

TRUST BOARD IN PUBLIC		Date: 31st August 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:			
<ul style="list-style-type: none"> • Proposed changes to the Single Oversight Framework • Use of Resources final framework 			
Local:			
<ul style="list-style-type: none"> • NHS Improvement/Virginia Mason partnership • Visit from national director for transforming health systems • South East Coast Ambulance Service • Junior Doctors intake • SASH Volunteers 			
Recommendation:			
The Board is asked to note the report and consider any impact on the trusts strategic direction.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO5: Well led - To be a high quality employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led 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 August 2017 CHIEF EXECUTIVE'S REPORT

1. National/Regional Issues

1.1 NHS Improvement's Single Oversight Framework – Proposed Changes

NHS Improvement (NHSI) is currently seeking views on the proposed updates to the Single Oversight Framework (SOF) including changes to some of the metrics and triggers used by NHS to identify support needs.

The first version of the SOF was published in September 2016 and NHSI is now proposing to make changes to the SOF in light of recent developments and to reflect learning from the framework's first year of operation including:

- Changes to improve the structure and presentation of the document, updating the introductory sections and summarizing key information more succinctly
- Introducing a separate section outlining the five key themes of the SOF and summarizing under each theme what would trigger consideration of a support need
- Changes to some of the metrics that NHSI uses to assess providers' performance under the SOF themes and the indications that trigger consideration of a potential support need (including removing some metrics and adding new ones)
- Providing an overview of the NHSI's support offer
- Making clear under all themes that in addition to specific triggers, other material concerns arising from intelligence gathered or provided to NHSI could trigger consideration of a support need
- Making explicit that providers are expected to notify NHS Improvement of significant actual or prospective changes in performance or risk outside routine monitoring
- Moving the organisational health indicators relating to the Leadership and improvement capability (well-led) theme into a new appendix

The consultation is not proposing any changes to the underlying framework itself – i.e. the five themes. NHSI's approach to monitoring and how support needs are identified as well as providers segmentation will not change.

Summary of changes to the quality theme:

- Amended: Current trigger (CQC rating of 'inadequate' or 'requires improvement' against any of the safe, effective, or responsive key questions) changed to overall CQC rating of 'inadequate' or 'requires improvement'
- Removed: 'aggressive cost reduction plans' from the metrics list now included in the main narrative
- Removed: Hospital Standardized Mortality Ratio-Weekend metric. A new indicator is being developed to replace this
- Added: new E. coli bacteraemia bloodstream infection (BSI) metric, in line with the national target to reduce health care associated Gram-negative bloodstream infections by 50% by March 2021

There are no changes to how the finance score is calculated. The existing SOF term finance and use of resources score will be amended to finance score to make a clear distinction with the new use of resources rating.

Summary of changes to the operational theme:

Providers	Metric	Change	Rationale
Acute	Dementia assessment and referral	Added*	Policy priority to maintain standards
Acute	62-day wait for first treatment from NHS cancer screening service	Removed	To align with STF performance improvement trajectories
Mental health	Inappropriate adult mental health out of area placements	Added*	Policy priority with improved data reliability
Mental health	Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team	Removed	New indicator in development
Mental health	Data Quality Maturity Index (DQMI) – Mental Health Services Data Set (MHSDS) Data Score	Amended*	Original metric not supported by NHS Digital

NHSI will consider the assessment of system-wide leadership under the recently published Sustainability and Performance (STP) ratings along with broader intelligence, when considering providers performance.

The theme of leadership and improvement has been amended to reflect the new joint well-led framework structured around the eight key lines of enquiry that the CQC and NHSI have developed.

The engagement and consultation process will run from 8 August to 18 September 2017. NHSI intends to publish the updated SOF in early October 2017, and introduce the changes during Q3 (October to December 2017).

1.2 Use of Resources Final Framework

NHSI and CQC have now published the final Use of Resources (UoR) framework following feedback from the national consultation. The final framework has been informed by 7 pilots which were undertaken to refine the assessment methodology. NHSI will introduce UoR assessments alongside the CQC's new inspection approach from autumn 2017.

The table below sets out the metrics NHSI will use to inform the assessment, along with local intelligence gathered during NHSI's day-to-day interactions with the trust and qualitative evidence gathered through an on-site assessment visit.

Use of resources area	Initial metrics
Clinical services	<ul style="list-style-type: none"> Pre-procedure non-elective bed days Pre-procedure elective bed days Emergency readmissions (30 days) Did not attend (DNA) rate
People	<ul style="list-style-type: none"> Staff retention rate Sickness absence rate Pay cost per weighted activity unit (WAU) Doctors cost per WAU Nurses cost per WAU Allied health professionals cost per WAU (community adjusted)
Clinical support services	<ul style="list-style-type: none"> Top 10 medicines – percentage delivery of savings target Overall cost per test
Corporate services,	<ul style="list-style-type: none"> Non-pay cost per WAU

procurement, estates and facilities	<ul style="list-style-type: none"> • Finance cost per £100 million turnover • Human resources cost per £100 million turnover • Procurement Process Efficiency and Price Performance Score • Estates cost per square metre
Finance	<ul style="list-style-type: none"> • Capital service capacity • Liquidity (days) • Income and expenditure margin • Distance from financial plan • Agency spend

While the use of resources framework will initially be applied to acute trusts only, specialist acute, ambulance, mental health and community services will be included in the UoR framework after April 2019 once appropriate metrics have been developed.

In autumn 2017 the CGC and NHSI will consult on how UoR ratings should be best combined with other ratings to yield an overall trust-level rating to be introduced from 2018.

Full details are available at: <https://improvement.nhs.uk/resources/use-resources-assessment-framework/>

2. Local Issues

2.1 NHS Improvement/Virginia Mason Institute partnership

This month is the second anniversary of our partnership with NHS Improvement and the Virginia Mason Institute and the start of our SASH+ transformation work. To mark the achievements of the partnership a learning event held with colleagues from the other four Trusts from the national transformation partnership. This was an opportunity for some of our recent Lean for Leaders graduates and executive team members to have the opportunity to share some of our achievements and changes to the way we deliver care through our SASH+ improvement work. There was also a chance to hear and learn from others about the changes they are also making to patient care and to know the positive difference each organisation is making to patient care.

As part of the national digital partnership newsletter SASH features in two videos – one that includes commentary from leaders across the four trusts and another that provides a focus on the work around the management of diarrhoea. The SASH video is a great showcase for the difference that each change, whether large or small, makes to the quality of care the overall patient experience. The video links are available in the SASH+ update report.

2.2 Visit from Michael Macdonnell, national director for transforming health systems

At the end of July, we were pleased to welcome Michael Macdonnell, national director for transforming health systems at NHS England, to SASH. Michael was keen to hear more about the hospital, our health campus and to see first-hand how we are developing our facilities and transforming the high quality care we provide to local people, including the Pendleton Unit and our new Surgery Centre where our patients are cared for and treated enabling the majority to become well enough to return home as soon as possible. Michael spoke very positively about SASH and the difference the care we provide is making to our patients and local people.

2.3 South East Coast Ambulance Service (SECAMB)

Every day over 100 ambulances arrive at our A&E department and the positive relationship between the ambulance crews and our A&E team is built on a strong history of partnership working. This month we hosted a visit from the new senior team at SECAMB, including Darren Mochrie, chief executive, and Fiona Moore, medical director. The visit was very positive and the team were pleased to be able to take the SECAMB team on a tour of A&E to see the building work and planned changes to the front of A&E, which will make it easier for crews to access the hospital. Importantly, the visit was also a great opportunity to discuss how we can continue to strengthen the way we work together to ensure that local patients receive the right care first time.

2.4 Junior doctors

At the start of the month, I was delighted to meet our new cohort of 100 junior doctors who have joined us for the next year and who will be working with teams from across the hospital. I was particularly pleased to see some familiar faces that have chosen to return to SASH to continue the next stage of their training – this is a credit to everyone across the organisation that always offers a warm welcome to our junior doctors and anyone joining the SASH team.

2.5 Volunteers matter

At East Surrey Hospital we are fortunate to have the support of many volunteers who give their time to support our information desk, wards, departments and clinical teams in the care they provide for patients. I was pleased to learn that in response to a news release issued by our communications teams calling for new volunteers, (which was picked up and broadcast as a news item on two local radio stations) that we have had over 150 people contact SASH to find out more and offer to become a volunteer. This has included a lot of young people keen to offer their time and to also maximise the opportunity as a way to get an understanding of how a hospital works with the prospect of starting a career in health. This amazing response is a positive endorsement of the strong reputation that SASH has in the communities it serves.

3. Recommendation

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

Michael Wilson CBE
Chief Executive
August 2017