

Title:	Chief Executive Officer's Report
Report to the:	Trust Board
Meeting date:	24 January 2023
Agenda item:	5
Report author:	Sarah Feal, Trust Secretary and Freedom to Speak-up Guardian Lea Fountain, Associate Director of Communications
Executive sponsor:	Matthew Winn, Chief Executive Officer

Assurance level:	Not applicable
Rationale:	Not applicable
Assurance action:	Not applicable

1.0 Executive Summary

This paper provides information on national, regional, and local issues impacting on the organisation. NHS Providers has published the results of their 2023 Governance Survey, and this is summarised in section 8. Section nine summarises the new statement on health inequalities that the Trust will need to align reporting on in our next annual report.

Two reports (referenced in section 10 and 11) have been published on the strategic approach to discharging people from hospital. We will use any learning from the analysis in our work in the Luton and Bedfordshire systems with other health and care partners.

There are two recommendations to the Board on minor alterations to the corporate governance in the Trust (see section 13.1 and 13.2), which need Board approval.

2.0 Recommendation

Board members are asked to:

- **Approve:**
 - a. The revised Terms of Reference for the People Participation and Equalities Committee (Appendix A).

- b. The amendment to the policy on Conflicts, Hospitality, Gifts & Commercial Sponsorship (Appendix B).
- **Note and discuss** other element within the report.

3.0 How the report supports achievement of the Strategic Objectives:

Provide outstanding care:	Section 14 set out a range of great examples of our staff providing outstanding care to local residents.
Be collaborative:	The framework for providers of health care services, referenced in section 12, will be used to support our collaborative approaches in delivering care to local residents.
Be an excellent employer:	Our work to improve the corporate governance of the organisation is described in section 13.1 and 31.2 - creating a healthy work-based culture.
Be sustainable:	Not explicitly covered in this report.

4.0 How the report supports tackling Health Inequalities

The NHS England framework, referenced in section 9, provides a reporting and accountability for the Trust.

5.0 Links to Board Assurance Framework / Trust Risk Register

There are none identified.

6.0 Legal and Regulatory requirements

The following codes are applicable:

- NHS England Code of Governance for NHS Provider Trusts.
- NHS England Managing Conflicts of Interest in the NHS.

7.0 Previous report

2 November 2023, Chief Executive Officer's Report.

National issues:

8.0 NHS Providers Annual Governance Survey 2023

8.1 The NHS Providers Governance Survey was completed by Company Secretaries, Chairs, and others responsible for Corporate Governance in Trusts and Foundation Trusts in September and October 2023.

8.2 This annual survey seeks to explore members' views in relation to boards, board assurance committees and how trusts are developing in relation to the system(s) which they are part of.

8.3 Key findings [in the report](#) include:

1. 86% of respondents agree (48%) or strongly agree (38%) that the Board has time to focus on key risks and issues. 6% disagree.
2. Almost all (99%) respondents agree (47%) or strongly agree (52%) that the way the committees report to the Board can provide it with assurance.
3. Over one third (35%) of respondents agree (33% agree, 2% strongly agree) that the Trust Board is confident that there are clear roles for Trusts, Integrated Care Boards, Integrated Care Partnerships, place-based partnerships, and collaboratives. 16% of respondents disagree (13% disagree, 3% strongly disagree).
4. 12% of respondents agree that risk is managed effectively across the system(s) they are part of (1% strongly agree, 11% agree), down from 20% in 2022 (6% strongly agree, 14% agree).
5. 20% of organisations surveyed are part of two or more Integrated Care Systems, 30% are part of two or more provider collaboratives (with 10% part of four or more), and 60% are part of two or more place-based partnerships (with 13% part of five or more).

9.0 Statement on information on health inequalities

9.1 NHS England (NHSE) published a statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) on 27 November 2023. [The NHS Providers response to this statement](#) and summary of the key information is below:

9.2 The National Health Service Act (2006) states that "NHSE must publish a statement setting out a description of the powers available to relevant NHS bodies [trusts, foundation trusts and ICBs] to collect, analyse and publish information relating to inequalities" (section 13SA). This includes inequalities in accessing healthcare services and within health outcomes.

9.3 The overall purpose of the statement on information on health inequalities is to contribute to the reduction of health inequalities. It recognises the benefits of robust data in understanding the inequalities experienced by patients and communities.

It is expected that the duty on trusts to include information on health inequalities within their annual reports will encourage better quality data, completeness, increase transparency, and provide a tool to monitor improvements in reducing inequalities.

- 9.4 The statement covers the period between 1 April 2023 to 31 March 2025 and it will be periodically reviewed and updated by NHSE. The statement outlines how powers around collecting and using information on health inequalities should be exercised by trusts. In their annual reports (for 2023/24 and 2024/25), trusts will be required to review and report on the extent to which their organisation has exercised its functions in accordance with the statement. The statement does not create any new legal duties or responsibilities for trusts outside of those already set out in the National Health Service Act (2006).
- 9.5 The Trust will ensure our duties are fulfilled to collect relevant information and detail (in our annual report) how we have exercised our functions against the statement.

10.0 Hospital discharge funds: experiences in winter 2022/23

- 10.1 [A new report](#) from the Kings Fund examines the issue of delayed discharges in detail with recommendations on how funding could be better used to support capacity and planning. A summary of the key information is below:
- Delayed discharges from hospital are a widespread and longstanding problem that can have a significant impact on both patients' recovery and the efficiency and effectiveness of health and care services. In England, it has become normal practice for government to provide additional one-off funding to reduce delays every winter, as the problem is particularly acute during the colder months.
 - We interviewed commissioners and service providers in six local areas to find out how they experienced the process of receiving additional funds, making plans, and delivering and monitoring the plans in winter 2022–23.
 - Although they welcomed extra funding, they told us that it came with insufficient advance notice for effective planning, sometimes having to be spent on residential care that was available at short notice rather than developing more services to support people at home. Commissioners and service providers also wanted to be able to use the funds to prevent avoidable hospital admissions, and strongly criticised burdensome monitoring requirements.
 - Some areas did manage to use the funding to put services in place and support the social care workforce but were not confident they were spending funding as effectively as possible.
 - The six sites had varying depths of partnership working and did not all have a shared understanding of local causes of delayed discharges and priorities for action. This, together with fragmented and inconsistent data, could hinder their ability to use additional funding effectively.
- 10.2 The guide will be useful as we plan for 2024/25 priorities for discharging local residents from acute beds and also our community rehabilitation sites.

11.0 County Councils Network report into how hospital admissions can be avoided

11.1 Published ahead of what is expected to be another challenging winter period for the NHS and social care, the new study from the County Councils Network (CCN) and Newton Europe explores how the system to admit and discharge older people from hospital and support their care needs could work better, potentially improving the lives of tens of thousands of over 65s and reducing costs to the NHS and local government over £2.5bn. The report can be accessed via this [LINK](#) and a summary of the key information is below:

- Around 175,000 fewer older people each year could avoid being admitted to hospital through improved decision-making from frontline health professionals with patients instead supported in the community. This would involve building trust and awareness in such community services. For example, if an over 65 suffered a minor injury, they could instead be treated in the community rather than sent to an acute setting.
- With the NHS facing 1.6m admissions from over 65s each year, this represents one in 10 admissions and could free up thousands of beds and reduce costs by £600m a year.
- 6m bed days could be saved by reducing delayed discharges, including 500,000 from 'simple' discharges. This could be achieved by utilising more criteria-led discharges, and by improving capacity in intermediate care services (such as reablement and rehabilitation at home).
- For those discharged from hospital, over 80,000 elderly people could live more independent lives each year – such as in their own home – if improved decisions are made by professionals and there is more investment into intermediate care and therapy within these settings. This could reduce local authority costs by £1bn a year.

11.2 The themes of developing the intermediate care services that support people to be discharged at homes, will be a Bedfordshire and Milton Keynes system priority.

12.0 Provider collaboration

12.1 NHS Providers have created a [practical guide](#) to support provider collaboration in a lawful and well governed way.

12.2 Given that the Health and Care Act (2022) is relatively permissive legislation, the NHS Providers guide does not seek to suggest how providers should set up their collaborations but describes the legal and governance considerations relevant to different forms of collaboration and collaboratives. The guide will support trust boards seeking to establish collaborative arrangements as well as those already involved in provider collaboration(s) and seeking to review and improve existing arrangements and divided into three sections.

- Section 1 – discusses the statutory basis for the collaboration and the need for early and on-going good governance.

- Section 2 – the key principles to have in mind no matter what partnership is being considered.
- Section 3 – the various organisational models and legal forms that can be used to ensure the lawful and effective decision-making.

12.3 As the Trust develops collaborative arrangements with NHS providers, the Board will see reference to this document in any recommendations in Board papers.

Local / system issues:

13.0 Corporate Governance Update

13.1 At the People Participation and Equalities Committee in August 2023, the Committee carried out an effectiveness review, resulting in a revised Terms of Reference, which is reserved to the Trust Board for agreement. A copy of the draft document showing the amendments being recommended to the Trust Board **for approval** is attached in **Appendix A**.

13.2 The Conflicts, Hospitality, Gifts and Commercial Sponsorship policy covers the Trust arrangements for interactions of Trust staff with commercial companies regarding hospitality, sponsorship, and gifts. The policy also guides staff on acceptance of gifts from patients and their relatives.

Within the current policy the definition for decision-making staff at section 4.3 makes it difficult to quantify the cohort of staff the policy applies to. It is therefore recommended that the policy be amended so that decision-making staff refers to the members of the wider-executive team (Very Senior Managers, Agenda for Change Band 8c and above) as this cohort is more likely to have a material influence on how taxpayers' money is spent. A copy of the draft document showing the amendments being recommended to the Trust Board **for approval** is attached in **Appendix B**.

14.0 Communications Update

14.1 A broad range of communications activity has been carried out across the Trust since the last Board meeting, supporting both the Trust's Strategy and business as usual.

14.2 Improving access through innovation and new ways of working

- **New children's website** for Cambridgeshire and Peterborough now live - The new website combines general and specialist NHS advice for families with children and young people. Its modern design is quick to access and easy to use on a phone, tablet or laptop and has a wide range of accessibility tools. Visitor numbers have increased significantly since the new site went live.
- **Healthy Child Service** – Work is also underway to develop Norfolk's new healthy child service ready for launch later this year.

- **A communications plan** has been created to support the engagement of service users in the service's development, communications pre-launch with professionals, and post-launch communications with the public.
- **Applicant dashboard** – This new site is accessible to applicants after they receive their final offer and allows new starters to find out more about their team and their trust and complete mandatory training before they join. It was piloted in December and went live to all applicants from 2 January.
- **Music trial** – A trial of using specially-chosen soundtrack of calming music is starting in our iCaSH service this month. The scheme has been developed in partnership with the private sector company Startle to test whether sound can help patients feel calmer as they wait, create a less stressful environment for our staff and reduce incidences of violence and aggression.

14.3 **Strengthening our profile and celebrating accomplishments:**

- **Dreamdrops wins** award for community impact – The Trust's children's charity Dreamdrops was announced as winner of the 'Overall Impact on the Community by an Organisation' at Huntingdon Racecourse's first-ever Community Awards Day. The charity was recognised for its exceptional work with the Collins Club, fundraising for children being nursed in the local community, providing resources for children with SEND in local schools, and offering support to families with children discharged from Hinchingsbrooke Hospital, ensuring they receive the care they need back at home.
- **NHS Pastoral Care Quality Award** – The trust was given this award for providing best practice pastoral care for international nurses. In a letter to the Trust, Dame Ruth May, Chief Nursing Officer for England, said: "We are delighted to congratulate you and your team on achieving the NHS Pastoral Care Quality Award. Thank you for your ongoing commitment to providing best practice pastoral support to internationally educated nurses. This award recognises the incredible work being carried out in your trust to ensure these colleagues receive enhanced and tailored pastoral care as they start their NHS journey and onwards in their career."
- **Finance team wins national award** – Finance teams across Cambridgeshire and Peterborough Integrated Care System have collectively won the prestigious Finance Team of the Year Award at this year's Healthcare Financial Management Association (HFMA) awards. This award is a testimony to the hard work of finance colleagues across health and care in Cambridgeshire and Peterborough, who worked together over the past year to significantly improve the financial health of the ICS during a challenging period.

- **Shine a Light Awards** – Colleagues continue to be celebrated every month and our latest Shine a Light award winner was Mary Linniard. Mary is a children’s community complex nursery nurse who recently spoke up and advocated for a very unwell child with very complex needs when resuscitation was not in his best interests.

14.4 Working collaboratively to improve outcomes and support change

- **Virtual wards** – In Beds and Luton work is continuing to develop the virtual wards offer. Service users from the localities are being actively involved to develop the materials to communicate the service to the public, which includes on information leaflets, patient stories and answering common questions.
- **System campaigns** - The Trust’s is engaged with all three systems in developing campaigns to promote messages to make best use of NHS services and resources. Recently this included #NHS111 #HelpUsHelpYou #ClearOnCancer #MouthCancerActionMonth #BlueWednesday #WorldAntibioticAwarenessWeek #AdultSafeguardingWeek and #BeWinterWise.

14.5 Creating a health culture

- **Wellbeing information** – Recognising the continued cost-of-living pressures on our people, we’ve shared information about the confidential financial support and advice that’s available, including our financial support fund, and encouraged people to seek help if they need to. We’ve also shared details of wellbeing webinars and menopause café dates as well as promoted the new Wisdom App from our Employee Assistance Programme Health Assured.
- Furthering our work on **equality and diversity** - Members of our Board and wider executive team have been continuing to make pledges to champion anti-racism in all that we do. Pledges from our Chair and our service directors have been shared internally. Activities across our sites to celebrate Black History Month and South Asian Heritage Month have also been shared widely. For Disability History Month we promoted our Long-Term Condition and Disability Network, shared a short film produced by the Disabled NHS Directors Network - which features our own Non-Executive Director Fazilet Hadi - and presentations by Arthritis Action and Fibromyalgia Action UK. We’ve also shared articles highlighting the value of being an ally and an update from our Caring Responsibilities Network.
- **Tackling inequalities** - It was a pleasure to welcome Reverend Lloyd Denny who joined both our Trust Board and the children’s leadership team across Bedfordshire and Luton to discuss inequalities. Reverend Denny led a study to get to the root cause of health inequalities in Bedfordshire, Luton and Milton Keynes and to work with those most affected to tackle the issues head-on.

- **Recognising our people** – We've taken opportunities to recognise our people, including a video message from Matthew Winn and Mary Elford thanking staff for their hard work and dedication in 2023, a video round-up of the year's achievements, celebrating our colleagues in clinical support roles on National Healthcare Support Workers' (HCSW) Day and thanking our volunteers on International Volunteers Day.
- **Service visits** – Service visits are continuing to allow our senior leaders to fully understand the daily realities of working in our services and to hear what makes our people proud - as well as see the challenges they face and understand how we can continue working together to improve the experiences of both the people who work for us and the people who receive our services. As part of this programme, in December, our Chair, a Director of Corporate Affairs and Chief Pharmacist visited Just One Norfolk.