

TRUST BOARD IN PUBLIC	Date: 30 May 2013	
	Agenda Item:	
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: <ul style="list-style-type: none"> • Government Policy Statement on the Regulation and Oversight of NHS Trusts and NHS Foundation Trusts • NHS support plan launched to help hospital A&E departments • Protecting Patients from Unavoidable Harm Local Issues: <ul style="list-style-type: none"> • Planning Permission granted for Respiratory Unit • Launch of Nursing & Midwifery Strategy • Global Hand Hygiene Day • Appointment of Chief Operating Officer 		
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 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 an update on the new NHS Constitution	
Attachments:		
N/A		

TRUST BOARD REPORT – 30th MAY 2013 CHIEF EXECUTIVES REPORT

1. National Issues

1.1 Government Policy Statement on the Regulation and Oversight of NHS Trusts and NHS Foundation Trusts

The Department of Health, the Care Quality Commission, Monitor, NHS England and the NHS Trust Development Authority published a joint policy statement on 20th May 2013 which provides further detail on the changes to the regulation and oversight of NHS trusts and NHS foundations trusts proposed in the Government's initial response to the Mid Staffordshire NHS Foundation Trust Public Inquiry and related clauses in Part 2 of the Care Bill.

The Francis report makes a compelling case that the regulation of NHS trusts and foundation trusts should change in two key ways. Firstly, equal emphasis should be placed on addressing failures of quality as for failures of finance. And second, overlap and duplication in the roles of regulatory agencies must be removed.

The government's initial response, 'Patients First and Foremost', sets out that it will develop a single failure regime to provide a clear and co-coordinated regulatory approach to identifying and dealing with failures of quality with a more clearly defined and timely end point for failed hospitals. This statement puts these changes and the clauses in Part 2 of the Bill in a broader context.

In future, this division of roles will be simpler and clearer: the Care Quality Commission (CQC) will focus on assessing and reporting on quality; and Monitor and the NHS Trust Development Authority (TDA) will be responsible for using their enforcement powers to address quality problems. To free up time to care, the overall regulatory burden on providers will be radically reduced but, where there are failings in quality of care, there will be a stronger response.

The CQC, through the Chief Inspector of Hospitals, will become the authoritative voice on the overall quality of care provided. It will lead on defining the characteristics of high quality care, drawing on the input of other bodies in the system. This will include quality aspects of governance, aligning with Monitor's approach to assessing corporate and financial governance.

The CQC's existing registration requirements will be simplified to include a new set of fundamental standards, which can be prosecuted directly where appropriate, backed up by a new model of inspection to expose the worst performers to greater scrutiny.

This new approach to assessment and inspection will form the basis for a new system of provider ratings, informed by the Nuffield Trust's review, to provide a fair, balanced and easy to understand assessment of how each provider is performing relative to its peers.

Where the CQC identifies failings, the onus will be on the provider, working with their commissioner to take the necessary action. Where these problems persist in NHS trusts

and foundation trusts, it will be the role of Monitor and the TDA, not the CQC, to take enforcement action if they consider it appropriate.

Ultimately, if it proves impossible for an NHS trust or foundation trust to turn their performance around, Monitor, or the CQC, will be able to place the organisation into special administration on quality grounds. Special administration will provide a framework for determining how best to secure a comprehensive range of high quality services that are both financially and clinically sustainable.

A full copy of the report is available on

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200446/regulation-oversight-NHS-trusts.pdf

1.2 NHS support plan launched to help hospital A&E departments

Plans to strengthen performance in urgent and emergency care are being put in place across the country to help hospital A&E departments meet demand and tackle waiting time pressures.

NHS England has joined with the NHS Trust Development Authority (NTDA) and Monitor, which are responsible for provider regulation, to ensure coordinated action to ease the immediate pressures. At the same time, a review will take place to understand the causes of problems, which differ around the country.

A&E departments have seen a rise in the number of patients they are seeing in recent years, with an extra 4 million people a year using emergency services compared with 2004. Although 90 per cent of A&E patients are seen within four hours – and last week the NHS met its 95 per cent standard overall – concern has been growing about the underlying trend of more patients waiting longer.

The maximum four-hour wait in A&E remains a key NHS commitment to the public, set out in the NHS Constitution.

In its oversight role of commissioning NHS England will coordinate the production of local recovery and improvement plans. NHS England, Monitor and the NHS Trust Development Authority (TDA) have put in place a tripartite agreement which will provide regional and national oversight to the delivery of these plans. We will also work closely with CCGs at national level, as well as with key partners from local government.

Area Teams have been instructed to co-ordinate and facilitate health communities to deliver improvements by the end of quarter one and a plan for sustainability beyond. Clinical Commissioning Groups within Surrey and Sussex have been asked to:

- confirm what Urgent Care Board governance structures are already in place
- provide a Recovery & Improvement Plan for sustainably delivering the A&E Four Hour Operating Standard, including recovery in Quarter One where relevant and the local programme of work for Winter Planning,
- benchmark the existing arrangements against the best practice described by the Kings Fund, ECIST and others,
- focus squarely on aligning commissioner and provider expectations,

- including QIPP, CIP, workforce and foremost Quality & Safety,
- confirm the plans for the use of the excess % tariff, where not already committed, with agreement through the Urgent Care Board.

As a Trust we will be setting up an internal SaSH Urgent Care Board that meets every two weeks, so that we can identify solutions to any internal problems that we may have and take any external issues to a wider system management meeting to address where necessary.

2.3 Protecting Patients from Unavoidable Harm

A million people use healthcare services every 36 hours, and the vast majority of them receive safe and high quality care. But things do go wrong, and mistakes are made. Recent high profile cases (such as the neglect of patients at Stafford Hospital) show that there is still a lot to do to make sure that everyone is treated safely when they use healthcare services.

From April 2013, patient safety will be the responsibility of NHS England but the Department of Health will continue to help set the standards that NHS services must meet.

The NHS Outcomes Framework sets out how the DH will measure the success of NHS services, including how well they treat and care for people in a safe environment and protect them from avoidable harm.

Working with NHS England, the DH will strengthen these indicators by adding a new measure that reviews individual cases to identify how many patients had problems in their healthcare. Other indicators include the number of:

- patient safety incidents reported
- serious patient safety incidents reported
- healthcare associated infections
- incidents in which children are harmed because of a failure to monitor them properly

Further information is available on <https://www.gov.uk/government/policies/protecting-patients-from-avoidable-harm--2>

2. Local Issues

2.1 Planning Permission granted for Respiratory Unit

In May planning approval was granted by Reigate and Banstead Council for the new Lane Fox Remeo Unit on the East Surrey Hospital Site. This facility which will be will be a satellite to the existing Respiratory Unit at Guy's and St Thomas' Hospital in London will be managed by Guys and St Thomas's Hospital and the British Oxygen Company. The unit will provide a 20 bed inpatient facility for the treatment of patients with long-term respiratory conditions. Work is expected to commence on site in August 2013 with the first patients treated in May 2014.

2.2 Launch of Nursing & Midwifery Strategy

10th May saw the launch of our Nursing and Midwifery Strategy for 2013-2016 - 'Your Care First', the strategy will play a key role in shaping nursing and midwifery practice over the next three years, enabling staff to continue to deliver world-class patient care. It is the culmination of the hard work of many nurses and midwives across the trust over the last three months and is underpinned by three key objectives: providing safe and effective patient care; developing skills, behaviours and competence to deliver quality nursing and midwifery care; and building up the potential of our nursing and midwifery workforce. At the centre of the strategy is the commitment to our patients, their families and carers that we deliver quality care with compassion and in which our patients can always have confidence.

2.3 Global Hand Hygiene Day

The Trust celebrated Global Hand Hygiene Day on 10th May and children from the hospital's Sunshine Day Nursery took part in a film made to show staff and visitors it's as easy as 1-2-3 to wash your hands properly to prevent the spread of infection. You can watch the film here: <http://www.surreyandsussex.nhs.uk/weve-washed-our-hands-have-you/>

2.4 Appointment of Chief Operating Officer

I am pleased to announce that following a recent recruitment and selection process, Paul Bostock has been appointed as the Chief Operating Officer. Paul comes to the Trust from Frimley Park NHS Foundation Trust where he is currently Associate Director of Surgical Services. He is due to start at SaSH from 1st August 2013.

3. Recommendation

The Board is asked to note the report.

Michael Wilson
Chief Executive
May 2013