

TRUST BOARD IN PUBLIC		Date: 29th September 2016	
		Agenda Item: 1.6	
REPORT TITLE:		CHIEF EXECUTIVE'S REPORT	
EXECUTIVE SPONSOR:		Michael Wilson Chief Executive	
REPORT AUTHOR (s):		Gillian Francis-Musanu Director of Corporate Affairs	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		N/A	
Action Required:			
Approval ()	Discussion (√)	Assurance (√)	
Purpose of Report:			
To ensure the Board are aware of current and new requirements from a national, regional and local perspective and to discuss any impact on the Trusts strategic direction.			
Summary of key issues			
National/Regional:			
<ul style="list-style-type: none"> • Care Quality Commission (CQC) Five Year Strategy • Publication of the Single Oversight Framework • A guide for local areas developing Sustainability & Transformation Plans – engaging local people • NHS Planning Guidance 2017 – 2019 • National Managing Conflicts of Interest Consultation 			
Local:			
<ul style="list-style-type: none"> • SaSH in the national and regional media • Pendleton Frailty Unit • SaSH Awarded Skills for Health Quality Mark 			
Recommendation:			
The Board is asked to note the report and consider any impacts on the trusts strategic direction.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO5: Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model			
Corporate Impact Assessment:			
Legal and regulatory impact	Ensures the Board are aware of current and new requirements.		
Financial impact	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		

Attachment: N/A

TRUST BOARD REPORT –29th September 2016 CHIEF EXECUTIVE'S REPORT

1. National/Regional Issues

1.1 Care Quality Commission (CQC) Five Year Strategy

Having now completed its programme of inspection of all NHS Trusts, the learning has been put into the CQC five-year strategy, 2016 to 2021, which was published in May, setting out an ambitious vision for a more targeted, responsive and collaborative approach to regulation so more people get high quality care.

Key changes to highlight are:

- There will be an annual review of each trust with a focus on 'well-led' which reflects the findings of the CQC of the importance of leadership where evidence from its work shows that a good predictor of the overall quality of care a provider delivers is how well-led they are.
- This will include providers being able to submit their own view of the quality of their services based on the five key questions of 'Safe, Responsive, Effective, Caring and Well Led'
- Builds on current approach to use intelligence from a range of sources better to focus inspections where people may be at risk of poor care using 'Hospital Insight' data.
- Based on the above, this will determine where they will focus their inspection activity for the year ahead.
- Will update ratings based on smaller, more focused inspection, using more unannounced visits.
- Will produce shorter reports, more quickly that make clear how they have come to their conclusions.
- To tie in with NHS Improvement Single Oversight Framework with addition of "Use of Resources" and to have a "single view of quality" based on the five key questions.

The Trust has set up a steering group in anticipation of these changes to focus on:

- ensuring that all staff can describe the trust's ambition to be outstanding and what that means to them and their patients
- driving forward core services towards outstanding
- ensuring standards are met and evidence gathered

This steering group will report to the Executive Committee for Quality and Risk.

1.2 Publication of the Single Oversight Framework

The Single Oversight Framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework does not give a performance assessment in its own right.

Following a period of consultation over the summer the revised framework has been published by NHS Improvement (NHSI) and will be effective as of **1 October 2016**, at which point the Monitor 'Risk Assessment Framework' and NHS Trust Development Authority's 'Accountability Framework' will no longer apply.

The Framework will help NHSI identify NHS providers' potential support needs across five themes:

- quality of care

- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

Trusts will be segmented individually according to the level of support each needs. Then will then be signposted, offered or mandated tailored support as appropriate.

The final framework is available at:

https://improvement.nhs.uk/uploads/documents/Single_Oversight_Framework.pdf

1.3 A guide for local areas developing Sustainability & Transformation Plans – engaging local people

NHS England has recently published a guide for teams responsible for developing Sustainability and Transformation Plans (STPs) in each of the 44 footprint areas. Local statutory bodies are responsible for engaging and consulting on their proposals, and the relevant legal duties around engagement and consultation are set out in section 4 and Annex A of the guidance.

To succeed, STPs will need to be developed with, and based upon, the needs of local patients and communities and engage clinicians and other care professionals, staff and wider partners such as local government. STPs cannot develop care coordinated and centred around the needs of patients and users without understanding what communities want and without partners in local government. That is why robust local engagement plans are required as part of the STP process.

In the June STP submission guidance expectations were set out to ensure that STPs would include the following elements:

- Plan to engage more formally with NHS boards and those of their partners after the July conversations between STP leads and representatives from national bodies;
- How footprints have engaged organisations and other key stakeholders so far, and with whom they are still to engage; and
- Evidence or plans to involve staff, clinicians and care professionals, patients and Health and Wellbeing Boards etc.

Local proposals for health and care transformation are not expected to have gone through formal local NHS or other organisations' board approval and/or formal public engagement or consultation at this early stage. However it may be helpful to have early discussions which set out:

- a shared view on the likely direction of travel for services in your area;
- existing or early insight about the needs and views of patients and the public; and
- approach to engaging formally with boards, partners, patients and the public going forward with the STP process.

NHSE expect that most areas will take a version of their STP to their organisation's public board meeting for discussion between late October and the end of the year. The expectation is that most areas will publish their plans, for more formal engagement, during this period - building on the engagement already undertaken to shape thinking.

Every area will be working to a different timeframe, based on its own circumstances and how well-progressed its plan is.

The guidance is intended to support the STP process but does not replace each organisation's own legal responsibilities to involve the public. STP footprints are not statutory bodies – but discussion fora – so individual organisations within each remain accountable for ensuring their legal duties are met during the STP design, delivery and implementation process.

A copy of the full report is available at:

<https://www.england.nhs.uk/wp-content/uploads/2016/09/engag-local-people-stps.pdf>

1.4 NHS Operational Planning Guidance 2017 – 2019

The NHS Operational Planning Guidance was issued on 22nd September 2016.

The planning process has been built around Sustainable Transformation Plans so that the commitments and changes coming out of these plans translate fully into operational plans and contracts.

The timetable has been brought forward to enable earlier agreement locally about contracts.

Adjustments have been made to national levers such as tariff and CQUIN to support local systems in implementing service transformation

In line with the expectation of greater collaboration between organisations locally, there will be a single NHS England and NHS Improvement oversight process providing a unified interface with local organisations to ensure effective alignment of CCG and provider plans.

The timetable has been being brought forward to provide certainty earlier with a target deadline of all 2017-19 contracts signed by 23 December 2016.

Priorities and performance assessment - Nine 'must dos' for 2017-19

In the 2016/17 planning guidance nine 'must do' priorities were described. These remain the priorities for 2017/18 and 2018/19. These national priorities and other local priorities will need to be delivered within the financial resources available in each year.

- Sustainability and Transformation Plans
- Finance
- Primary Care
- Urgent & emergency care
- Referral to treatment times and elective care
- Cancer
- Mental Health
- People with learning disabilities
- Improving quality in organisations

Timetable for NHS Operational Plans 2017 - 2019

Timetable Item (applicable to all bodies unless specifically referenced)	Date
Submission of STP finance forms	16 September
Planning Guidance published	22 September
Technical Guidance issued	22 September
Commissioner Finance templates issued (commissioners only)	22 September
Draft NHS Standard Contract and national CQUIN scheme guidance published	22 September
National Tariff draft prices issued	22 September
Provider control totals and STF allocations published	30 September
Commissioner allocations published	21 October
NHS Standard Contract consultation closes	21 October
Submission of STPs	21 October
National Tariff section 118 consultation issued	31 October
Final CCG and specialised services CQUIN scheme guidance issued	31 October
Provider finance, workforce and activity templates issued with related Technical Guidance (providers only)	1 November
Submission of summary level 2017/18 to 2018/19 operational financial plans (commissioners only)	1 November (noon)
Commissioners (CCGs and direct commissioners) to issue initial contract offers that form a reasonable basis for negotiations to providers	4 November
Final NHS Standard Contract published	4 November
Providers to respond to initial offers from commissioners (CCGs and direct commissioners)	11 November
Submission of full draft 2017/18 to 2018/19 operational plans	24 November (noon)
Weekly contract tracker to be submitted by CCGs, direct commissioners and providers	Weekly from: 21/22 November to 30/31 January
National Tariff section 118 consultation closes	28 November
Where CCG or direct commissioning contracts not signed and contract signature deadline of 23 December at risk, local decisions to enter mediation	5 December
Contract mediation	5 – 23 December
National Tariff section 118 consultation results announced	w/c 12 December
Publish National Tariff ¹	20 December
National deadline for signing of contracts	23 December
Final contract signature date for CCG and direct commissioners for avoiding arbitration	23 December
Submission of final 2017/18 to 2018/19 operational plans, aligned with contracts	23 December
Final plans approved by Boards or governing bodies of providers and commissioners	By 23 December
Submission of joint arbitration paperwork by CCGs, direct commissioners and providers where contracts not signed	By 9 January
Arbitration outcomes notified to CCGs, direct commissioners and providers	Within two working days after panel date

¹ The National Tariff publication date is dependent upon the completion of a 28-day consultation period

Timetable Item (applicable to all bodies unless specifically referenced)	Date
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 31 January

A full copy of the planning guidance is available at:

<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/>

1.5 National Managing Conflicts of Interest Consultation

In March 2016 the NHS England Board announced that a Task and Finish Group of experts (to be chaired by Sir Malcolm Grant, chairman of NHS England) would look at the issues around how conflicts of interest in the NHS could be managed.

Over the summer the Group has been developing proposals to ensure that the NHS can:

- Actively manage conflicts of interest and associated issues of gifts, hospitality, other payments and influence
- Provide the public with information so that they can see what is happening and, where appropriate, ask questions
- Proactively support individuals to ensure that they know what is and is not acceptable – to prevent wrongdoing from occurring
- Take firm and decisive action when wrongdoing is discovered

In this consultation the outputs of the Task and Finish Group's work is presented for views and feedback from the NHS. The main aim of the consultation is to test the thinking of the Task & Finish Group to date to allow further review, further refining and ultimately commend them for adoption across the health system in England. The Consultation closes on 31st October 2016. The Director of Corporate Affairs will be co-ordinating the Trust's response to the consultation.

The full document is available at:

<https://www.engage.england.nhs.uk/consultation/managing-conflicts-of-interest-in-the-nhs>

2. Local Issues

2.1 SaSH in the national and regional media

Recently SASH has been in the news both nationally and regionally talking about plans and patient care. Dr Ben Mearns, chief of medicine, was interviewed by Sky News about our plans for managing the challenges that the winter months will present. He was also able to remind viewers about the importance of having the flu vaccination.

Fiona Allsop, chief nurse, took part in an interview for BBC Surrey and BBC Sussex on our new open visiting scheme which was launched on 12 September, Family and friends play a key role in caring for and supporting their loved ones during their hospital stay. Offering the option to visit at a time that is convenient for both our patients and their families and friends is of vital importance to us. To ensure that the needs of every patient are met and this initiative is a success, we have put together a few simple guidelines for family and friends which can be found on our website.

2.2 Pendleton Frailty Unit

The building work for our new Pendleton frailty unit has now been completed. This new unit, led by Dr Natalie Broomhead, consultant community geriatrician, which is due to open on 3rd October 2016, will specialise in providing a comprehensive geriatric assessment to patients over the age of 75 who need specialist review. Staffed by doctors, nurses, therapists and social workers it will provide an invaluable service for our complex older patients.

2.3 SaSH Awarded Skills for Health Quality Mark

I am pleased to announce that SaSH has been awarded the Skills for Health Quality Mark in recognition of the high standard of training and learning provided to teams across the organisation. The Quality Mark is a national benchmark of excellence in workforce development and training and is awarded by the National Skills Academy. Our thanks go to Mark Preston, Director of Organisational Development and People and the Workforce Development Team.

3. Recommendation

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

Michael Wilson CBE
Chief Executive
September 2016