

TRUST BOARD IN PUBLIC		Date: 31st March 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 and local perspective and to discuss any impact on the Trusts strategic direction.			
Summary of key issues			
National: <ul style="list-style-type: none"> • Learning from mistakes national league table • Publication of Final Report on Mutuals in Health Pathfinder Programme Local <ul style="list-style-type: none"> • National and Local Recognition Awards 			
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 clinical leadership 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 – 31st March 2016 CHIEF EXECUTIVE'S REPORT

1. National Issues

1.1 Learning from mistakes national league table

The Department of Health recently published a “learning from mistakes league”, ranking trusts on their “openness and honesty” based on data on safety reporting and the NHS staff survey.

The league table has been drawn together by scoring providers based on the fairness and effectiveness of procedures for reporting errors; near misses and incidents; staff confidence and security in reporting unsafe clinical practice; and the percentage of staff who feel able to contribute towards improvements at their trust.

The table splits trusts into four divisions: those with “outstanding levels” of openness and transparency, those which are “good”, those which have “significant concerns”, and those with a “poor reporting culture”.

The data for 2015/16 – drawn from the 2015 NHS staff survey and from the National Reporting and Learning System – shows that:

- 18 providers were outstanding
- 102 were good
- 78 gave cause for significant concern
- 32 had a poor reporting culture

Surrey & Sussex Healthcare NHS Trust is listed as “Good” and ranked at 66 out of 230 placing the Trust within the top 30% of Trusts. The full report is available at: <https://www.gov.uk/government/publications/learning-from-mistakes-league>

1.2 Final report of the Mutuals in Health Pathfinder programme

On 23rd March the final report of the Mutuals in Health Pathfinder Programme was published by the Cabinet Office. The report summarises the results of the Mutuals in Health Pathfinder programme and describes progress in the programme and draws out lessons for the future of Mutuals in health and care. In so doing, it highlights significant barriers that will need to be removed if mutualisation in health is to be extended beyond the community health and social care providers who have already gone down this route.

The author of the report Chris Ham (Kings Fund CEO) was struck by the enthusiasm of the Pathfinders for increasing staff engagement and exploring what it would mean for some or all of their services to become Mutuals. There were also barriers that could prevent rapid progress in this direction, most notably the requirement on Mutuals to pay VAT and Corporation Tax, and uncertainties about access to capital. Unless these barriers are removed, there is little prospect that mutualisation for whole trusts will move from the drawing board into practice any time soon.

One of the most interesting ideas to emerge from the work of the Pathfinders was how to develop staff engagement within trusts and foundation trusts. This would focus on strengthening staff engagement within the existing legal framework, for example by establishing an elected staff council and staff forums within NHS organisations, as well as by encouraging the development of autonomous teams. There are some parallels here

with the experience of the John Lewis Partnership, whose chairman, Sir Charlie Mayfield, contributed to the work of the panel and the Pathfinder programme.

The Board will remember that following a competitive application process, the following nine trusts were selected as Pathfinders:

- Cheshire and Wirral Partnership NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Oxleas NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust
- Tameside Hospital NHS Foundation Trust
- University Hospitals of Leicester NHS Trust

The report includes the following recommendations for consideration by the Government:

- The pathfinder programme has made clear that there is little prospect of a large trust or foundation trust adopting the mutual model unless the major technical barriers identified in this report are addressed. Her Majesty's government should explore the steps required to level the playing field for Mutuals by minimising the impact of those barriers, in particular, VAT, Corporation Tax, access to capital, and the use and ownership of assets.
- The NHS five year forward view vanguard sites are at the forefront of work to transform models of care. This includes reviewing new or different organisational arrangements. NHS England should encourage and support any of the vanguard 21 sites interested in considering mutualisation as part of their plans, including those participating in the Acute Care Collaboration phase, which seeks to support providers of acute services to develop new models to improve their quality, productivity and efficiency.
- HM government should undertake further work to explore the potential characteristics, benefits and risks of the other models identified by the Pathfinders, namely: FT plus, mutualised management contract model, NHS Mutuals, and autonomous teams.
- HM government should establish a clear and robust national policy position on Mutuals within health and care, and take steps to ensure this is communicated effectively across the system, drawing together work undertaken in response to each of the recommendations above.

A copy of the full report is available at:

<https://www.gov.uk/government/publications/mutuals-in-health-pathfinder-programme>

2. Local Issues

2.1 National and Local Recognition Awards

I am pleased to note that our emergency department came second in the FFT Champions of the Year in the NHS England Friends and Family (FFT) Awards. Saleena Young (Physician's Associate) was runner-up in the working to improve patient experience category of the HEKSS Unsung Hero's Award and Aaron Bailey was a non-clinical finalist at the HEKSS Apprenticeship of the Year Awards. On behalf of the Board I would like to extend our Congratulations and well done to all.

3. Recommendation

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

Michael Wilson
Chief Executive
March 2016