Surrey and Sussex NHS
Healthcare NHS Trust

TRUST BOARD IN PUBLIC		Date: 26th January 2017 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		
Regional/National: • CQC Consultation: Our next phase of regulation **Local:** • visit from NHS England's Chief Nursing Officer • Radio Redhill Shortlisted in National Award • Emergency Care Therapy Team Shortlisted		
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 –26th January 2017
CHIEF EXECUTIVE'S REPORT

1. National/Regional Issues

1.1 CQC Consultation: Our next phase of regulation, a more targeted, responsive and collaborative approach

Launched at the end of December 2016**, t**he consultation follows on from the publication of the CQC strategy back in May 2016 and reflects the changes required in order to implement their strategy over the next five years. It outlines the planned changes to their model focussing on how they will monitor, inspect, rate and report on NHS trusts from this April. This consultation runs alongside the CQC/NHS Improvement consultation on their approach to monitoring 'well-led' and the new area of 'use of resources'. The consultation closes **14 February 2017.**

Key Areas of Consultation.

Approach to regulate new models of care and complex providers
Reflecting the challenges in the NHS and the continuing need to innovate and collaborate, the CQC plan changes in order to take into account the uncertainty during periods of change so that regulation doesn't become a barrier to innovation. To do this they are simplifying the assessment framework – previously 11 'handbooks' and assessment frameworks and plan to reduce this to one for health care and one for social care.

Ensuring inspections have relevant specialists on team and coordinating inspections across health economies where providers work in less formal partnerships. They also continue to look at developing population specific inspections.

Changes to assessment framework
This will mean closer alignment of the questions being asked in different sectors and reducing the 11 sets of KLOEs, prompts and rating characteristics to two for the 5 key questions. In summary:

Safe – changes relate to recruitment practices, safeguarding, discrimination, safety alerts, and a new section on proper and safe handling of medicines and moved information sharing (medical records etc.) from Effective to Safe.

Effective – changes on MH Act, use of technology, pain management and deteriorating patient. Also new focus on how people are supported to live healthier.

Caring – Strengthened focus around supporting a caring culture including how privacy, dignity and respect are promoted, how staff treat people and how the service supports people in expressing their views and involved in decision making.

Responsive – Planning for population needs moved to well-led. There are also additional prompts around End of Life Care.

Well-led – Now a new single framework jointly developed with NHSI. Changed from 5 to 8 key lines of enquiry (KLOEs) to incorporate and merge with the Monitor framework. This includes a new section on promoting a culture of high-quality, sustainable care, good governance at all levels and clear and effective processes for managing risks, issues and performance and this being effectively processed and challenged. With significant

emphasis by both organisations (CQC/NHSI) on this domain both will be using it as the key element of a high quality organisation and be a key driver to any rating.

The consultation also outlines new and strengthened themes during their reviews which go across the domains including:

- System leadership, integration and information sharing
- Information Governance and data security
- Technology
- Medicines
- End of Life Care
- Personalisation, social action and use of volunteers

The CQC is also consulting on registering services for people with learning disabilities.

Next phase of regulation – NHS trusts
This final section focusses on regulation and inspection. In addition to the core services at a trust that are selected to inspect (at least one core service approximately annually), also proposing to assess the overall leadership of the trust to include an assessment of how well trusts assure themselves that basic systems underpinning safe care are in place, for example learning from incidents. This also means a shift in emphasis to strengthening ongoing monitoring and relationship management, and adopting a more targeted approach to inspections – carrying out far fewer comprehensive inspections.

Provider Information Requests - unlikely to request provider policies, or information that is available from other sources e.g. National audits. In addition, providers will be asked to set out their view of the quality of services against the five key questions, including changes in quality since their last inspection. Alongside the statement of quality, providers will be asked to supply a limited amount of key information not otherwise available through national datasets – for example, indicators of quality for location and core service levels.

Inspection and reporting - regular scheduled inspections to include at least one core service – assessed against all five key questions. In addition, an assessment of well-led at trust level approximately annually. Therefore smaller inspection teams and timely, shorter reports. Inspections will be planned through an internal regulatory planning meeting to review the available information. Core service inspections will be very similar however; they may happen at different times and will mostly be unannounced. The well-led inspection will be announced to ensure that the appropriate interviews can be scheduled.

Core Service Inspections – two changes, separating diagnostic imaging from the core service of outpatients and also separating maternity and gynaecology.

Frequency of core service inspections - maximum intervals for re-inspecting core services as follows:

- one year for ratings of inadequate
- two years for ratings of requires improvement
- 3.5 years for ratings of good
- five years for ratings of outstanding.

Additional Services: – services not routinely inspected may now be chosen, which may be across providers but not affect the Trust rating.

Monitoring: CQC Insight to identify potential changes to quality since the previous inspection and additionally includes qualitative information from people who use services, from relationship management, from national partners and from the new style provider information request.

Strengthened relationship management: - more regular contact with trusts and key partners, such as NHS Improvement, NHS England and Healthwatch. Also shifting some aspects of inspection to other times e.g. staff focus groups.

Effective use of accreditation schemes: - propose to reflect participation in accreditation schemes in the provider well-led key question, as evidence of a commitment to quality improvement and assurance.

Trust well-led inspection
Based on CQC finding that there is a clear link between well-led delivery of safe, high-quality care. Scope and depth of inspection will vary but will be a small, senior team of inspectors and specialist advisors drawing on evidence applicable at the overall trust board level, including interviews with board members and senior staff, focus groups, analysis of data, review of strategic and trust-level policy documents, and information from external partners. This new process will be piloted over next few months.

Ratings
Overall trust ratings will only be reviewed and updated following a trust-level well-led assessment and planned core service inspections. Use of resources is covered in the joint consultation document with NHSI although further testing of metrics and approach are still planned. Require views on how to introduce this new use of resources rating and test how to combine it with quality ratings. Also looking at adapting ratings to complex organisations that cover different sectors as well as where trusts take over other providers to improve their quality.

Implementation of new strategy
Following the consultation, the CQC plan to implement their new approach in April with the first new provider information requests will be sent out from April 2017, and the associated inspections will take place within the following two to six months and be informed by CQC Insight.

The full consultation document is available at: http://www.cqc.org.uk/content/our-next-phase-regulation

2. Local Issues

2.1 Trust hosted recent visit from NHS England's Chief Nursing Officer

On Friday 13th January I was delighted to welcome Professor Jane Cummings, Chief Nursing Officer for NHSE and pleased that individuals and teams from across SASH had the opportunity to speak to her about the SASH+ transformation work that they have been involved in.

It was great to hear the enthusiasm and commitment to the developments and improvements that many members of staff have each contributed to and put in practise as a result of the rapid process improvement workshops (RPIWs) they have been part of. This was also an opportunity to share the importance that change makes to the high quality care that we provide to our patients and share staff achievements and successes, both at the round table discussion and also the walk around East Surrey Hospital. Jane really valued her time with us and has asked me to pass on her thanks to everyone involved.

2.2 Radio Redhill Shortlisted in National Award

Radio Redhill, East Surrey Hospital's radio station, has been successfully shortlisted in the Station of the Year category of the National Hospital Radio Awards. The awards, organised by the Hospital Broadcasting Association, are an annual event to recognise excellence in hospital radio broadcasting. This is a wonderful acknowledgement of the hard work and commitment of Nigel Gray, Radio Redhill's chairman, and the 70 volunteers who provide this service to our patients and staff.

2.3 Emergency Care Therapy Team Shortlisted

Congratulations to our Emergency care therapy team - adding value to the Emergency Department in the HSJ Value in Healthcare Awards has been shortlisted as a finalist! This is a wonderful acknowledgement of the work of our therapy 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
January 2017