Surrey and Sussex NHS
Healthcare NHS Trust

TRUST BOARD IN PUBLIC	Date: 27th March 2014 Agenda Item: 1.4
REPORT TITLE:	CHIEF EXECUTIVEôS 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 Boardôs understanding of policy or new strategic developments.	**Approval**	
	Discussion	ã
	Assurance	

Summary of Key Issues

National Issues:

- Changes to support staff so they can raise concerns about patient care and safety
- Surgical never events taskforce report

Local Issues:

- Secretary of State Visit
- Mock CQC Inspection
- CQC Intelligent Monitoring Data
- Hot Topic Event on Care of the Elderly and Dementia Care

Relationship to Trust Corporate Objectives & Assurance Framework:

Objective 4 ï 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	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 compliance with Equality Legislation

Attachments: N/A

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

1. National Issues

1.1 Changes to support staff so they can raise concerns about patient care and safety

One year on from the Francis report, Jeremy Hunt, Secretary of State for Health confirmed that his top priority remains to support NHS staff in creating a more patient-centered, compassionate NHS. On 7th March he wrote to all NHS Trusts to reiterate the importance that he places on how staff should be able to raise any concerns about patient care and safety to ensure that whistleblowers speaking out about poor care are confident they will be listened to.

All NHS employment contracts will be required to include the right to raise concerns about care and the NHS Constitution has been amended to strengthen the commitment to supporting staff that do so. Additionally a national helpline has been launched which is independent from employers and the Department of Health and completely confidential which will provide advice to anyone in health or social care who wants to raise a concern. The number is 08000 724 725. The introduction of a new duty of candour will ensure that when things go wrong, organisations will have a duty to admit mistakes and tell patients what has happened. The professional regulators are also working together to include a new consistent professional duty of candour in codes of conduct. Together, these changes are intended to support staff by building an open culture.

1.2 Surgical never events taskforce report

Following the publication of the never events policy framework in October 2012, the NHS Commissioning Board set up ñ*a taskforce to look at surgical never events in order to make sure that these events are eradicated from NHS surgery*ò It should be noted that whilst entitled surgical never events these incidents may occur in a range of settings.

The report from the taskforce was published on 27th February 2014, and NHS England has now started work to consider how the recommendations can be put into practice and the resources required.

The main recommendations of the report cover three themes:

- **Standardise** - The development of high-level national standards of operating department practice that will support all providers of NHS-funded care to develop and maintain their own more detailed standardised local procedures. The report also recommends the establishment of an Independent Surgical Investigation Panel to externally review selected serious incidents;
- **Educate** ï Consistency in training and education of all staff in the operating theatres, development of a range of multimedia tools to support implementation of standards and support for surgical safety training including human factors; and
- **Harmonise** ï Consistency in reporting and publishing of data on serious incidents, dissemination of learning from serious incidents and concordance with local and national standards taken into account through regulation.

In order to respond appropriately to the reportôs recommendations, NHS England will engage and collaborate with a range of organisations to ensure the initiatives they develop are accessible, achievable and manageable; and also ensure development of the right kind of standard practice across NHS for perioperative care, education, training and regulation.

The full report is available at:

http://www.england.nhs.uk/ourwork/patientsafety/never-events/surgical/

2. Local Issues

2.1 Secretary of State Visit

The Secretary of State, Jeremy Hunt, visited East Surrey Hospital on 6th March. He was invited by our local MP, Crispin Blunt. During his visit he worked on Capel ward over the busy lunchtime period helping to prepare patients for lunch by handing out hand wipes and serving meals. With support from our staff he also completed meal reports which document how much food the patients had eaten. Mr Hunt confirmed that he enjoyed his time on Capel and on behalf of the Board I would like to thank all the staff for making him feel so welcome. Thanks also to staff on Godstone ward for making Mr Huntôs Private Secretary, Raghuv Bhasin very welcome in the same way.

While at the hospital The Secretary of State also took the opportunity to do some filming with a patient and her family and friends and also did an interview in the Histology lab at East Surrey Hospital. I also want to say thank you to the Communications Team who planned the visit ensuring that Mr Hunt spent most of his time with frontline staff.

2.2 Mock CQC Inspection

The Board will know that on 19th March we held a Mock CQC Inspection. This is an important part of our preparation for the real inspection in May 2014. An external panel of clinicians and NHS staff carried out the mock visit and will provide feedback to the Board on the areas of high quality care we provide as well as any areas where we need to focus for quality improvements. This will also help the Trust understand what the new style inspections are like.

2.3 CQC Intelligent Monitoring Data

The CQC has recently released its latest set of Intelligent Monitoring Data, where all Acute and specialist Trusts receive a risk banding; with band 1 being the highest and band 6 the lowest risk.

Following the latest publication, the Trust has remained in the Band 6 category alongside 49 other Trusts meaning the Trust is ranked as one of the safest in the country according to their monitoring data.

Based on 93 indicators covering the five CQC domains of safe, effective, caring, responsive and well-led, the Trust had only one risk identified this time having had 3 risks on the previous round of reporting, all of which have been addressed. The new risk was around data quality of Trust returns to the HSCIC, which has already been corrected and there were no risks for any of the clinical outcome indicators. The Trust was one of only 5

non-specialist NHS Trusts (three of which were FTs) to have just one risk identified on their Intelligent Monitoring Report.

2.4 Hot Topic Event on Care of the Elderly and Dementia Care

On 27th February we held our second 'Hot Topic' event on care of the elderly and dementia care. It was a very good turn-out with many of our medical and nursing staff on hand to answer questions. The event was open to the general public and health professionals and we were very pleased to see staff from nursing homes and the Alzheimer Society attend as well a lot of patients and carers. This event was organised on the back of the success of a similar event we held for GPs and Councillors at the end of last year. On behalf of the Board I would like to thank all our clinical staff for their valuable contribution.

As we build our FT membership we will have more opportunities to listen to our patients and their families and those present voiced some good suggestions that we will look at implementing.

3. Recommendation

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

Michael Wilson
Chief Executive
March 2014