

TRUST BOARD IN PUBLIC	Date: 30 October 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		
<p>National Issues:</p> <ul style="list-style-type: none"> • Care Quality Commission (CQC) Publication of Intelligent Monitoring Reports • Care Quality Commission announces next phase of hospital inspections • Qualitative & Quantitative Assessment of visitor and migrant use of the NHS in England <p>Local Issues:</p> <ul style="list-style-type: none"> • Official Opening of Hospital Main Entrance • Annual Staff Awards • British Oxygen 		
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 – 30th OCTOBER 2013 CHIEF EXECUTIVE'S REPORT

1. National Issues

1.1 Care Quality Commission (CQC) Publication of Intelligent Monitoring Reports

On 24th October the CQC published Intelligent Monitoring Reports in line with the changes they are making to the way they inspect and regulate acute hospitals.

The new operating model includes four key components:

- Registration
- Intelligent monitoring
- Expert inspection
- Judgement

The CQC now use intelligent monitoring of more than 150 different indicators to direct their resources to where they are most needed. This gives inspectors a clear picture of the areas of care that need to be followed up within an NHS acute trust. Together with local information from partners and the public, this monitoring helps them to decide when, where and what to inspect.

They have taken the results of their intelligent monitoring work and grouped the 161 acute NHS trusts into six bands based on the risk that people may not be receiving safe, effective, high quality care - with band 1 being the highest risk and band 6 the lowest.

Surrey and Sussex Healthcare NHS Trust was assessed as being in lowest risk category of Band 6 alongside 37 other Trusts across England with no evidence of risk found in 80 of the 83 indicators.

Contributory factors to SaSH achieving such a low risk rating include a better than expected mortality rate as rated by Dr Foster Intelligence, with no evidence of risk across a range of conditions treated at the Trust together with positive feedback in the National Inpatient Survey and the Trusts performance against national waiting time targets.

The report does point towards some areas for monitoring such as staff turnover but with the Trust regularly reviewing many of the metrics in the report; it has already put in place actions to address these issues.

1.2 Care Quality Commission announces next phase of hospital inspections

The CQC's new hospital inspection programme enters its second phase in January 2014, with 19 acute trusts named as the next trusts to be inspected using larger, expert teams that include professional and clinical staff and trained members of the public. These will be the first trusts to be given ratings by CQC.

The first phase of inspections started in September. By December 2015 the CQC will have inspected every NHS Trust. Each inspection seeks to answer five questions about services: are they safe, caring, effective, well-led and responsive to people's needs? Inspectors will then make a judgement about the quality and safety of the care people receive there. Care will be rated as outstanding, good, requiring improvement or inadequate.

The acute trusts to be included in the second phase have been selected for a number of reasons: they may receive an inspection because they are showing as higher risk in the new intelligent monitoring system. They may show as having an intermediate risk that allows the CQC to test the intelligent monitoring tool or they may be aspirant foundation trusts that Monitor have asked the CQC to look at. In addition, they will also be following up on trusts inspected by Sir Bruce Keogh.

Further details can be found on: <http://www.cqc.org.uk/media/hospital-intelligent-monitoring>

1.3 Qualitative & Quantitative Assessment of visitor and migrant use of the NHS in England

These two reports published in October were commissioned by the Department of Health to provide evidence of the impact overseas visitors and migrants are having in GP practices and NHS hospitals. They give a first set of estimates for the number and costs of that care.

The reports indicate that:

- the rules need to be clearer about who is eligible for free NHS care
- NHS staff who took part in the research feel that overseas visitor and migrant use of the NHS is an issue and broadly support the proposals to improve the system
- it should be possible to identify substantially higher numbers of patients who are not eligible for free NHS care (chargeable patients) and to improve recovery of costs from them

The full reports are available: <https://www.gov.uk/government/publications/overseas-visitors-and-migrant-use-of-the-nhs-extent-and-costs>

2. Local Issues

2.1 Official Opening of Hospital Main Entrance

On 21st October we officially opened our new Main Entrance and were delighted to have one of local MPs, Crispin Blunt to conduct the ceremony.

2.2 Annual Staff Awards

Our Annual Staff Awards took place on Monday 14th October. It was an honour to present awards to our staff. This is an important way in which we publicly acknowledge and celebrate an individual or team's exceptional contribution to the Trust's on-going success, and to share examples of excellent care. On behalf of the Trust Board I would like to express congratulations to all our winners and to those who were shortlisted.

2.2 British Oxygen

BOC (British Oxygen) has started work on the new Respiratory Centre that Guys and St Thomas's are building at the back of the hospital beyond the South car park. This is important news for local patients who need specialist respiratory care as they will no longer have to travel to London once the new centre is open.

3. Recommendation

The Board is asked to note the report.

Michael Wilson
Chief Executive
October 2013