

Date of meeting	13 September 2018
Paper number	C2

Chief Executive's report

For approval:		For assurance:		To note:	x
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Accountable Director	Michelle McKay Chief Executive		
Presented by	Michelle McKay Chief Executive	Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners	x	Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients	x	Continuously improve our services to secure our reputation as the local provider of choice	x		

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	x	Operational Performance	x	Quality of Care	x
Finance and use of resources	x	Strategic Change	x	Stakeholders	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	N	BAF number(s)	
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Level of assurance and trend			
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is requested to <ul style="list-style-type: none"> Note the use of the Common Seal between 1 September 2017 and 31 August 2018 Note this report.
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Executive Summary

Appointment of the Chief Operating officer/Deputy CEO: I am delighted to announce that Paul Brennan has been appointed as the Chief Operating Officer/Deputy Chief Executive. Paul brings more than 25 years' experience as an NHS Director and a proven track record of delivering major service change, service and performance improvement and business development. He comes to us from a similar role at Oxford University Hospitals NHS Trust. He is due to take up his new post with us in early October.

I would like to take this opportunity to thank Inese Robotham for her strong leadership as interim Chief Operating Officer. Inese has been tireless in her work in this role and I know that I wish to publically thank her for her absolute commitment in this role.

CQC section 31 notice – lifted: I am pleased to report that at the end of July, the CQC lifted the section 31 notice imposed on the Trust in 2015 relating to the emergency department at the Worcester site. With the recent lifting of the s31 notice relating to radiology services, this now means that the Trust has no conditions imposed on its registration with the CQC. This is the first time since March 2015 that this has been the case and is testament to the hard work of staff focussed on improving the safety and quality of services.

Update – clinical services strategy: Following the conclusion of the Future of Acute Hospital Services in Worcestershire Programme (FoAHSW), the Trust has commenced work on the next stage of its clinical services strategy. This is being developed to ensure a sustainable, comprehensive range of acute services for the Worcestershire population and is being developed in the context of wider health economy plans. The first iteration of the strategy will be available by the end of October 2018.

Update – digital ICT strategy

To support our transformational journey investment in ICT will be crucial, to support the development of our Digital ICT Strategy, we have appointed Head of ICT Strategy. A core working group consisting of clinical and operational staff is in place with executive leadership provided by the Chief Financial Officer, with the deputy Chief Medical Officer as Clinical Lead. The group has two objectives for the initial phase: support the development of the Digital Strategy and recommend the direction of travel with respect to our Electronic Patient Record Strategy. The Digital Strategy will be presented to the Board for approval in October.

National funding has been announced to support STPs with the Digitisation of Provider organisations, the working group will support the submission of our investment proposal and prioritise those schemes that support our digitisation, the deadline for which is 5th October. More details are provided around this funding opportunity in the Digital ICT Strategy update which is on the private agenda due to commercial sensitivity.

Update – Commercial Estates Strategy

The Trust submitted two STP Capital bids in the July national wave 4 funding round; one for a specialist integrated radiology, cardiovascular and stroke unit to be based at Worcester Royal Hospital and a STP wide Breast Screening service which will require investment at both Worcester Royal and Alexandra Hospitals. We understand outcomes on all STP bids will be announced by the Health Secretary in November.

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The Trust is currently in the early stages of developing Estate Masterplans for the Alexandra and Kidderminster General Hospital sites, and further detail on these will emerge over the coming months.

Caldicott Guardian: I am pleased to report that Mr Graham James, Deputy CMO, is now the Trust's Caldicott Guardian, having completed his training. Dr Steve Graystone will assist Mr James in this role.

Provider self-certification: The Trust was selected to report to NHS Improvement the process undertaken when reviewing compliance with conditions G6 and FT4 of the provider licence. Board members will recall that we discussed this at a number of Board committees and at the Board meeting in May. Evidence was submitted at the end of July and feedback is awaited.

Register of Seals: Our Standing Orders require the Board to note the use of the Common Seal over a 12 month period. The last report to the Board was in September 2017. The Common Seal has been used as follows between 1 September 2017 and 31 August 2018:

No	Date	Description of document sealed	Signatories
183	26 July 2018	Worcestershire Acute Hospitals NHS Trust and the Royal Voluntary Service – provision of a shop and café at Worcestershire Royal Hospital	Jill Robinson, Chief Financial Officer Kimara Sharpe, Company Secretary
184	26 July 2018	Licence to underlet (as above)	Jill Robinson, Chief Financial Officer Kimara Sharpe, Company Secretary

Integrated care providers (ICPs) – consultation on contracting arrangements: NHS England has launched a consultation on the contracting arrangements for ICPs (previously Accountable Care Organisations, ACOs). The consultation provides more detail about how the proposed ICP Contract would underpin integration between services, how it differs from existing NHS contracts, and how ICPs fit into the broader commissioning system. There is widespread support for progressing to more integrated care models to improve services for patients and the NHS has been working towards this in a number of ways. ICPs are one of these ways, and are intended to allow health and care organisations to work together to deliver services to the population in a more joined up way than has previously been the case.

Consultation ends on 26 October. There is a consultation event on 20 September in Birmingham which is free to attend. If anyone is interested in attending, they can register their interest [here](#).

Implications of Brexit: On 12 July, the Government published its white paper setting out proposals for the future relationship between the UK and the EU. Proposals with relevance to healthcare include:

- The UK's wish to continue use of the European Health Insurance Card (EHIC) post-Brexit, allowing UK citizens travelling within the EU (and EU citizens in the UK) to receive medical treatment on the same basis as the local population.

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- The desire to maintain "just-in-time" supply chains for goods and avoid unnecessary customs delays at the border.
- Active participation in the European Medicines Agency under new arrangements that recognise the UK will not be an EU Member State.
- Establishing a system of mutual recognition of qualifications.
- Close collaboration with EU agencies to deal with threats to public health.
- Continued participation in European Reference Networks and Horizon Europe (the EU's research funding programme post-2020).

The HR department is currently reviewing the use of the employers' package and will be rolling this out as appropriate to our staff who are from the EU.

We have also received communication from the Secretary of State for Health and Social Care about the implications of a 'no deal' Brexit and the preparations that the Government is undertaking. In addition to the items listed above, the Government will ensure sufficient and seamless supply of medicines with an extra six weeks supply of medicines in case imports from the EU through certain routes are affected. Advice from the Secretary of State is that Trusts do not need to undertake any action with respect to this.

Assistive technology supporting people: Worcestershire adult care services are supporting people to live independently by utilising modern technology. Sixty residents who currently have a home care package have been assessed to benefit from a range of products like Alexa (who can now cleverly close the curtains, open the window and turn on the fan) through to falls monitors and tracking. This work is in the early stages of development and could potentially benefit hundreds of people.

South Warwickshire NHS Foundation Trust (SWFT) – Foundation Group: SWFT has created a Foundation Group with Wye Valley NHS Trust and George Eliot hospital NHS Trust. The Accountable Officer for all three organisations is Glen Burley. Three Managing Directors (MDs) have been appointed, each responsible for one organisation. The MDs are as follows:

- Jayne Blacklay - SWFT
- David Eltringham – George Eliot
- Jane Ives – Wye Valley

Congratulations to Caitlin Wilson: Caitlin attended the International Normal Labour and Birth Research Conference at the University of Michigan in Ann Arbor, after submitting two pieces of original research on maternity roles in the UK. Caitlin conducted research through the University of Worcester, asking final year student midwives what their learning and development needs are in order to ensure they are prepared for the way care is organised in hospital environments. A second study, carried out by Caitlin in conjunction with the Royal College of Midwives about the role of Consultant Midwives across the UK, was also presented at the conference which had over 350 attendees from all around the world. In her role as a Consultant Midwife at Worcestershire Royal Hospital, Caitlin uses her expertise to advance midwifery practice through clinical leadership, research and education, to help ensure quality, safety and a positive experience in maternity care.

NHS I Non-Executive Directors: Lord Darzi and Lord Carter have been reappointed as non-executive directors for NHS I. There were four new non-executive director appointments

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on 1 August: Sir Andrew Morris, Wol Kolade, Laura Wade-Grey and Tim Ferris MD.

Report into Imperial College Healthcare NHS Trust: Verita Consulting have issued a report into the disciplinary process at Imperial. The report is detailed and I have asked the Director for People and Culture to provide a report to the People and Culture Committee outlining any learning for this trust.

Report into leadership and governance at Barking Havering and Redbridge University Hospitals NHS Trust: NHS Improvement have published this report. The report was requested when the Trust was placed in special financial measures in February 2018. The review (conducted by Deloitte) concluded that there were a number of factors that contributed to the trust's financial situation. These included low levels of transparency in financial reporting; poor escalation of risks; silo working at an executive director level; weaknesses in board oversight; and an absence of proactive chief executive leadership. I have asked the Chief Finance Officer to take a detailed look at this report and consider learnings for the Trust. This was discussed at the Finance and Performance Committee meeting on 30 August. It was agreed that the papers should be more succinct drawing out the relevant points, but with the detail also provided.

Independent review into Liverpool Community Health NHS Trust: Board members will recall that Dr Kirkup's independent review into the widespread failings at Liverpool Community Health trust was published in February 2018. The report found that the imposition of cost improvement programmes by the Trust to gain foundation trust status put patient safety at risk. Additionally there was a culture of bullying which meant that staff were scared to speak up or were ignored. External reviews had failed to identify the problems over a four year period. NHS Improvement are now reviewing how they may play a greater part in board appointments as part of a broader talent management strategy. Additional work is being undertaken by Tom Kark QC on reviewing the effectiveness and operation of the fit and proper person test as it is applied to the NHS, specifically preventing the re-deployment or employment of senior NHS managers where their conduct has fallen short of the values of the NHS. This work has been commissioned directly by the Department of Health and Social Care via the Care Quality Commission. The final report is due in the autumn.

Developing the long terms plan for the NHS: Working groups have now been established to shape the final place as requested by the Prime Minister when she announced the funding settlement for the NHS on 18 June. The working groups include:

- Life course programmes - Prevention and Personal Responsibility; Healthy Childhood and Maternal Health; Integrated and Personalised Care for People with long Term Conditions and the Frail Elderly (inc dementia)
- Clinical Priorities- Cancer, Cardiovascular and Respiratory; Learning Disability and Autism; Mental Health
- Enablers – Workforce, Training and Leadership; Digital and Technology; Primary Care; Research and Innovation; Clinical Review of Standards; System Architecture; Engagement.

NHS England have committed to extensive engagement with stakeholders during September and October. The final plan will be published in November.

Background

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This report is to brief the board on various local and national issues.
Recommendations
The Board is requested to <ul style="list-style-type: none">• Note this report.
Appendix – none