TRUST BOARD IN PUBLIC	Date: 26 September 2013 Agenda Item: 1.4
REPORT TITLE:	CHIEF EXECUTIVE'S REPORT
EXECUTIVE SPONSOR:	Michael Wilson Chief Executive
REPORT AUTHOR:	Gillian Francis-Musanu Director of Corporate Affairs
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	N/A

Purpose of the Report and Action Required:		**(√)**
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.	**Approval**	
	Discussion	
	Information	√

Summary of Key Issues

National Issues:

- **Government Response to the Caldicott Review**
- **Changes to improve care for vulnerable older people and alleviate pressure on A&E**

Local Issues:

- **Meeting with local MP Crispin Blunt**
- **Virtual Nurse**
- **Update on audit with South East Cost Ambulance Service (SECAMB)**
- **Trust AGM**

Relationship to Trust Corporate Objectives & Assurance Framework:

Objective 4 – Become a sustainable, effective organisation.

Corporate Impact Assessment:	
Legal and regulatory implications	Ensures the Board are aware of current and new requirements.
Financial implications	N/A
Patient Experience/Engagement	Highlights national requirements in place to improve patient experience.
Risk & Performance Management	N/A
NHS Constitution/Equality & Diversity/Communication	Includes where relevant an update on the NHS Constitution

Attachments: None

TRUST BOARD REPORT – 26th SEPTEMBER 2013
CHIEF EXECUTIVE'S REPORT

1. National Issues

1.1 Government Response to the Caldicott Review

The government accepts all the recommendations of the Caldicott report and highlights that while information sharing is essential to provide good care for everyone, there are rules that must be followed.

The ambitions of this response are that:

- everyone will feel confident that information about their health and care is secure, protected and shared appropriately when that is in their interest
- people will be better informed about how their information is used and shared while they are receiving care, including how it could be used in anonymised form for research, for public health and to create better services
- if people don't want their information to be shared in this way, they will know how to object if they want to
- people will be increasingly able to access their own health and care records

The Health and Social Care Information Centre has published rules for staff to follow when sharing information:

The rules are:

- When the patient has clearly said that we can do it (i.e. when a patient has given their consent).
- Where we have to do it by law (for example, in a public health emergency like an epidemic).
- Where we have special approvals to do so, often described as section 251 approval. This allows the Secretary of State for Health to set aside the common law duty of confidentiality in special circumstances. This has to be to improve patient care or in the 'public interest', such as for important medical research. This can only happen when it is not possible or far too expensive and technically difficult to get consent from every patient.

The Confidentiality Advisory Group (CAG) meets to consider applications for section 251 approval and makes recommendations to the Health Research Authority for research applications and to the Secretary of State for Health for all others.

Information is sometimes provided under strict controls where key 'identifiers' (like name, address, NHS number, and postcode etc.) are removed, but there is still a very slight risk that patients might be identified. Anyone wanting this information has to go through an application process and sign an agreement to restrict what they can do with this data so that patient confidentiality is protected.

The revised guidance has been available to staff across the Trust and will be monitored by the Information Governance Group. Further information can be found:
http://www.hscic.gov.uk/article/3399/Rules-for-sharing-information

1.2 Changes to improve care for vulnerable older people and alleviate pressure on A&E

Alongside specific plans to support NHS A&E departments in the short-term this winter, the Health Secretary has recently set out proposals to fundamentally tackle increasing pressures on NHS A&E services in the long-term – starting with care for vulnerable older patients with complex health problems.

Fundamental changes mean joined-up care - spanning GPs, social care, and A&E departments - overseen by a named GP. Many vulnerable older people end up in A&E simply because they cannot get the care and support they need anywhere else.

These changes should reduce the need for repeated trips to A&E, and speed up diagnosis, treatment and discharge home again, when patients do need to go to hospital.

Overall, the number of people going to A&E departments in England has also risen by 32 per cent in the past decade, and by one million each year since 2010. The over-65s represent 17 per cent of the population, but 68 per cent of NHS emergency bed use. They also represent some of the NHS' most vulnerable patients, and those most at risk from failures to provide seamless care.

To support the NHS in the short term, the Government has made an extra £500 million funding available over the next two years. On 10th September, the Health Secretary set out how £250 million would be used by 53 NHS Trusts this winter.

Of the £250 million:

- Around £62 million for additional capacity in hospitals – for example extra consultant A&E cover over the weekend so patients with complex needs will continue to get high-quality care;
- Around £57 million for community services – for example better community end of life care and hospices;
- Around £51 million for improving the urgent care services - for example for patients with long-term conditions;
- Around £25 million for primary care services – for example district nursing, to provide care for patients in their home, preventing them from being admitted to A&E;
- Around £16 million for social care – for example integrating health and social care teams to help discharge elderly patients earlier and prevent readmission and;
- Around £9 million for other measures – for example to help the ambulance service and hospitals work better together.

£15 million of this money will also be spent on NHS 111 - to increase the number of clinicians and call handlers so that non-emergency visits to A&E can be avoided.

The Trust applied for a proportion of this funding however we were unsuccessful due to the sustained performance of our A&E waiting times. Further information is available at:

https://www.gov.uk/government/news/hunt-nhs-must-fundamentally-change-to-solve-ae-problems

2. Local Issues

2.1 League of Friends AGM

The Executive team attended the League of Friends AGM on 10th September, held in our Post Graduate Education Centre. We are very fortunate to have such supportive 'friends' and we were able to present to them the Trust's plans for the future.

2.2 Meeting with local MP Crispin Blunt

The Chairman and CEO recently met with MP Crispin Blunt and representatives from Reigate and Banstead Council to discuss how we might improve transport links. We were pleased to hear about their plans to survey the road layout and improve cycle lanes and lighting at our local train stations.

2.3 Virtual Nurse

During August we were pleased to unveil our virtual nurse. The hologram will greet visitors as they come into the hospital both at the East and Main entrances. She is playing an important role in reminding visitors about hand hygiene and encouraging them to use the hand gel. The feedback so far is very positive and we hope our virtual nurse will ensure every visitor to East surrey Hospital hears, and takes note of this important message especially as we approach winter.

2.4 Trust AGM

The Trust held its Annual General Meeting on 17th September. An overview and highlights from 2012/13 Annual Report, adoption of Annual Accounts for 2012/13, clinical service presentations on getting admissions and discharges right , the patient's journey through stroke and non-emergency services as well as looking to the future, 2013/14 and beyond were presented.

3. Recommendation

The Board is asked to note the report.

Michael Wilson
Chief Executive
September 2013