 weeks in order to understand the causes of unnecessary waits and to drive further improvements in patient experience. The guidance on clinical exceptions may be useful to the NHS in identifying clinical exceptions to the 18 weeks standard.</p> <p><b>Link:</b> <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/18WeeksReferraltoTreatmentstatistics/DH_089757">www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/18WeeksReferraltoTreatmentstatistics/DH_089757</a></p> <p><b>Action:</b> NHS chief executives will wish to discuss this guide with appropriate leads in their organisation</p>
<b>Patients to be given legal right to treatment within 18 weeks</b>	<p>Patients who wait more than 18 weeks for treatment and cancer sufferers not seen by a specialist in a fortnight on the NHS will have the right to free private care. The proposals are expected to be brought into force in April 2010 following a public consultation. Patients could also be given the legal right to die at home and the right to access a NHS dentist. Andy Burnham said: "Turning targets into a legal right will empower patients and guarantee them the same high standards of care, regardless of where they live."</p> <p>The Department of Health's consultation into new legal rights to maximum waiting times for NHS treatment reveals that primary care trusts will have to take, "reasonable steps," to find alternative treatment providers if the 18 week limit is passed. It goes on to say that for specialities with limited capacity, "it may not be possible to find a suitable alternative provider in every case." The NHS Confederation said that the proposals sent, "a clear message," that waiting times could not slip as spending was squeezed, and that the guarantee should apply across the range of NHS services, not just elective surgery.</p>
<b>Additional Funding for neonatal care denied</b>	<p>Ministers have reportedly not taken up the advice of the Neonatal Taskforce to allocate investments of £89million a year into neonatal care with a further one-off investment of £102million. A report by The Neonatal Taskforce identifies a shortfall of 2,700 nurses and 300 other staff in England's 162 neonatal units. It recommends that sick babies have one-to-one nursing in intensive care - the same standard received by adults. Ministers have decided not to allocate extra cash, saying that funding must be found instead from local health budgets.</p>
<b>Corporate Manslaughter</b>	<p>The Sentencing Advisory panel is currently consulting on the penalties for this offence and have suggested</p> <p>For corporate manslaughter: <i>"The appropriate fine will seldom be less that £500,000 and may be measured in millions of pounds"</i>.</p> <p>For health and safety offences causing death, <i>"...the appropriate fine will seldom be less than £100,000 and may be measured in hundreds of thousands of pounds or more"</i>.</p>
<b>NICE aims to help employers reduce levels of staff</b>	<p>Analysis by the National Institute for Health and Clinical Excellence (NICE) has found that the annual cost of mental ill-health per businesses can be up to £835,355 per annum. As part of guidance on mental health and wellbeing in the workplace, Nice has produced an online calculator</p>

<p>mental ill-health</p>	<p>which tells employers how much they could save by improving line management and working conditions. The calculator aims to reduce the estimated 13.7 million working days lost each year because of work-related mental health conditions including stress, depression and anxiety. The NICE guidelines are mandatory for the NHS but would also apply to businesses in all other sectors.  <b>Link:</b> <a href="http://www.nice.org.uk/PH22">www.nice.org.uk/PH22</a>  <b>Action:</b> NHS chief executives will wish to discuss this guidance with appropriate leads within their organisation.</p>
<p>Report finds poor communications leads to unnecessary deaths</p>	<p>A report published by the National Confidential Enquiry into Patient Outcome and Death looking at 4,500 fatalities has found poor communication between doctors and delays in contacting consultants are causing unnecessary hospital deaths. Researchers found that in 25 per cent of 1,635 deaths studied in detail there was a "clinically important delay in the first review by a consultant." The study is also critical of the European Working Time Directive and says "other mechanisms must be developed in order to address the lack of continuity of out-of-hours care and the availability of appropriately trained staff, 24 hours a day."</p>
<p>NHS Private Patient Cap</p>	<p>Mike O'Brien, Minister of State for Health Services, has launched a call for evidence in relation to restrictions on private patient income to the NHS, with a focus on the private patient income cap for NHS Foundation Trusts. This call for evidence will inform a review of the existing policy and options for a public consultation on any proposals for reform.  <b>Link:</b> <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_107952">www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_107952</a>  <b>Action:</b> NHS chief executives who wish to submit comments are invited to do so by 31 December.</p>
<p>New certification scheme for health and social care information</p>	<p>The Information Standard has been launched to provide an easy way for the public to identify quality information they can trust. The scheme is open to any organisation producing health and/or social care information for the public. To qualify, organisations must demonstrate they have the necessary systems to ensure that their information is accurate, impartial, balanced, appropriately researched and accessible.  <b>Link:</b> <a href="http://www.dh.gov.uk/theinformationstandard">www.dh.gov.uk/theinformationstandard</a>  <b>Action:</b> NHS and local authority chief executives will wish to consider joining the scheme</p>
<p>Safeguarding targets and indicators</p>	<p>In response to a recommendation in Lord Laming's recent progress report on <i>The Protection of Children in England</i>, the cross-Government National Safeguarding Delivery Unit (NSDU) has launched a limited consultation on its proposed revision of the safeguarding content of the next National Indicator Set, plans for further development of indicators, proposed statutory targets and the timetable for their introduction.  <b>Link:</b> <a href="http://www.dcsf.gov.uk/nsdu/consultations.shtml">www.dcsf.gov.uk/nsdu/consultations.shtml</a>  <b>Action:</b> NHS chief executives may wish to consider in particular, the implications for the NHS and its part in local safeguarding activity. The deadline for responses is 8 December 2009.</p>
<p>CQC challenges over child protection</p>	<p>A special review commissioned by the Care Quality Commission (CQC) following the death of Baby P has challenged claims made by 112 trusts that they are meeting required safeguarding standards. Eighteen trusts have already been marked down with other investigations ongoing. Documents seen by <i>The Sunday Telegraph</i> show significant lapses uncovered by the CQC which trust boards should have been made aware of but didn't take into account when making their declarations. A further 29 trusts have admitted they are not meeting the required standards and those trusts are named by <i>The Sunday Telegraph</i>. <b>Bedford Hospital has not been challenged.</b></p>
<p>Draft Regulations for the framework for registration of health and adult social care providers</p>	<p>The response to the March 2009 consultation has recently been published. It details the changes made to the draft Regulations as a result of the consultation process. These draft Regulations have been laid before Parliament for approval. Care minister Phil Hope has vowed to crack down on the prescription of these drugs and will create the new post of national clinical director for dementia who will conduct an audit of GP and hospital doctor prescriptions of anti-psychotics.  <b>Link:</b> <a href="http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_107628">www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_107628</a>  <b>Action:</b> NHS chief executives will wish to review this response and consider the draft Regulations currently before Parliament, in advance of the commencement of the Care Quality Commission's new registration system.</p>
<p>Personalised Care Planning: Outline Service Specification (OSS)</p>	<p>The OSS has been developed to assist NHS commissioners with putting in place appropriate arrangements to ensure people with long term conditions have informed choice of, and access to, services that best enable them to manage their condition.  <b>Link:</b> <a href="http://www.pcc.nhs.uk/204">www.pcc.nhs.uk/204</a>  <b>Action:</b> NHS chief executives may wish to consider the OSS when developing their local thinking and approach towards personalised care planning</p>

<p><b>Being open Webinars</b></p>	<p>19 November 2009 sees the re-launch of the <i>Being open</i> framework. To mark this occasion the National Patient Safety Agency (NPSA) presents a series of webinars from carefully selected expert speakers. The webinars share best practice and include an exclusive programme for chief executives.</p> <p><b>Link:</b> <a href="http://www.nrls.npsa.nhs.uk/events/?entryid49=65058">www.nrls.npsa.nhs.uk/events/?entryid49=65058</a></p> <p><b>Action:</b> NHS chief executives will wish to register at the link above for this webinar and invite interested colleagues.</p>
<p><b>Public Service targets face scrutiny</b></p>	<p>Christopher Hood, author of the report 'Managing by Numbers' has said the use of targets, audit and inspection of public services will come under growing pressure as public funding tightens. Mr Hood, who is also director of the public services programme for the Economic and Social Research Council, said questions over what should be measured, how it should be gauged and how much should be spent will grow, as will the issue of whether such rankings should or should not be carried out by private or voluntary bodies instead.</p>
<p><b>Nursing becomes an all graduate profession</b></p>	<p>Within the next four years, anyone wishing to become a nurse will have to have a degree qualification, according to recently released government plans. Critics have claimed the move will create an elitist profession with nurses who are, "too clever to care." NHS Employers director Alastair Henderson said "We believe it will contribute to strengthening the quality of care to patients. Employers will need to consider the implications of the change and look at how they use all their nursing staff."</p>
<p><b>More for Less: Are Productivity and Efficiency Improving in the NHS?</b></p>	<p>'More for less' is becoming the theme for the next five years. All NHS boards will face the challenge of increasing productivity while maintaining or improving quality. This year's Auditors' Local Evaluation (ALE) for NHS trusts and Use of Resources (UoR) scores for primary care trusts (PCTs) show that the NHS has improved its financial management and has a strong financial base. Trusts and PCTs are in a much better position than they were, say two or three years ago, to respond to the pressures they will undoubtedly face. However, while the control aspects of financial management are good - meeting budgets has become a real strength - more will be needed in the future. Commissioners will face increasingly searching questions about what they have got for the money and the impact of their spending. For providers, the question will be what quality of service has been delivered for the payments received. Failing to meet the productivity challenge will result in lower quality.</p> <p>The ALE and UoR scores indicate areas where trusts and PCTs need to focus in order to meet those challenges. Improving medium-term planning, asset management and getting the best out of the workforce are all points that emerge from the detail of the scores. The impact of spending needs sharper scrutiny. NHS and local authorities must work together to deliver services to their communities. But partnership agreements do not often include specific objectives about improvements or outcomes, and where they do, they are rarely monitored - making it difficult to focus effort, evaluate impact, or demonstrate what has been delivered for the money. It is the sort of issue that Comprehensive Area Assessment (CAA) will highlight for all local partnerships.</p> <p>Overall, income has been growing – acute and specialist trust income rose by 6.8 per cent in 2008/09 – more or less equivalent to the overall growth in primary care trust spending on healthcare. Unit costs fell in 2007/08 for the first time in several years, after allowing for general inflation, by 4.7 per cent and look to have held steady in 2008/09. However, despite some contrary local evidence, national figures suggest primary care trusts made little or no inroad in 2008/09 in transferring care from hospitals to the community. The number of outpatients grew by 8 per cent and inpatients by 4 per cent.</p> <p>A number of further conclusions are drawn about spending and activity, particularly around tariff setting and differences in growth in income and activity between different types of trusts. The briefing also comes up to date with a look at the first quarter of 2009/10. So far, the detail shows acute and specialist trusts have faced a 4.3 per cent increase in inpatient care paid for under the payment by results tariff. There may be further pressure on these trusts to reduce unit costs because income only rose by 2 per cent.</p> <p><b>Link:</b>  <a href="#">More for Less: Are Productivity and Efficiency Improving in the NHS?</a></p>

<p><b>NHS Constitution</b></p>	<p>A consultation on proposals to include new rights into the NHS Constitution was launched on 10 November. The rights proposed are a right to access services within maximum waiting times or for the NHS to take all reasonable steps to offer a range of alternative providers, and a right to an NHS Health Check every five years for those aged 40-74. The introduction of a number of other potential future rights and the role of 'Constitution Champion' are also explored.</p> <p>The consultation document is available at:  <a href="http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_108012">www.dh.gov.uk/en/Consultations/Liveconsultations/DH_108012</a></p> <p>The Health Bill contains the legislation that underpins the NHS Constitution and has received Royal Assent.</p>
<p><b>High Impact Actions for Nursing and Midwifery</b></p>	<p>Chief Nursing Officer, Christine Beasley, has announced eight high impact actions for nursing and midwifery which, if implemented in every NHS organisation across the country, will hugely improve the quality of care and make significant reductions in cost.</p> <p><b>Link:</b> <a href="http://www.institute.nhs.uk/hia">www.institute.nhs.uk/hia</a></p> <p><b>Action:</b> NHS chief executives should familiarise themselves with these high impact actions in order to support and encourage nurse leaders to focus on these high impact areas.</p>
<p><b>Review of the Dignity in Care Campaign</b></p>	<p>An independent review has been conducted on the impact of the Dignity in Care Campaign since its introduction in November 2006. The review covers many areas of the campaign, including dignity metrics in health and social care. The Campaign has helped to produce new tools to improve dignity.</p> <p><b>Link:</b> <a href="http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Dignityincare/index.htm">www.dh.gov.uk/en/SocialCare/Socialcarereform/Dignityincare/index.htm</a></p> <p><b>Action:</b> NHS and local authority chief executives may wish to consider this review when implementing Dignity tools.</p>
<p><b>Social Care Institute for Excellence – Social Care TV and Dementia Gateway</b></p>	<p>The Social Care Institute for Excellence offers a unique, new broadband service featuring engaging films along with guidance and advice, multimedia and e-learning resources. Also available is the Dementia Gateway which helps support people with dementia, their carers and staff working in dementia services.</p> <p><b>Links:</b>  <a href="http://www.scie.org.uk/socialcaretv/default.asp">www.scie.org.uk/socialcaretv/default.asp</a>  <a href="http://www.scie.org.uk/publications/dementia/index.asp">www.scie.org.uk/publications/dementia/index.asp</a></p> <p><b>Action:</b> NHS chief executives will wish to examine this new resource and determine its value locally.</p>
<p><b>Royal Assent for Health Bill</b></p>	<p>The Health Bill 2008/09 last week received Royal Assent and is expected to come into force within the next few months. The new Act will primarily legislate for relevant aspects of the NHS Next Stage Review.</p>