

TRUST BOARD IN PUBLIC		Date: 26th October 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"> • DoH Health Consultation on Nursing Associates in England • DoH Consultation on the regulation of medical associate professions • Care Quality Commission – State of Care Report 2017 			
Local:			
<ul style="list-style-type: none"> • SASH+ review • Macmillan Coffee Morning • SASH clinicians support children on Disneyland trip • Children learn how to restart a heart • Therapies team host event for International Day of Older Persons 			
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 – 26th October 2017 CHIEF EXECUTIVE'S REPORT

1. National/Regional Issues

1.1 Department of Health Consultation on Nursing Associates in England

The Government has made a decision that statutory professional regulation is a necessary and proportionate requirement for this important new role. They are not therefore seeking views on whether the nursing associate role should be regulated, but are seeking views about how nursing associates should be regulated.

It is intended that the key aspects and regulatory functions of the legislation will apply to the nursing associate profession in the same way as for nurses and midwives. In amending the legislation, the regulatory framework for nursing associates will be broadly similar to that of nurses and midwives, except where it is necessary to accommodate specific differences in the nursing associate profession.

This consultation seeks further evidence to make an assessment about the impact of the policy. The final assessments of the impact of the regulation of nursing associates will be published with the Government's formal response to this consultation.

The consultation runs from 16th October – 26th December 2017. Full details can be found at <https://consultations.dh.gov.uk/professional-standards/regulation-of-nursing-associates-in-england/>

1.2 Department of Health Consultation on the regulation of medical associate professions in the United Kingdom

Rising demands for medical treatment and advances in clinical care requires a co-ordinated approach and greater skill mix within NHS healthcare teams. In recent years the health service has seen the emergence and increased use of new professional roles within multi-disciplinary teams as part of a continuing drive to provide safe, accessible and high-quality care for patients. Four of these roles are:

- physician associate (PA)
- physicians' assistant (anaesthesia) (PA(A))
- surgical care practitioner (SCP)
- advanced critical care practitioner (ACCP)

As these professionals become more widely employed, it is necessary to explore the options for professional regulation. This consultation seeks your views on the following proposals:

- To introduce statutory regulation for PAs
- To seek further evidence on the most proportionate level of regulation for PA(A)s
- To seek views on the position that statutory regulation of the SCP and ACCP roles is not proportionate, and whether alternative options for professional assurance should be considered

The consultation runs from 12th October – 22nd December 2017. Full details are available: <https://www.gov.uk/government/consultations/regulating-medical-associate-professions-in-the-uk>

1.3 Care Quality Commission – State of Care Report 2017

State of Care is the annual assessment of health and social care in England. The report looks at the trends, highlights examples of good and outstanding care, and identifies factors that maintain high-quality care.

This year's report shows that the quality of care has been maintained despite some very real challenges. Most of us are receiving good, safe care and many services that were previously rated inadequate have recognised the CQC's inspection findings, made the necessary changes and improved.

The fact that quality has been maintained in the toughest climate most can remember is testament to the hard work and dedication of staff and leaders. However, as the system continues to struggle with increasingly complex demand, access and cost, future quality is precarious.

Health and care services are at full stretch: The complexity of demand for health care and adult social care services in England continues to rise. The number of people with complex, chronic or multiple conditions is increasing. We have an ageing population, and the total number of years people can expect to live in poorer health continues to rise.

These and other factors present different pressures in different parts of the system. In cancer treatment, for example, there has been a fairly steady increase in the total number of people being treated following a GP referral, but patients now have to wait longer for their treatment to start.

Quality has improved overall, but there is too much variation and some services have deteriorated: Hard work and determination from many providers and their staff has meant people are receiving safer, more effective, and compassionate and high-quality care – services have recognised our inspection findings and made the necessary changes to get better.

While there has been much improvement, some services have deteriorated in quality. Where we have re-inspected providers originally rated as good overall, the majority have remained good. But 26% of mental health services and 23% of adult social care services originally rated good dropped at least one rating, as did two out of the 11 NHS acute hospitals. Only 2% of re-inspected GP practices deteriorated.

There are also substantial variations in the quality of care that people are receiving – within and between services in the same sector, between different sectors, and geographically.

To put people first, there must be more local collaboration and joined-up care: Better care is often where providers are working together to provide a more seamless service, one that is built around the often multiple, or complex, needs of individuals. We have found this where there is joined-up care – local health and care leaders collaborating to engage staff, people who use services and local partners to respond to the challenges they face.

There is wide variation in how health and social care systems join up. Too many people receive fragmented care – care that is built around the priorities or targets of the services, rather than people's needs.

To deliver good, safe, well-coordinated care that is sustainable into the future, providers will have to think beyond their traditional boundaries and reflect the experience of the people they support.

We found that services that did well had leaders who were enthusiastic and committed to equality, a culture of equality and human rights, and applied 'equality and human rights thinking' to quality improvement.

The full report is available: <http://www.cqc.org.uk/publications/major-report/state-care>

2. Local Issues

2.1 SASH+ review

We are now two years into our partnership with NHS Improvement (NHSI) and the Virginia Mason Institute (VMI) and this month we had the opportunity to share some of our successful changes as part of a review by NHSI and VMI of our SASH+ transformational work.

The feedback from the visit, which included visits to the genbas (the place where the work is done); focus groups and 1:1 interviews, was shared with the Trust Guiding Team (TGT) at the end of the day by Dr Kathy McLean, medical director and Adam Sewell-Jones, director of improvement, for NHSI. Their comments were very positive and included that they were: *'impressed with how far you have got'* and could see: *'evidence of improvement'* and that the people they met could clearly: *'demonstrate the benefits to patients'*.

This positive feedback has been made possible because of the support and energy of our KPO (kaizen promotion office) team led by Sue Jenkins, director of kaizen. The ongoing commitment of individuals and teams, to continuing to improve the care that we give and their enthusiasm to put their ideas for change into action makes a real difference to our patients.

2.2 Macmillan Coffee Morning at the East Surrey Macmillan Cancer Support Centre

The Cancer Centre team hosted a Macmillan Coffee Morning on 29 September as part of the national Macmillan Coffee Morning fundraising initiative. The morning successfully raised over £2,000 and was an opportunity for patients, their families and local people to visit the centre and find out more about the support and activities available to people living with cancer. Thanks go to Shelagh Sheldrick, centre manager and her team of SASH volunteers for hosting this event.

2.3 SASH clinicians support children on Disneyland trip

David Barton, lead emergency practitioner and Kirsten McHale, clinical nurse specialist for paediatric epilepsy and neurodisability, children and young people, volunteered their time to be part of the support team for the annual Magical Taxi Tour to Disneyland Paris hosted by the Worshipful Company of Hackney Carriage Drivers for children with life threatening illnesses.

Five young SASH patients and their families travelled in Hackney cabs from SASH to Disneyland Paris and Kirsten and David will be part of the clinical team on hand to care for the children throughout the journey and during their stay.

David and Kirsten have volunteered and taken part in this trip for many years and thanks go to them for giving their time and clinical skills to such a great cause and for showing that their compassion and care extends beyond their everyday work.

2.4 Children learn how to restart a heart

Children received resuscitation training at East Surrey Hospital from Bernadette Lee, senior resuscitation officer, in support of European Restart a Heart Day, a designated day of action across Europe with the aim to teach vital life-saving cardiopulmonary resuscitation (CPR) skills to as many people as possible.

The national campaign, a partnership project with the Resuscitation Council (UK), British Heart Foundation, British Red Cross and NHS ambulance services, is an annual initiative which aims to train as many children and young people as possible in the UK to learn to save a life and make every child a lifesaver.

2.5 Therapies team host event for International Day of Older Persons

To mark International Day of the Older Persons, which took place this month, the therapies team hosted a range of sessions about healthy ageing at the Friend's Café at East Surrey Hospital. Advice session topics included falls prevention; older age; Mouth Care Matters and fire safety plus sessions from Age UK; the Red Cross and Carers' Support.

3. Recommendation

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

Michael Wilson CBE
Chief Executive
October 2017