

<b>TRUST BOARD IN PUBLIC</b>	<b>Date: 27 June 2013</b>	
	<b>Agenda Item: 1.4</b>	
<b>REPORT TITLE:</b>	CHIEF EXECUTIVE'S REPORT	
<b>EXECUTIVE SPONSOR:</b>	Michael Wilson Chief Executive	
<b>REPORT AUTHOR:</b>	Gillian Francis-Musanu Director of Corporate Affairs	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)	N/A	
<b>Purpose of the Report and Action Required:</b>		(√)
This report provides members with key updates and highlights from a national and local perspective to inform the Board's understanding of policy, performance or new developments.	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Information</b>	√
<b>Summary of Key Issues</b>		
<b>National Issues:</b> <ul style="list-style-type: none"> <li>NHS England Consultation on Urgent &amp; Emergency Care Services</li> </ul> <b>Local Issues:</b> <ul style="list-style-type: none"> <li>Local System Capacity</li> <li>Physicians Assistants</li> </ul>		
<b>Relationship to Trust Corporate Objectives &amp; Assurance Framework:</b>		
Objective 4 – Become a sustainable, effective organisation.		
<b>Corporate Impact Assessment:</b>		
<b>Legal and regulatory implications</b>	Ensures the Board are aware of new requirements.	
<b>Financial implications</b>	N/A	
<b>Patient Experience/Engagement</b>	Highlights national requirements in place to improve patient experience.	
<b>Risk &amp; Performance Management</b>	N/A	
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Includes an update on the new NHS Constitution	
<b>Attachments:</b>		
N/A		

## TRUST BOARD REPORT – 27<sup>th</sup> JUNE 2013 CHIEF EXECUTIVES REPORT

### 1. National Issues

#### 1.1 NHS England asks patients, the public and staff to help shape the future of urgent and emergency care

On 17<sup>th</sup> June NHS England launched a consultation asking patients, public and NHS staff to help share the future of urgent and emergency care services.

Professor Sir Bruce Keogh's Urgent and Emergency Care Review was announced in January this year with the aim of developing a national framework to build a safe, more efficient system, 24 hours a day, seven days a week.

Those using and working in the NHS have from 17 June to 11 August 2013 to feedback on an evidence base for change and emerging principles that will guide the Review which has also been published.

This Review is just one part of a national approach to improving the way NHS services are delivered so that patients get high quality care from an NHS that is efficient now and secure for future generations.

The Review Steering Group is chaired by Professor Keith Willett, National Director for Domain Three: Acute Episodes of Care, with representation from professional bodies, a patient and public organisation, providers and commissioning organisations.

The Urgent and Emergency Care Review will develop a national framework and associated guidance for clinical commissioning groups in 2015/16 to help them commission consistent, high quality urgent and emergency care services across the country within the resources available.

For the short term, NHS England has already announced plans to strengthen performance in urgent and emergency care across the country to help hospital A&E departments meet demand and tackle waiting time pressures.

The terms of reference, evidence base and emerging principles, along with details on how to contribute and get your views heard, are all on the NHS England website.

<http://www.england.nhs.uk/2013/06/17/uec/>

## 2. Local Issues

### 2.1 Local System Capacity

Following discussions which have taken place over the last few months on 11<sup>th</sup> June 2013, I wrote to the Chief Officers of Surrey Downs, East Surrey, Crawley CCGs and the Accountable Officer Horsham & Mid Sussex CCG to formally set out the Trusts serious concerns about the current lack of system capacity to manage patients who no longer require care in an acute setting, highlighting that urgent action was required to increase capacity to enable the system to achieve the 4 hour standard for patients attending A&E.

The letter outlined the work undertaken by the Trust to update its bed model to assess the number of beds required to sustainably deliver high quality emergency and elective services over the coming months. The analysis showed a gap against our current adult acute bed stock of 140 beds. Therefore urgent decisions were required to be taken to ensure we can manage the 4 hour standard across the year but particularly through the winter period.

I also highlighted the discussion at the recent local transformation board where assurance was given that plans at an embryonic stage. However the Trust remains very concerned regarding the delivery of the schemes within the timeframe required. Given the lead in time for the options I proposed that agreement is reached and that action should commence 30 June 2013.

A follow-up meeting was held to discuss the contents of the letter and necessary actions on 14<sup>th</sup> June 2013.

### 2.2 Physicians Assistants

At the start of June we welcomed our first two Physician Assistants (PAs) to the Trust. Over the next few weeks another five will be joining them within the Medical Directorate. Whilst well established in the United States, the Physician Assistant is a relatively new healthcare professional in the United Kingdom. While not doctors, they work to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.

PAs are trained to perform a range of roles including:

- taking medical histories
- performing examinations
- performing ward rounds and medical note-keeping
- request investigations including Cerner requests for pathology
- diagnosing illnesses
- analysing test results
- performing patient reviews in both in and outpatient settings;
- practical skills including venepuncture, cannulation, catheterisation and arterial blood sampling

PAs are able to see patients independently in their own consultations, but always work under the supervision of a fully trained and experienced doctor and will be mentored by

Consultant Physicians. Recent reports highlight the challenges in healthcare delivery and the changes in patient expectations. These have increased demand for high quality and easily accessible patient care. The PA role contributes to meeting this demand by building the NHS workforce capacity and expanding the NHS skills mix. The addition of the Physician Assistant role provides a flexible mechanism for redistributing physician workload and increasing access to care.

### **3. Recommendation**

The Board is asked to note the report.

**Michael Wilson**  
**Chief Executive**  
**June 2013**