

Trust Board Report

Meeting Date:	28 July 2014
Title:	Chief Executive's Report
Executive Summary:	This report summarises some of the Trust's most recent consultant appointments, policies recently approved, my involvement in other events, and the passing of a major piece of legislation with implications for the NHS.
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)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <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

1.0	<p><u>Review</u></p> <p>This report is presented to indicate some of the key recent activities in the health economy which we serve, and my involvement in local, regional and national meetings of significance and interest to the Board. Recent consultant appointments are listed also.</p>						
2.0	<p><u>Consultant Appointments</u></p> <p>The following consultant appointments have been made since the meeting on 30 June:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Dr S Saha</td> <td style="width: 50%;">Radiology-MSK</td> </tr> <tr> <td>Dr S Tirmazy</td> <td>Clinical Oncology</td> </tr> <tr> <td>Dr S Lee</td> <td>Haematology</td> </tr> </table>	Dr S Saha	Radiology-MSK	Dr S Tirmazy	Clinical Oncology	Dr S Lee	Haematology
Dr S Saha	Radiology-MSK						
Dr S Tirmazy	Clinical Oncology						
Dr S Lee	Haematology						

	<p>Dr O Jumma Dr J Brent</p> <p>Neurology Paediatrics (Haematology/Oncology)</p>
<p>3.0</p>	<p><u>Trust Seal</u></p> <p>The Trust seal has not been used since the Board meeting on 30 June.</p>
<p>4.0</p>	<p><u>Policies</u></p> <p>The following policies were due to be approved by Trust Management Committee on 25 July:</p> <p>CP41 Safeguarding Children HS11 Medical Devices</p>
<p>5.0</p>	<p><u>HSJ Value in Healthcare Awards</u></p> <p>The annual HSJ Value in Healthcare Awards will be made at a ceremony in London on 23 September. This Trust has been shortlisted in the following categories:</p> <p>Value and Improvement in Pathology Services Value and Improvement in Patient Information Management Value and Improvement in Training and Development</p>
<p>6.0</p>	<p><u>Visits and Events</u></p> <p>Since the last Board meeting I have contributed to the following:</p> <ul style="list-style-type: none"> • 24 June – Board away day • 26 June – Local Transition Board (Mid Staffordshire FT) • 27 June – Local careers convention, organised by Emma Reynolds MP • 27 June – Welcomed first cohort of overseas nurses • 2 July – Safety Leadership walkabout at Bilston Health Centre • 3 July – Presented staff with PREVENT Charter Awards • 3 July – Sustaining Services Board, MSFT • 7 July – Presented Acquisition Business Case (MSFT) to Trust Development Authority • 7 July – Attended MSFT Oversight Group (arranged by Stafford and Surrounds CCG) • 7 July – Attended MSFT Oversight Group • 10 July – Local Transition Board (MSFT) • 11 July – Briefed RWT Clinical Directors on MSFT • 11 July – Attended West Midlands NHS Provider Chief Executives' meeting at St Chad's, Birmingham • 11 July – Formal opening of Boots Pharmacy
<p>7.0</p>	<p><u>The Health Economy we serve</u></p> <p>The following recent meetings have considered matters relating to the Trust, including:</p> <p>Health Scrutiny Panel – 17 July – launched public consultation re Provision of elective services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital.</p>

<p>8.0</p>	<p>WCCG Governing Body - 8 July – was due to approve the Wolverhampton City Urgent Care Strategy.</p> <p>Wolverhampton Health and Well Being Board - 9 July – received an update on the Wolverhampton Urgent Care Strategy, and made the Local Government Declaration on Tobacco Control. The latter is a declaration which includes a number of specific commitments which will enable Councils to take a strong leadership approach and champion the importance of tackling smoking right across local communities. Locally these can be translated into commitment to:</p> <ul style="list-style-type: none"> • Reduce smoking prevalence e.g. enabling staff to access smoking cessation services at work, enforcing a smoke free area by entrances and exits to Council buildings. • Lead on the development of tobacco control plans and strategies with partners and local communities and monitor the progress of these plans • Participate in local and regional networks and join up to the Smokefree Action Coalition • Support Government action at national level • Protect tobacco control work from the commercial and vested interests of the tobacco industry <p>An increasing number of local authorities have signed or are about to sign the declaration</p> <p><u>The Care Act 2014</u></p> <p>This Act received Royal Assent on 14 May. Commencement Orders are awaited, along with the detailed Regulations to accompany certain sections. A large part of the Act specifically covers local authorities, drawing into one Act many provisions going back to 1948. However, there are several sections which will impact upon the NHS, including: Section 89 which provides for the appointment of three Chief Inspectors (covering hospitals, adult social care and general practice) – these three inspectors have been in post for some time so the Act simply puts that onto a formal footing; Section 81 introduces a statutory duty of candour, applying when there is a notifiable safety incident which has led to the death of a patient or to them suffering severe or moderate harm or prolonged psychological harm (this duty will include providing information and support to the patient or another person, issuing an apology, and agreeing what further actions are required – non-compliance will be a criminal offence); and a new criminal offence has been created relating to a care provider supplying, publishing or otherwise making available information which is required under an enactment or other legal obligation, and the information is false or misleading in a material respect. This last provision will apply to the whole organisation. Regulations are awaited; these will clarify which providers will be covered initially, and specify the types of information covered by the offence. It will be vital for the Trust to take all reasonable steps to prevent the provision of false or misleading information and the Board will no doubt seek to be assured of the accuracy of information being published.</p>
-------------------	---

