

TRUST BOARD IN PUBLIC	Date: 27th February 2014	
	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 or new strategic developments.	Approval	
	Discussion	√
	Information	√
Summary of Key Issues		
National Issues: <ul style="list-style-type: none"> • Launch of National Patient Safety Alerting System • NHS Support for Social Care Funding 2014/15 and the Better Care Fund 2015/16 Local Issues: <ul style="list-style-type: none"> • Maternity Unit Successful in Department of Health Bid 		
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		
Patient Experience/Engagement	Highlights national requirements in place to improve patient experience.	
Risk & Performance Management	Identifies possible future strategic risks which the Board should consider	
NHS Constitution/Equality & Diversity/Communication	Includes where relevant an update on the NHS Constitution and complies with Equality Legislation	
Attachments: N/A		

TRUST BOARD REPORT – 27th FEBRUARY 2014 CHIEF EXECUTIVE'S REPORT

1. National Issues

1.1 Launch of National Patient Safety Alerting System

On 31st January 2014 the NHS England Patient Safety Domain launched the National Patient Safety Alerting System (NPSAS), an improved three-level system for highlighting patient safety risks in NHS organisations, and implementing action to reduce risk.

NHS England has a vital role in identifying, understanding and managing risks that pose a danger to patients. The major tool in identifying these risks is the National Reporting and Learning System (NRLS). Prior to June 2012, information regarding risk identified by NRLS was disseminated by various mechanisms developed and operated by the National Patient Safety Agency (NPSA), including issuing Patient Safety Alerts and Rapid Response Reports. This system was effective; however, the development process was lengthy often making it difficult to issue timely alerts.

The re-launch of a patient safety alert system is part of the government's response to the Francis report.

The new NPSAS is a three-stage system, based on that used in other high risk industries such as aviation. The system is used to disseminate patient safety information at different stages of development to NHS organisations providing care across all settings. It will differ from the previous NPSA system by allowing more rapid dissemination of urgent information via the Central Alerting System (CAS), as well as encouraging information sharing between organisations and providing useful education and implementation resources to support providers in reducing risks to patients. Crucially it will also provide patients and their carers with greater confidence that the NHS is able to react quickly and rapidly to risks that are identified.

<http://www.england.nhs.uk/wp-content/uploads/2014/01/npsas-guide.pdf>

1.2 NHS Support for Social Care Funding 2014/15 and the Better Care Fund 2015/16

In June 2013, the government announced £3.8 billion worth of pooled budgets between Health and Social Care, starting from April 2015. This was formerly known as the Integrated Transformation Fund and is now known as the Better Care Fund. The £3.8bn is made up as follows:

- £1.1bn already transferred in 2014/15 from the NHS to local authorities. These are the resources which are spent through the NHS Support for Social Care.
- £1.9bn further transfer from the NHS in 2015/16.
- £0.3bn already in CCG baselines for reablement.
- £0.13bn already in Clinical Commissioning Group (CCG) baselines for carers.
- £0.354bn capital funding, which includes the disabled facilities grant that hitherto has been paid to districts and boroughs.

For the West Sussex local area as an example the Better Care Fund will produce an allocation of £56.965m in 2015/16. However, none of this is new money; it is currently

allocated to existing services, previously approved by health and social care partners. For the most part this means dedicated funds from CCG budgets – for example, the additional £1.9bn transfer for 2015/16 will divert £30m from the three CCGs in West Sussex compared to the funding they will have available next year.

This will be happening at the same time as the County Council is looking very closely at its social care budget because of the scale of the savings it will be required to deliver over the period to 2018/19 when it will lose its Government grant.

These significant changes support the Government's expectation of radical transformation that will "support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings". A key element in achieving this may well be a shift of resources into social and community care, from services currently provided in the acute hospital sector. That will mean close working with providers in order to avoid undue instability- for the provider and the beneficiary of the care provided. Throughout, the benefits for the service user will be the key driver in the plans.

There are six national conditions attached to the use of the Better Care Fund and they are;

- Plans to be jointly agreed and signed off by the HWB, West Sussex County Council, Coastal West Sussex, Crawley and Horsham and Mid Sussex CCGs. These should ensure that there has been engagement with those local providers who are likely to be affected by the use of the fund.
- Protection for Social Care Services (not spending)
- Seven Day Services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better Data Sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes in the acute sector

Health and Wellbeing Boards in Surrey and Sussex signed off principles at their meeting on 14th February and CCGs are due to discuss planning with the Trust this week.

2. Local Issues

2.1 Maternity Unit Successful in Department of Health Bid

We have recently learned that our maternity unit has been successful in their £250,000 bid for funding from the Department of Health. The unit was granted £450,000 from the same fund last year and with this money we created a fantastic Birthing Unit complete with three private en-suite rooms with birth pools. We spent the money on things that patients told us were important to them and this latest pot of money will be spent bringing the delivery suite up to the same standard.

3. Recommendation

The Board is asked to note the report and consider any impacts on the trusts strategic direction.

Michael Wilson
Chief Executive
February 2014