

TRUST BOARD IN PUBLIC		Date: 7th August 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	
Action Required:			
Approval	Discussion	Assurance (√)	
Summary of Key Issues			
<p>National Issues:</p> <ul style="list-style-type: none"> • Fundamental standards: improving quality and transparency in care • Recovering costs of NHS healthcare from visitors and migrants <p>Local Issues</p> <ul style="list-style-type: none"> • Chief Inspector of Hospital's Inspection – Quality Summit • Winter Planning/Resilience • Provision of Out of Hours GP Service 			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO5: 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 – 7th August 2014 CHIEF EXECUTIVE'S REPORT

1. National Issues

1.1 Fundamental standards: improving quality and transparency in care

The government has announced legislation which introduces fundamental standards for health and social care providers. Subject to parliamentary approval, they will become law in April 2015.

The new measures are being introduced as part of the government's response to the Francis Inquiry's recommendations and are intended to help improve the quality of care and transparency of providers by insuring that those responsible for poor care can be held to account.

How the fundamental standards will work in practice:

- the fundamental standards will define the basic standards of safety and quality that should always be met, and introduce criminal penalties for failing to meet some of them.
- the standards will be used as part of the Care Quality Commission's (CQC's) regulation and inspection of care providers. The CQC will be able to hold providers to account if they are not being met, including through the courts where appropriate. Registration with the CQC will also be dependent on compliance.
- the duty of candour will require NHS bodies to be open and transparent with service users about their care and treatment, including when it goes wrong.
- the fit and proper persons requirement means that all directors of NHS bodies must pass a test proving they are fit and proper persons. The CQC will be able to insist on the removal of directors that fail.

These measures were recommended by the Francis Inquiry report and thousands of people responded to a series of consultations about their introduction. Most of those who responded to the consultations were in favour of the measures and the responses were used to improve the development of the regulations.

The government's response to these consultations explains the changes it has made as a result of the feedback received in full.

As part of the fundamental standards, a new duty of candour and fit and proper persons requirement for directors will be introduced for NHS providers from October 2014, and will be extended to all providers by April 2015, subject to parliamentary approval.

The fundamental standards are:

- care and treatment must be appropriate and reflect service users' needs and preferences
- service users must be treated with dignity and respect
- care and treatment must only be provided with consent
- care and treatment must be provided in a safe way
- service users must be protected from abuse
- service users' nutritional and hydration needs must be met

- all premises and equipment used must be clean, secure, suitable and used properly
- complaints must be appropriately investigated and appropriate action taken in response
- sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed
- persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed
- registered persons must be open and transparent with service users about their care and treatment (the duty of candour)

1.2 Recovering costs of NHS healthcare from visitors and migrants

The Department of Health is working to improve the systems for charging overseas visitors and migrants for their NHS healthcare in England and increase the extent of the services for which they can be charged. The principle that the NHS is free at the point of delivery for residents will not be undermined by this work. The aim is to support and reinforce the principle of fairness by ensuring that everyone who can should contribute to the cost of the NHS.

The Visitor and Migrant NHS Cost Recovery Programme builds on the Government's consultation response (published in December 2013) and Implementation Outline (published in January 2014) about how the NHS currently manages charging overseas visitors and migrants. The programme's overarching objective is to improve cost recovery and ensure that the NHS receives a fair contribution for the cost of the healthcare it provides to non-UK residents; as is the case in comparable health systems.

The work is being led by the Visitor and Migrant Cost Recovery Team in the Department of Health but the programme is being co-produced with delivery partners in the NHS, the Health and Social Care Information Centre (HSCIC), the Home Office and the Department of Work and Pensions.

The primary audience for this plan is the NHS. It explains how the different groups and organisations will be affected by the changes. The implementation plan sets out the envisaged progress of the programme over two financial years. Further details are available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/329789/NHS_Implementation_Plan_Phase_3.PDF

2. Local Issues

2.1 Chief Inspector of Hospital's Inspection – Quality Summit

The Board will note that the Chief Inspector of Hospitals Judgement was given to the Trust on 1st August 2014. The full report is due to be published on 6th August and has been included in the agenda as a separate item.

2.2 Winter Planning/Resilience

The Trust is finalising negotiations for c£1.5m of additional funding to support SASH in maintaining Emergency Department (ED) performance this winter. We are looking at schemes that will create more bed capacity and ensure patients are assessed, diagnosed, treated and discharged more quickly 7 days a week. The schemes include 21 additional beds from December to April, extra doctors in ED, Surgical Assessment Unit and the

Acute Medical Unit in addition to additional discharge support at weekends and extended pharmacy hours.

We have also been given c£1m to ensure that 18 week RTT standards are maintained this winter and plans are in place to undertake additional elective work before quarter four create some headroom over the difficult winter period.

2.3 Provision of Out of Hours GP Service

IC24 are providing Out of Hours GP services from the fracture clinic at East Surrey Hospital from July 2014. The service is available from 18.30 to 0800 Monday to Friday and all week end. Patients access the service via the national 111 number and are given an appointment slot to see a GP.

There is also the opportunity to stream patients from the Emergency Department whose needs fit primary care rather than emergency ED treatment. The streaming pilot will commence in September. The emphasis is to ensure patients are seen in the right setting according to clinical need.

3. Recommendation

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

Michael Wilson
Chief Executive
August 2014