

TRUST BOARD IN PUBLIC	Date: 24th April 2014	
	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 or new strategic developments.	Approval	
	Discussion	½
	Information	
Summary of Key Issues		
National Issues: <ul style="list-style-type: none"> Delivering for Patients: the TDA 2014/15 Accountability Framework for NHS Trust Boards Positive and Proactive Care: reducing the need for restrictive interventions Local Issues: <ul style="list-style-type: none"> Information Governance Toolkit . Trust Achieves Level 2 . %Green Rating+ Achievement of Awards 		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Objective 5 . Be an organisation that is Well-led		
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 – 24th APRIL 2014 CHIEF EXECUTIVE'S REPORT

1. National Issues

1.1 Delivering for Patients: the TDA 2014/15 Accountability Framework for NHS Trust Boards

The NHS Trust Development Authority (TDA) recently published *Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards*, sets out how the TDA will work alongside trusts to support the delivery of high quality, sustainable services for patients. The Framework sits alongside the TDA planning guidance and covers their approach to measuring and overseeing NHS trusts:

- escalation and intervention;
- the provision of support for improvement; and to the way they move NHS trusts towards a sustainable future.

The refreshed Framework reflects some of the changes to the health and care system over past year, including the development of the new Chief Inspector of Hospitals regime and the special measures process. It also reflects learning from the TDAs first year supporting NHS trusts and the feedback received on their approach. Their approach to measurement, intervention and support have all been adapted to reflect these changes.

While much of the detail of the *Accountability Framework* has changed, the core principles that underpin it remain the same:

1. To set out in one place all of the key policies and processes which govern the relationship between NHS trusts and the TDA, supporting a single conversation between the TDA and trusts.
2. To ensure that the TDA's approach is closely aligned with partners, particularly regulators and commissioner.
3. To maintain a clear focus on quality, which sits at the heart of their oversight and approvals models and is central to development work.
4. To focus on supporting and developing trusts, and improving culture, leadership and governance.

In 2014/15, the leadership challenge for NHS providers remains significant. Improving quality for patients at a time of growing financial constraint is an increasingly demanding goal for NHS trusts, one which is taken at a time when the scrutiny applied to the NHS is more intense than ever before. The *Accountability Framework* sets out how the TDA will work alongside NHS trusts to meet this challenge.

A full copy of the framework is available at:

<http://www.ntda.nhs.uk/blog/2014/03/31/delivering-for-patients-nhs-tda-publishes-its-201415-accountability-framework-for-trust-boards/>

1.2 Positive and Proactive Care: reducing the need for restrictive interventions

Across the full range of health and social care services delivered or commissioned by the NHS or local authorities in England, people who present with behaviour that challenges are at higher risk of being subjected to restrictive interventions. Many restrictive interventions place people who use services, and to a lesser degree, staff and those who provide support, at risk of physical and/or emotional harm.

On 3rd April 2014 the Department of health issued guidance for all those working in health and social care settings: commissioners of services, executive directors, frontline staff and all those who care for and support people.

Increasing concerns about the inappropriate use of restrictive interventions across health and care settings have led to this guidance; including Transforming Care: a national response to Winterbourne View Hospital (DH 2012), Mental Health Crisis Care: physical restraint in crisis in June 2013 by Mind, and a recent inspection of inpatient learning disability services by the Care Quality Commission (CQC).

The aim is to provide a framework within which adult health and social care services can develop a culture where restrictive interventions are only ever used as a last resort and only then for the shortest possible time. It identifies key actions that will better meet people's needs and enhance their quality of life, reducing the need for restrictive interventions. It also sets out mechanisms to ensure accountability for making these improvements, including effective governance, transparency and monitoring.

This guidance forms a key part of the wider new Positive and Safe programme, which aims to end the unnecessary use of restrictive interventions across all health and adult social care.

It is essential that all those responsible for and working in health and social care services where people who are known to be at risk of being exposed to restrictive interventions are cared for, should review this guidance and integrate it into their services. These include services for people with:

- mental health conditions including detained patients
- autistic spectrum conditions
- learning disability
- dementia
- personality disorder; and
- older people.

The guidance also applies across any adult health and social care settings where people using services may, on occasion, present with behaviour that challenges but which cannot reasonably be individually predicted and planned for. This may include homes where individuals employ their own support staff, and primary, community and secondary care settings.

This guidance applies equally to health and social care staff working in non-health settings such as police cells, immigration removal centres and prisons. It does not apply to staff from other professions including the police and people working within criminal justice

settings (for whom own professional guidance will apply). Further details regarding this guidance can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300291/JRA_DoH_Guidance_on_RH_Summary_web_accessible.pdf

2. Local Issues

2.1 Information Governance Toolkit – Trust Achieves Level 2 – “Green Rating”

On 31st March 2014 the Trust has achieved a green rating in its annual Information Governance (IG) Toolkit submission. The toolkit comprises 45 standards and to achieve an overall green rating, the Trust had to evidence compliance in all of them. Well done to the IG team and to all staff who contributed to this success by completing information governance training.

2.2 Achievement of Awards

Well done to our in-house Radio Redhill who scooped three awards at the National Hospital Radio Awards.

Professor Abhay Rane also recently received his OBE from Her Majesty the Queen for services to laparoscopic surgery. Abhay has mentored other specialists to perform the practice across the world; as a result of his efforts more than a dozen hospitals in the UK now offer a laparoscopic urology programme.

Congratulations to Rachel Forbes-Pyman who was awarded National Physician Associate of the Year at the National Association of Physicians annual conference.

3. Recommendation

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

Michael Wilson
Chief Executive
April 2014