







Trust Board Report

Meeting Date:	26 September 2016
Title:	Chief Executive's Report
Executive Summary:	This report indicates my involvement in various events, policies recently approved, and consultant retirements.
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

1.0	<p><u>Review</u></p> <p>This report is presented to indicate recent consultant retirements, and my involvement in local, regional and national meetings of significance and interest to the Board.</p>
2.0	<p><u>Consultants</u></p> <p>Dr Simon Gowry, Consultant in Anaesthetics, has retired since my last report.</p> <p>I regret to report the untimely death while on a summer holiday of Gary Bryan, from Anaesthetics. I attended his funeral on 2 August.</p>
3.0	<p><u>Policies</u></p> <p>The following policies were due to be approved by Trust Management</p>

Committee on 23 September:

HS12 Decontamination Policy

IP18 Norovirus Policy

OP89 Death Certification Policy

4.0

Visits and Events

Since the last Board meeting I have contributed to the following:

- 26 July: Board to Board meeting with WCCG
- 26 July: Met Amanda Milling MP (with the Chairman)
- 27 July: Welcomed the F1 new intake of doctors
- 28 July: Attended the retirement event for Karen Dowman, outgoing CEO of the Black Country Partnership MH FT
- 1 August: Met representatives of prospective GP practices for vertical integration
- 2 August: Attended funeral of Dr Gary Bryan
- 3 August: Welcomed higher grade new intake of doctors
- 3 August: Met Ann Edgeller, Chair of the Healthy Staffordshire Committee
- 4 August: Attended NHS Improvement event "Supporting Innovation in Primary Care"
- 16 August: Chaired inaugural meeting of the New Care Models Alliance (NHS E)
- 18 August: Launch event for RWT's new contact links (with Rosi Edwards)
- 19 August: Attended Black Country STP meeting
- 24 August: Attended System Leadership and Integration Event (with WCC)
- 7 September: Attended Clinical Research Network "Building on our success – the next 10 years"
- 8 September: Attended System Leadership and Integration event (with WCC)
- 9 September: Attended WM NHS Providers CEO networking event
- 12 September: Inaugural Meeting of Antimicrobial Stewardship Board (city-wide)
- 13 September: STP Transformation Group meeting (Black Country)
- 14 September: Launch of Academic Institute of Medicine
- 15 September: attended Health Scrutiny Panel (WCC)
- 16 September: representatives of various trusts and NHS Improvement attended an event to showcase the SafeHands system, patient and staff tracking and centralised bed management system, hosted by RWT and Teletracking Technologies
- 20 September: Attended (with Chairman) University of Birmingham Seminar on NHS Board Culture and Performance
- 21 September: Attended NIHR Advisory Board meeting in London
- 22 September: Attended HSJ Summit
- 22 September: City-wide launch of Wolverhampton Antimicrobial Stewardship Campaign (C Etches attended on my behalf)
- 23 September: Attended HSJ Summit

5.0

EDS 2

The Board received a progress report on EDS (Equality Delivery Standard) 2 last February. Since then, the Equality and Diversity Steering Group have been giving further thought and direction to the implementation of EDS2 within the Trust, and have agreed to pursue goals 3 (workforce) and 4 (leadership) together during the current financial year.

6.0

National - 2017/18 national tariff

NHS England and NHS Improvement have proposed a multi-year tariff that covers the next two years, with national prices set until 2019/20.

The headline proposals for the 2017/18 tariff, as set out in the tariff engagement document published on 2 August, are as follows:

- Currencies will be revised and based on phase three of the HRG4+ design, which had been planned but was postponed for introduction in 2016/17.
- New national prices will be created in four areas, including for cochlear implants and complex CT scans.
- National prices for consultant-led outpatient follow-up attendances will be removed and replaced with a new local pricing rule for providers and commissioners to agree a single payment for all.
- The casemix assumptions for the antenatal stage of the maternity pathway will be updated to increase activity allocated to intermediate and intensive levels.
- Ten categories of devices will be removed from the high-cost device list, including all devices from the stents category; changes are also proposed to the high-cost drug list.
- Four new best practice tariffs (BPTs) will be introduced, including for COPD, and changes will be made to other BPTs, including removing the interventional radiology BPT altogether.
- A new innovation and technology tariff will be introduced to encourage the uptake and spread of innovations in medical technology.
- No changes to current marginal rate rules, such as emergency admissions, although the introduction of a previously proposed rule for specialised services is still being considered.
- Changes will be made to how specialised services are defined and top-up payments will be amended in line with recommendations from the University of York.
- Local payment rules for mental health will be changed and linked to locally agreed quality and outcome measures, in line with one of three required options.

7.0 First two joint regional chief nurse appointments

The first two joint regional chief nurse appointments have been made by NHS England and NHS Improvement (NHSI), in a move to provide “clear joint leadership” and greater collaboration across both organisations to deliver improved patient care.

Sue Doheny, a board-level director in the NHS for nine years, has been appointed to the South role, and Professor Oliver Shanley, OBE, who has most recently been deputy CEO and director of quality and safety (Chief Nurse) at Hertfordshire Partnership University NHS FT, has been named for London.

In their joint roles, Doheny and Prof Shanley will provide professional leadership to all members of the nursing and midwifery professions in their region, bringing greater clarity for frontline staff. The roles will discharge the regulatory and statutory functions for which both NHS England and NHSI are accountable.

8.0 Bus Services

Since 24 July the National Express West Midlands Bus service 69 has been re-routed through the hospital grounds. It is hoped that this will assist patients and their families who need public transport to deliver and collect them from points closer to clinics and wards in the hospital.

9.0 Received for information

The report of the Financial Reporting Council “**Corporate Culture and the Role of boards**” has been published and a copy has been placed in the Chairman’s office.

The Childhood Obesity Strategy was published on 18 August.

The headline plan within the strategy is the need to introduce a soft drinks industry levy, which will raise money that will then be reinvested in programmes to reduce obesity and encourage physical activity and balanced diets for school children – such as by doubling the primary school PE and sport premium and injecting another £10m a year into school healthy breakfast clubs. Producers and importers will have two years to lower the sugar content in their drinks before they have to face the levy. The Treasury is consulting on the technical details of the soft drinks industry levy over the summer and will legislate in the Finance Bill 2017.

The Department of Health will also launch a “broad, structured sugar reduction programme” led by PHE to remove 20% of sugar from the products children eat the most by 2020 – a move which the BMA dismissed as “pointless”.

PHE will also advise central government on setting targets per 100g of product and calorie caps for specific single servings, with the four-year, category-specific targets expected to be published in March next year.

Other points in the plan include supporting innovation in science and technology to help businesses make their products healthier; developing a framework by updating the nutrient profile model; making healthy options

	<p>available in the public sector, from its leisure centres to hospitals, by working alongside councils; and continuing to provide support with the cost of healthy food for those who need it most.</p> <p>Focusing on the children themselves, the strategy will incentivise primary schools and parents to offer at least an hour of “moderate to vigorous” physical activity a day, with PHE developing advice for schools for the 2017-18 academic year.</p> <p>The County Sports Partnerships will also work with National Governing Bodies of sport, the Youth Sport Trust and other national and local providers to ensure every primary school in England has access to a co-ordinated offer of high-quality sport programmes from September 2017.</p> <p>A new voluntary healthy ratings scheme will be launched, also in September next year, to “recognise and encourage” primary schools’ contribution to preventing obesity. This scheme will be taken into account during Ofsted inspections, and in 2017 the regulator will undertake a thematic review on obesity, healthy eating and physical activity in schools.</p> <p>Families will also have access to clearer information about the food they are buying, including a breakdown in what sugars are in a product. The Department of Health argued the UK’s decision to leave the EU will help in this by giving “greater flexibility” to determine what information should be presented in packaged food.</p>