

TRUST BOARD IN PUBLIC		Date: 27th July 2017
		Agenda Item: 1.6
REPORT TITLE:		CHIEF EXECUTIVE'S REPORT
EXECUTIVE SPONSOR:		Michael Wilson Chief Executive
REPORT AUTHOR (s):		Gillian Francis-Musanu Director of Corporate Affairs
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		N/A
Action Required:		
Approval ()	Discussion (√)	Assurance (√)
Purpose of Report:		
To ensure the Board are aware of current and new requirements from a national, regional and local perspective and to discuss any impact on the Trusts strategic direction.		
Summary of key issues		
Regional/National:		
<ul style="list-style-type: none"> • Funding to support Sustainability and Transformation Partnerships (STPs) across England • Funding announced by the DoH for new medicine and technology • Plans to strengthen NHS and social care organisations against cyber-attacks and protect patient data • New National Ambulance Standards 		
Local:		
<ul style="list-style-type: none"> • Nominations Open for SASH Star Awards 2017 • Successful Hot Topic Event – Maternity Services • Mouth Care Matters Annual Conference 		
Recommendation:		
The Board is asked to note the report and consider any impacts on the trusts strategic direction.		
Relationship to Trust Strategic Objectives & Assurance Framework:		
SO5: Well led - To be a high quality employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model.		
Corporate Impact Assessment:		
Legal and regulatory impact	Ensures the Board are aware of current and new requirements.	
Financial impact	N/A	
Patient Experience/Engagement	Highlights national requirements in place to improve patient experience.	
Risk & Performance Management	Identifies possible future strategic risks which the Board should consider	
NHS Constitution/Equality & Diversity/Communication	Includes where relevant an update on the NHS Constitution and compliance with Equality Legislation	

Attachment: N/A

TRUST BOARD REPORT – 27th July 2017 CHIEF EXECUTIVE'S REPORT

1. National/Regional Issues

1.1 Funding to support Sustainability and Transformation Partnerships (STPs) across England

Health Secretary Jeremy Hunt and NHS England Chief Executive Simon Stevens have recently announced £325 million of capital investment for local projects that will help the NHS to modernise and transform care for patients.

Local capital investment schemes in 15 areas of the country have been given the go ahead, with the largest sums being used for urgent care in Dorset, surgery in Greater Manchester and cancer care in Cumbria.

The projects receiving funding include the following:

- Greater Manchester: up to £50 million will be made available to help hospitals deliver significant improvements in urgent and emergency care by concentrating services in 4 hub sites across the city, expected to save around 300 lives each year in general surgery alone
- Cumbria: between £30 and £50 million will be used to improve access to chemo and radiotherapy by establishing a brand new cancer centre, complete with new equipment at Cumberland Infirmary in Carlisle
- Derbyshire: up to £30 million will be invested to create an 'Urgent Care Village' at the Royal Derby with GP services, a frailty clinic and mental health services to ensure patients receive the right care in the right place, first time, and avoid going to A&E unnecessarily

This initial funding has been targeted at the strongest and most advanced schemes in the STP categories based on an assessment of leadership and service performance.

1.2 Funding announced by the DoH for new medicine and technology

The government has announced new funding of up to £86 million for UK firms to develop medical breakthroughs.

The package will allow small and medium sized enterprises (SMEs) to develop and test new technologies in the NHS. This could include innovations such as digital technologies to help patients manage their conditions from home instead of a hospital, or to develop new medicines.

Access to this funding will also speed up the time it takes to get new technologies from the lab to patients in the NHS.

The announcement is the first step in taking forward the Accelerated Access Review (AAR) – an independently chaired review, which made recommendations to government on speeding up patient access to new technologies.

Technologies that have previously received support are already bringing benefits to patients. For example, MyCOPD is an online system that helps people with chronic obstructive pulmonary disease (COPD) better manage their condition. This has helped

over 32,000 patients by helping them improve their breathing, manage flare-ups and track medicine use and has the potential to reduce reliance on GP and hospital appointments.

The funding is split into 4 packages. These include:

- £39 million of funding to the Academic Health Science Networks (ASHNs), enabling them to assess the benefits of new technologies and support NHS uptake of those that deliver real benefits to patients according to the local need
- £35 million Digital Health Technology Catalyst for innovators – this will match-fund the development of digital technologies for use by patients and the NHS
- up to £6 million over the next 3 years to help SMEs with innovative medicines and devices get the evidence they need by testing in the real world, building on existing opportunities such as the Early Access to Medicine Scheme (EAMS)
- £6 million Pathway Transformation Fund, which will help NHS organisations integrate new technologies into everyday practices - this will help overcome more practical obstacles such as training staff on how to use new equipment

1.3 Plans to strengthen NHS and social care organisations against cyber attacks and protect patient data

The government has recently announced that investment in data and cyber security will be boosted above £50 million - and include a new £21 million capital fund for major trauma centres - as part of its response to reviews and consultation feedback on these issues. The government has also recently confirmed acceptance of the recommendations in both the National Data Guardian review and the Care Quality Commission review.

‘Your Data: Better Security, Better Choice, Better Care’ confirms that, to strengthen the safeguarding of information, the National Data Guardian’s position will be put on a statutory footing and stronger sanctions will be introduced by May 2018 to protect anonymised data, including severe penalties for negligent or deliberate re-identification of individuals. It also includes plans to:

- give patients and the public more access to, and control over, their personal data
- build confidence in the importance of secure data to provide better individual care and treatment
- support research and planning across the health system

To mitigate the immediate risks with cyber security, NHS Digital is supporting local organisations by:

- broadcasting alerts about cyber threats
- providing a hotline for dealing with incidents
- sharing best practice across the health and care system
- carrying out on-site assessments.

Work is underway in parallel to determine the fastest and most cost effective way to support the NHS to move from unsupported operating systems, including Windows XP.

The NHS contract has been changed so that NHS organisations are formally required to adopt data security standards as recommended by the independent National Data Guardian for Health and Care, including:

- security training for staff
- annual reviews of processes
- extensive contingency plans to respond to threats to data security

further details are available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/627493/Your_data_better_security_better_choice_better_care_government_response.pdf

1.4 New National Ambulance Standards

Following the largest clinical ambulance trials in the world, NHS England is to implement new ambulance standards across the country. The new system will update a decades old system to provide a strong foundation for the future.

The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time.

Historically ambulance services are allowed up to 60 seconds from receiving a call to sending a vehicle. From now on call handlers will be given more time to assess 999 calls that are not immediately life-threatening, which will enable them to identify patients' needs better and send the most appropriate response.

Ambulance services are measured on the time it takes from receiving a 999 call to a vehicle arriving at the patient's location. Life-threatening and emergency calls, under the current standards, should be responded to in eight minutes. Most patients do not need this level of response.

In future there will be four categories of call.

- Category 1 – Calls from people with life-threatening illnesses or injuries
- Category 2 – Emergency calls
- Category 3 – Urgent calls
- Category 4 – Less urgent calls

Under the new system early recognition of life-threatening conditions, particularly cardiac arrest will increase. A new set of pre-triage questions will identify those patients in need of the fastest response. The new targets will also free up more vehicles and staff to respond to emergencies.

For a stroke patient this means that the ambulance service will be able to send an ambulance to convey them to hospital, when previously a motorbike or rapid response vehicle would 'stop the clock' but cannot transport them to A&E. Stroke patients will get to hospital or a specialist stroke unit quicker because the most appropriate vehicle can be sent first time.

Full details are available at: <https://www.england.nhs.uk/urgent-emergency-care/arp/>

2. Local Issues

2.1 Nominations Open for SASH Star Awards 2017

Our SASH Star Awards publicly acknowledge and celebrate an individual or team's exceptional contribution to the Trust's ongoing success. We have aligned our awards to reflect our core values: Dignity and Respect; Compassion; Safety and Quality and One Team.

Awards are offered in 10 categories, and will be presented to individuals and teams who work 'above and beyond' to provide the best service at all times. Nominations can be made by any member of SASH staff, service users, carers, patients, governors, external agencies or voluntary organisations. The closing date for nominations is Friday 8 September 2017.

2.2 Successful Hot Topic Event – Maternity Services

On 5th July I was delighted to introduce our latest Hot Topic event hosted by our maternity team. The team described the care they provide and the wide range of very specialist support they provide for Mums and, their partners and families during such an exciting and, often completely new experience. I was pleased to see the interest from the audience of patients, local people, governors, our community partners and parents to be. Local Mum, Miriam Greaves, spoke movingly about the birth of her son and the difference that the team of midwives both in the community and at the hospital made by supporting her during the months beforehand and during the birth. My thanks go to Michelle Cudjoe and our women and children's team for such an informative and interesting evening.

2.3 Mouth Care Matters Annual Conference

On 7th July our Mouth Care Matters team hosted their annual conference. Led by Mili Doshi, consultant in special care dentistry, the Mouth Care Matters initiative is now being delivered in 13 other Trusts across the region. The teams from each Trust showcased the difference they are making to patient care and their success in reducing the length of stay too. I was delighted to welcome Sara Hurley, chief dental officer, NHS England and Professor Stephen Lambert Humble MBE from Health Education Kent, Surrey and Sussex who both spoke at the event about the positive impact the initiative is having.

3. Recommendation

The Board is asked to note the report and consider any impacts on the trusts strategic direction.

Michael Wilson CBE
Chief Executive
July 2017