

Trust Board Report

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| Meeting Date: | 24 February 2014 |
| 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 two consultant appointments, since the January Board meeting. |
| Action Requested: | To note the report. |
| Report of: | Chief Executive |
| Author: Contact Details: | David Loughton Tel: 01902 695950 |
| 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: <ul style="list-style-type: none"> ✚ 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

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| 1.0 | <u>Review</u> This report is presented to inform the Board of some of the activities in the health economy which we serve, national reports and publications of note (to provide some context for our work here), and miscellaneous items within the Trust. |
| 2.0 | <u>Policies Approved by Trust Management Committee</u> A number of policies are due to be approved by the Trust Management Committee on 21 February. I will report these orally to the meeting. |
| 3.0 | <u>Consultant Appointments</u> The following consultants have been appointed since the January meeting of the Board:- <ul style="list-style-type: none"> • Dr Dragana Radibratovic-Cvijan - Cellular Pathology Consultant |

- Dr Li – Intensivist/anaesthetist

4.0 Visits and Events

For the information of the Board, since the last Board meeting I have contributed to the following:

- 14 January: Research Network Transition Oversight Group
- 16 January: Sustaining Services board (re- MSFT)
- 17 January: With Chief Nurse attended CQC Hospital Feedback Session (to talk about experience of RWT)
- 20 January: Meeting with Karen Dowman (BCPMHFT), S Norman (WCC) and Dr H Hibbs (WCCG) re future working arrangements
- 21 January: WMLRN Board
- 11 February: Research Network Transition Oversight Group
- 12 February: Birmingham and Black Country Clinical research Board meeting
- 14 February: Meeting with Chief Executives of various NHS providers

In addition, I have attended various meetings regarding Mid Staffordshire Foundation Trust during the last month.

5.0 The Health Economy we serve

Recent meetings of other organisations in the health economy during the last few weeks include:

- Cannock Chase CCG Board (21 January)
- Healthy Staffordshire Select Committee (28 January) – examined the self-assessment by University Hospital of North Staffs (UHNS)
- Wolverhampton Health and Wellbeing Board (5 February) – single item agenda (Better Care Fund)
- South East Staffordshire and Seisdon Peninsula CCG Board (5 February)
- Wolverhampton Health Scrutiny Panel (6 February) – agenda included the Community Dermatology Service Engagement Plan
- Stafford and Surrounds CCG Board (6 February) – included a public discussion about the future of Cannock Hospital
- Wolverhampton CCG Board (11 February)
- Staffordshire Health and Wellbeing Board (13 February)

Agendas and reports are available on the websites of these organisations. The CCG agendas include various references to our services and performance and perhaps are worthy of inspection to gain a view of how we are perceived by others.

Also of interest are the websites of Healthwatch Wolverhampton and Healthwatch Staffordshire. The former recently introduced an online feedback centre where the public can rate the care they have received from NHS and

social care services. This "trip advisor" style website will form part of a wider dataset being collected by Healthwatch Wolverhampton to analyse the public's views of health and social care in the City. It is due to be demonstrated at the next meeting of the Patient Experience Forum. The website of Healthwatch Staffordshire includes reports of their visits and inspections, including their account of the Healthy Staffordshire Select Committee meeting on 28 January where UHNS was under examination.

I will not necessarily report every month on these partner organisations, but am doing so this time in order to highlight the growth in the size and complexity of the health economy which we now serve.

6 **National Reports and Issues**

6.1 **The Francis Report: One Year On**

On 6 February, the Nuffield Trust published this review of progress 12 months since Robert Francis QC presented his second report into Mid Staffs. This Nuffield Trust report explores the response of acute hospital trusts in England to the report by Robert Francis QC in 2013. The research asked questions about how hospital trusts responded to the main themes in the Francis Report, and for their reflections on the challenges of changing the quality and culture of care in a demanding environment. The research was based on 48 in-depth interviews with predominantly senior staff at five case study hospitals, and the responses of 53 hospital trusts to an electronic survey. The full 48 page report can be found here:

http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/140206_the_francis_inquiry.pdf

The conclusions of this review are worth reproducing here in full:

"The Francis Report delivered a damning verdict on an individual trust and a wider regulatory and supervisory system that had been periodically reorganised and changed, and allowed vital aspects of patient safety and care to be overlooked when the trust should have provided protection, improvement and accountability. The complexity of the system was such that multiple opportunities to spot and act on the failings in care in Mid Staffordshire were missed by health professionals, managers, commissioners, regulators, patient organisations, GPs and others.

In terms of how hospital trusts have responded, many of the themes and lessons from the Francis Report – together with the Keogh (2013) and Berwick (2013) reports – were recognised by the hospital leaders and front-line staff in this study, who described their efforts to give greater weight to the quality and safety of patient care, and the underlying culture that drives quality. Nursing is receiving a significant degree of attention, in particular in staffing levels, the role of ward managers, and ensuring fundamental standards of care. Staff engagement is a higher priority than before, as is a renewed approach to the handling of patient complaints and the reporting of hospital performance.

The hospital leaders in this study described a wider NHS system that seemed to them at times incoherent and overbearing in how it regulated and managed trusts. This begs the question as to how far the NHS response to the Francis Report and the reforms of 2012/13 have changed the culture of the system

and fixed the failings identified by the Francis Report in commissioning, supervision and regulation. It is unclear how the requirements of the CQC, Monitor, NHS England, the TDA and clinical commissioners are interacting at a local level, and it is equally unclear how the functioning, culture and behaviour of these bodies will be measured.

This research is based on a glimpse of the activity and views of one third of hospital trusts. What remains to be seen is whether the Francis Report will result in measurably improved care for patients and how extensive this is across hospital trusts more generally. Critical to this is the fundamental tension between commitments to care quality, safe staffing and zero harm, on the one hand, and the relentless financial constraints facing the NHS for the foreseeable future, on the other.”

6.2 NHS England Campaign: “The Earlier the Better”

On 20 January NHS England launched its first national public-awareness campaign in a bid to persuade people not to store up health problems and to seek advice early. The eight-week campaign aims to help nip health problems in the bud and reduce unnecessary stays in hospital. It follows NHS England’s urgent and emergency care review, published in November last year, which highlighted the rising number of emergency admissions to hospital that could have been avoided. The review also highlighted the need to improve care outside of hospital and to increase public understanding of the alternatives to A&E. Since last November NHS England’s most senior clinicians have been encouraging people to seek help early over the winter period. Their biggest concern has been the rising number of older and frail people who are admitted to hospital because of respiratory or other chronic conditions usually worsened by immobility, the cold and viral illnesses. They say the answer lies in better self and family care, early recognition of illness and urgent access to medication, primary and community care.

The awareness campaign will target people aged over 60 years old, as well as the carers of older people. It will in particular encourage more use of the self-care information about minor ailments and illnesses on the website NHS Choices, as well as more use of the services available in community pharmacies.

The campaign features posters on bill boards, bus stops, shopping malls and supermarkets, including sites near pharmacies, and adverts will appear in national newspapers, magazines and range of websites, as well as on commercial radio stations.

6.3 Public Health England – Obesity Data

New local authority excess weight data published on 4 February by Public Health England (PHE) confirms that 64% of adults are overweight or obese. In the West Midlands this rises to 65.6% of adults.

This has been the estimated position for some years and now, for the first time, local data on excess weight is available.

The new data also shows for the first time the considerable variation in the numbers of people who are overweight or obese in different parts of England, as well as the extent of the challenge many local authorities and the local NHS face. On the positive side, as shown in previously published data from

the Health Survey for England, the rate of increase in overweight and obese adults has slowed in recent years and in children levels are stabilising. However, welcome though this is, given the health problems associated with being overweight or obese there are no grounds for complacency. People who are overweight or obese have an increased risk of developing type 2 diabetes, heart disease and certain cancers. Excess weight can also affect self-esteem and mental health. Overall health problems associated with being overweight or obese cost the NHS over £5 billion each year

Launching the data, Professor Kevin Fenton, Director of Health and Wellbeing at PHE said:

“Many local authorities are already working hard to reduce obesity levels and these new data will help all local areas monitor their progress in tackling these longstanding problems. Public Health England is committed to supporting local government and the local NHS.”

On the same day as the PHE data launch, the Home Office announced that from 6 April the Government will **ban the sale of alcohol at very cheap prices**. The move is an attempt to stop the worst instances of “deep discounting” whereby lager can be purchased more cheaply than water in some supermarkets. The Government’s impact assessment says that the ban on sales of alcohol at below cost (defined as duty plus VAT) will mean an ordinary 440ml can of beer or lager cannot be sold below 50p. The new “floor price” for a bottle of wine will be £2.24, and for a bottle of vodka or other spirits it will be £10.16.

Last summer the Government rejected a minimum unit price for alcohol and a ban on multi-buy promotions.

Public health campaigns about avoiding foods high in fat, salt and sugar have also managed to achieve a high media profile during recent weeks.

The effects for our services of public health campaigns to raise awareness and change behaviour will, of course, only be seen over the long term.

The Annual Report of the Director of Public Health for Wolverhampton will be published later this Spring.

6.4 Public Accounts Committee report – NHS Maternity Services in England

The Public Accounts Committee published its report into Maternity services last month. The summary states as follows:

“The vast majority of women have good outcomes from NHS maternity services and most rate the care they receive as excellent or very good. However, performance and outcomes could be much better. The rate of stillbirths and babies dying within seven days of birth is higher in England than in the other UK nations, there is significant variability in the quality of care between trusts, and there are persistent inequalities in the experiences of different groups of women. When NHS maternity care goes wrong, the impact can be devastating for those affected and costly for the taxpayer. Nearly a fifth of spending on maternity services is for clinical negligence cover. The Department of Health (the Department) published Maternity Matters, its strategy for maternity services, in 2007 and yet still has little grip in key areas and little assurance about performance.”

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| | <p>The conclusions and recommendations are available via this link: http://www.publications.parliament.uk/pa/cm201314/cmselect/cmpublicacc/776/77604.htm</p> <p>6.5 Annual Report of the Care Quality Commission 2013</p> <p>Although this was published last November, for completeness I report the publication of the CQC's report for 2013, which can be accessed here: http://www.cqc.org.uk/media/cqc-publishes-fourth-state-care-report</p> <p>6.6 Commons Health Select Committee</p> <p>On 12 February the Select Committee published its report on public expenditure on health and social care. It recognises that the NHS has so far made the 4% year on year efficiency gains, but goes on to highlight the extent of the financial pressure on the NHS. Some of the other key points include the following:</p> <ul style="list-style-type: none">• the committee recognised the contribution of pay restraint to meeting financial challenges in the short term, but was clear the NHS' future cannot be built on an "open-ended pay freeze";• welcomes the Government's emphasis on service integration and recognises the logic of creating the Better Care Fund, but acknowledges that successful integration of high-quality care across health and social care services represents "a substantial and growing challenge";• the committee endorsed the general approach to the funding formula [taken by NHS England] while recognising that there will always be debate about how quickly actual funding should close the gap with target funding" ;• social care budgets should be ring-fenced;• a lack of system leadership – this was suggested as a potential role for health and wellbeing boards, which could be encouraged to develop their role to provide an integrated commissioners' view of the transformative change which is necessary in the health and social care system;• it is important that payments to providers reflect the costs of treatment, and that the payments system is able to distinguish accurately between different types of case. It should be a priority for NHS England and Monitor to work to develop a payments system which reflects this requirement. <p>The conclusions and recommendations can be found here: http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/793/79308.htm</p> |
| <p>7</p> | <p><u>Bus Services to New Cross Hospital</u></p> <p>With effect from 26 January a number of changes were introduced to local bus services, following a period of review and public consultation by Centro and the operators concerned. The following services now run round all or part of the hospital site:</p> <p>28: Wolverhampton-New Cross-Linthouse Lane-New Invention-Willenhall</p> |

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| | <p>(Monday-Saturday, daytime every 30 minutes, evenings hourly)</p> <p>53: Rocket Pool-Bilston-Neachells-New Cross Hospital-Stowheath-Wolverhampton (Monday-Saturday, hourly, daytime only)</p> <p>65: Wolverhampton-New Cross-Fordhouses (new service) (Monday-Saturday, hourly, daytime only)</p> <p>Services 18, 19, 59, 68, 69 and 89 continue to serve stops on Wednesfield Road outside the hospital grounds.</p> <p>Full details of the changes are available on the Network West Midlands website:</p> <p>http://www.networkwestmidlands.com/Wednesfield/Bus_services.aspx</p> |
| 8 | <p><u>Never Events</u></p> <p>I am delighted to inform the Board that in recognition of the progress we have made in changing our culture and practices, Matron Bev Morgan and Charlotte Hall, Deputy Chief Nurse, have been invited to the National Patient Safety Conference in May to talk about how we have worked with the AfPP to reduce the risks of Never Events occurring in our organisation.</p> |
| 9 | <p><u>NHS Change Day – 3 March 2014</u></p> <p>This was mentioned by the Chief Operating Officer last month, and I thought the Board might be interested to read the rationale behind this event.</p> <p>“NHS Change Day is a frontline led movement; the largest of its kind, with a shared purpose of improving health and care. Our mission is to inspire and mobilise people everywhere, staff, patients and the public to do something better together to improve care for people.</p> <p>The first NHS Change Day, which took place last March, was unprecedented. It was a 'game changer' that provided the amazing grassroots momentum so many staff, patients and people working within the NHS needed. Anyone can get involved to pledge something that will make a difference, no matter how big or small. A pledge could be part of your everyday routine or something extraordinary. It's simple, just think of something personal to you and make a pledge or join an existing one. Every voice counts and every pledge matters.”</p> |
| 10 | <p><u>West Midlands Local Clinical Research Network</u></p> <p>Progress continues with the establishment of the new network arrangements from 1 April 2014. Appointments to the two key appointments in the leadership team were noted last month. Over the coming weeks we will be working with the existing networks to produce the 2014/15 Annual Plan, which must be submitted to the Department of Health by 21 March.</p> |