The Royal Wolverhampton NHS
NHS Trust

Chief Executive's Report

Agenda Item No: 6

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	25 November 2013
Title:	Chief Executive's Report
Executive Summary:	This report refers to certain reports published nationally, as well as policies approved by Trust Management Committee, and one consultant appointment, since the October Board meeting. There is also mention of our interaction with parts of the local health economy.
Action Requested:	To note the report.
Report of:	Chief Executive
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Resource Implications:	Nil
Public or Private: **(with reasons if private)**	Public Session
References: **(eg from/to other committees)**	None
Appendices References Background Reading	None
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Background Details

1.0 **Review**

Since the October Board there have been several reports published nationally, and I mention these as background and context for our work here. I also highlight interaction with parts of the local health economy, as well as including the policies approved by Trust Management Committee and the appointment of one consultant.

2.0 **Policies Approved by Trust Management Committee**

A number of policies are due to be approved by the Trust Management Team on 22 November. I will report these orally to the meeting.

3.0 **Consultant Appointment**

The following consultant has been appointed since the October meeting of the Board:-

- Dr Jacqueline Lewin, Consultant Anaesthetist

4.0 **Local Health Economy**

4.1 The Trust was represented at the Local Authority's **Health Scrutiny Panel** on 7 November, when the following papers relating particularly to the Trust were considered:-

- A Joint Strategy for the Provision of Urgent and Emergency Care for Patients Using Services in Wolverhampton to 2016/17
- The Royal Wolverhampton NHS Trust – Patient Misuse of Hospital Services
- The Royal Wolverhampton NHS Trust Quality Accounts 2012/13 – Older People
- The Royal Wolverhampton NHS Trust Quality Accounts 2012/13 – End of Life Care

4.2 The Joint Strategy for Urgent and Emergency Care was also considered, among other things, by the **Health and Well Being Board** on 6 November. Details of these meetings are available on the local authority's website.

4.3 On 12 November Dr Odum and Mr Stringer attended the Board meeting of the **Wolverhampton City Clinical Commissioning Group** (WCCCG), to present the Wolverhampton Urgent and Emergency Strategy (including the proposed new emergency Centre). The WCCCG Board supported the proposals.

4.4 As mentioned at the October Board meeting, **the City Council** is facing severe financial challenge due to reductions in Central Government grant, which mean that the Council has to find £98 million of savings by 2018/2019, on top of the £100 million it has already made over the past 5 years. The Executive Directors and I are in touch with our counterparts at the Council, mindful of the close working links which we have, in particular, with Social Care Services. The Council is presently consulting on proposals to make savings, and the outcome will be known in the New Year.

4.5 **Integrated Transformation Fund**: by 2015/16 the local health economy will need to have agreed the principles and budget for the Integrated Transformation Fund. This could see a significant amount of cost/income for Trust services being placed into the Fund.

5.0 **NHS111**

5.1 With effect from Monday 11 November the West Midlands Ambulance Service has been delivering the NHS 111 phone service in Birmingham, Solihull, the Black Country, Shropshire, Herefordshire, Coventry and Warwickshire.

This follows the decision of NHS Direct to withdraw from the contract.

6.0 **Wolverhampton LINk**

6.1 The final report of Wolverhampton LINk, covering the year 2012/13, has been received. During this period LINk examined a number of topics related to this Trust, among which were transport to appointments (bus services to New Cross Hospital), accessible parking at New Cross, protected meal times, and pharmacy services. LINk also engaged with primary care providers, the Black Country Partnership Mental Health FT, and nursing and residential homes.

The report reflects that this was the year of transition into Wolverhampton Healthwatch, which is now establishing itself as the new local consumer champion for the users of health and social care services.

The report can be viewed at: www.healthwatchwolverhampton.co.uk

7.0 **National Reports and Issues**

7.1 At the end of October Ann Clwyd MP and Professor Tricia Hart published their report *"A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture".* This report looks at how complaints about care in NHS hospitals made by patients, their carers and representatives are listened to and acted on by hospitals.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

The recommendations cover:-

- improving the quality of care
- improving the way complaints are handled
- ensuring independence in the complaints procedures
- whistleblowing

The review received 2,500 responses, the majority describing problems with the quality of treatment or care in NHS hospitals. The review panel also heard from people who had not complained because they felt the process was too confusing or they feared for their future care. The 55 page report contains a number of recommendations, based on evidence gathered by the authors.

The Chief Nurse is leading the work of reviewing the report's findings and formulating a response and action plan.

7.2 In March 2012 the Royal College of Physicians established the Future Hospital Commission. *Future hospital: caring for medical patients* sets out the Commission's vision for hospital services structured around the needs of patients, now and future. The Commission's recommendations are drawn

	from "the very best of our hospital services, taking examples of existing innovative, patient-centred services to develop a comprehensive model of hospital care that meets the needs of patients, now and in the future." This report focuses on the care of acutely ill medical patients, the organisation of medical services, and the role of physicians and doctors in training across the medical specialties in England and Wales. It recognises that people's needs are often complex, and that hospital services must be organised to respond to all aspects of physical health (including multiple acute and chronic conditions), mental health and well-being, and social and support needs. The model of care proposed by the Future Hospital Commission is underpinned by the principle that hospitals must be designed around the needs of patients. *Future hospital* was published in September, and can be accessed here:- http://www.rcplondon.ac.uk/sites/default/files/future-hospital-commission-report.pdf
7.3	Meanwhile, *Monitor has decided to investigate the challenges that smaller district general hospitals* face in delivering high quality, sustainable care to patients, and how they are responding, and has invited comments from patients, providers, commissioners, health care professionals and any other parties with an interest in providing acute care as it looks at the challenges facing these providers. For the purpose of this study, Monitor is primarily looking at non-specialist providers that operate at least one acute general hospital, with an annual income of £300 million or less, although it will be asking for help from all sizes of provider to draw comparisons. Monitor is seeking evidence on:- • whether smaller non-specialist acute providers are facing particular difficulties in delivering high quality, sustainable services; • factors that may affect these providers' ability to deliver high quality services to patients or to respond to issues; • the opportunities they have to address potential challenges and to demonstrate innovative, high quality service delivery. There are just over 140 non-specialist acute trusts in England, which together receive a total income in the region of £50 billion per year for all their services. Around half of these trusts have income of less than £300m. Monitor is working with the NHS Trust Development Authority on this research project, as well as other organisations across the health sector.
7.4	At the end of October the National Audit Office published "*Emergency Admissions to hospital: managing the demand*". As a statement of the current position, much of the report will be familiar to the Board. The recommendations are directed, in the main, to the DoH and NHS England, and contain few surprises.

The report is here: http://www.nao.org.uk/wp-content/uploads/2013/10/10288-001-Emergency-admissions.pdf

7.5

Sir Bruce Keogh's Review of Urgent and Emergency Care Across England

On 13 November Sir Bruce Keogh, National Medical Director of NHS England, published his report *"Transforming urgent and emergency care services in England - Urgent and Emergency Care Review: End of Phase 1 Report".* The report can be found via this link:-

http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf

The report proposes making changes over a period of three to five years in the following key areas:-

Providing better support for people to self-care –
The NHS will provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional.

Helping people with urgent care needs to get the right advice in the right place, first time –
The NHS will enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service. This enhanced service will have knowledge about people's medical problems, and allow them to speak directly to a nurse, doctor or other healthcare professional if that is the most appropriate way to provide the help and advice they need. It will also be able to directly book a call back from, or an appointment with, a GP or at whichever urgent or emergency care facility can best deal with the problem.

Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E –
This will mean: putting in place faster and consistent same-day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses to address urgent care needs; harnessing the skills, experience and accessibility of community pharmacists; developing our 999 ambulance service into a mobile urgent treatment service capable of treating more patients at scene so they don't need to be conveyed to hospital to initiate care.

Ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery –
Once it has enhanced urgent care services outside hospital, the NHS will introduce two types of hospital emergency department with the current working titles of Emergency Centres and Major Emergency Centres. Emergency Centres will be capable of assessing and initiating treatment for all patients and safely transferring them when necessary. Major Emergency Centres will be much larger units, capable of not just assessing and initiating treatment for all patients but providing a range of highly specialist services. The NHS envisages around 40-70 Major Emergency Centres across the

country. It expects the overall number of Emergency Centres – including Major Emergency Centres – carrying the red and white sign to be broadly equal to the current number of A&E departments.

Connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts -

Building on the success of major trauma networks, the NHS will develop broader emergency care networks. These will dissolve traditional boundaries between hospital and community-based services and support the free flow of information and specialist expertise. They will ensure that no contact between a clinician and a patient takes place in isolation – other specialist expertise will always be at hand.

Phase two of the review is now under way, overseen by a delivery group comprised of more than 20 different clinical, managerial and patients' associations.

Significant progress is anticipated over the next six months on the following areas:-

- Working closely with local commissioners as they develop their five-year strategic and two-year operational plans;
- Identifying and initiating transformational demonstrator sites to trial new models of delivery for urgent and emergency care and seven-day services;
- Developing new payment mechanisms for urgent and emergency care services, in partnership with Monitor;
- Completing new NHS 111 service specification so that the new service – which will go live during 2015/16 – can meet the aspirations of this review;
- Co-producing with clinical commissioning groups the necessary commissioning guidance and specifications over the remainder of 2014/15.

8.0 **<u>Visits and Events</u>**

For the information of the Board, since the last Board meeting I have attended, or plan to attend, the following:

- National Institute of Healthcare Research (NIHR) – leaders' event on 5 November, at which I spoke on the Local Network.
- Comprehensive Local Research Network (CLRN) for Birmingham and the Black Country – I chaired this meeting.
- Attended dinner with Sir Mike Richards on 11 November.

- FTN Chairs and Chief Executives meeting on 12 November, when I spoke on our experience of the new hospital inspection regime.

- BBC interview re Accident and Emergency Services on 13 November, and 35 minutes on Radio 5 Live discussing the recent Keogh Report with five MPs.

- Visit by Dr Daniel Poulter MP on 13 November (to see our A and E Department).

- Visit to the Trust by Dr Michael Borg, Head of Department of Infection Prevention and Control, Mater Dei Hospital, Malta on 13 November.

- Met with senior representatives of Centrak to discuss the next steps in the development of Safe Hands

- CQC Quality Summit – planned to take place in the Trust on 19 November.

- Education Academy Awards Event in the Trust on 20 November.

- Visit of Sir Peter Carr (Chair) and Kathryn Singh (Portfolio Director) from the TDA on 22 November.

- Attended several meetings in respect of Mid Staffordshire, and several meetings with the TDA.