# NHS
## Cambridgeshire Community Services
### NHS Trust

**TRUST BOARD**

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|---|---|
| Title: | **Carter Review on Productivity Report** |
| Action: | **FOR NOTING** |
| Meeting: | **12 September 2018** |

**Purpose:**

The purpose of this report is to update the Board on the main areas of work within the Trust that would inform against the relevant recommendations from the 16 included in Lord Carter's report of May 2018.

This report follows the Chair and Chief Executive briefing given to the Board in July 2018.

**Recommendation:**

The Board are asked to note the work in progress against the recommendations relevant to this Trust.

| | Name | Title |
|---|---|---|
| Author & Executive Sponsor | Mark Robbins | Director of Finance and Resources |

**Trust Objectives**

| Objective | How the report supports achievement of the Trust objectives: |
|---|---|
| Provide outstanding care | Not covered in this report |
| Collaborate with other organisations | Not covered in this report |
| Be an excellent employer | Not covered in this report |
| Be a sustainable organisation | Efficiency through productivity measures will contribute towards the Trust maintaining a sustainable financial position |

**Trust risk register**
Board risks 2257 - There is a risk that the Trust becomes financially unsustainable) and 2610 - There is a risk that the Trust doesn't fully identify plans to recurrently deliver the £3m savings target for 2018/19.

**Legal and Regulatory requirements:**

N/A to this paper

**Previous Papers:**

| Title: | Date Presented: |
|---|---|
| Chair and Chief Executive Report | 11 July 2018 |
| Bi-annual update within Finance Report | 9 May 2018, 8 November 2017 |

**Equality and Diversity implications:**

N/A to this paper

| Objective | How the report supports achievement of objectives: |
|---|---|
| Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require. | N/A to this paper |
| To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups. | N/A to this paper |
| To introduce wider diversity on recruitment selection panels. | N/A to this paper |
| To deliver customised training and development for staff to further improve awareness of diversity and inclusion. | N/A to this paper |
| Are any of the following protected characteristics impacted by items covered in the paper | |

| Age | Disability | Gender Reassignment | Marriage and Civil Partnership | Pregnancy and Maternity | Race | Religion and Belief | Sex | Sexual Orientation |
|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**1.    Executive Summary**

1.1    In May 2018, Lord Carter published his report into <u>the productivity and efficiency of mental health and community health services</u>. This review made 16 recommendations across eight chapters which are designed to improve productivity and enable the benefits to be reinvested in improving quality and access to care.

The report found that:

- There is significant good practice but there needs to be stronger mechanisms for sharing this between trusts.
- Workforce productivity is mixed, particularly in services delivered in the community, and NHS Improvement must step up its support for trusts to drive improvements in the engagement, retention and wellbeing of their staff.
- The Getting It Right First Time (GIRFT) programme should extend its approach to community health and mental health services, and specify more efficient and high quality pathways of care for patients.
- The use of mobile working and technology to drive efficiency and productivity is inconsistent and poor in many areas.
- There is scope for trusts to take action across all areas of spend including corporate services, procurement and estates.
- 16 recommendations (see Appendix 1 attached) were made and these were reported to the Board in July 2018 along with a copy of "Summary Document – NHS Operational Productivity – Unwanted Variations – Mental health services and community health services".

**2.    Relevant recommendations and Trust work streams and developments**

2.1    The Trust has already progressed with a number of work streams, including developments in the ways of working, that are focussed on improving efficiency and productivity and supporting our valued staff.  This section of the report focusses on the recommendations from Lord Carter's report that are relevant to the Trust and the ongoing and planned work streams that can be related to these recommendations.  The work streams have been monitored through the Trust's Programme Boards and where appropriate at system level.

- **<u>Learning from new models of care</u>  - NHS England should codify and share the learnings from new models of care and the successful 'Vanguards' to support community health services to play their full role in supporting the wider system.**

    - The Luton Adults New models of Care has been evolving and developed over the last 6 months, and is a key system driver to support deliver an increase in avoidable emergency admissions into Luton and Dunstable Hospital, and provide increased targeted and improved treatment plans to elderly patients with long term conditions.  This programme will also benefit from improved business information collated from all key stakeholders which will be real time, and therefore enable appropriate treatment to be delivered to ensure emergency admissions are reduced.

        This programme of work is benefitting from non-recurrent investment funds prioritised from the BLMK system, and will begin delivery during Q3 of 2018/19.

- **<u>Optimising workforce well-being and engagement:</u> Improving cultures are critical to better staff engagement, driving positive change across organisations and improving both productivity and care quality.  NHS Improvement should work with all mental health and community trust boards to help improve the engagement, retention and wellbeing of their staff.**

- The Trust has consistently returned excellent staff survey results, being within the upper quartile of other Trusts in the country. The Trust continues to support its staff in a number of ways, including bespoke team development and training, encouraging a culture of openness and transparency, empowering staff to speak up, with a number of experienced staff being available for contact, advice and guidance.

   The Trust also supports our staff through various initiatives including "Love your Admin week" and contributions to staff team activities to celebrate the festive season and the NHS 70<sup>th</sup> Birthday celebrations. The Trust encourages its services and staff to celebrate and promote the services they deliver and this is demonstrated in part with the services annual conferences, where users and key stakeholders are invited along with members of staff.

   The Trust continues to monitor the main reporting measures and use feedback from staff and managers to inform areas that may need addressing and to target for improvement.

- **Improving the productivity of the clinical workforce for services delivered in the community: Providers of services delivered in the community should increase the productivity of their clinical workforce by improving and modernising their delivery models, in particular through better use of digital solutions and mobile working.**

   - The Trust has delivered and continues to develop a number of work streams across its services that have the potential benefit of increased productivity.

      Introducing a mobile working environment by providing staff with laptop computers and devices that can operate remotely from the office or clinical environment has had the benefit of enabling a consolidation of site locations, primarily in Norfolk and Cambridgeshire Children's services and our Luton Community services. Providing our clinical staff with tools and the ability to update clinical records remotely from an office and / or clinical base and therefore minimising the travelling time and frequency to a base location.

      The delivery of a single point of contact "Just one Number" and "Every Contact Counts" service in Norfolk has helped to ensure patient contacts are dealt with promptly by the most appropriate service, and reduce the number of times a patient is seen or has contact with different clinicians or services. This has also enabled a higher number of appropriate contacts to be managed and seen without an increase in resources. This initiative is being broadened further with the launch of "Just One Norfolk" which is a digital platform designed to improve parents confidence to care for their children through innovative use of interactive resources and information. The resource is designed to give parents and carers the knowledge, skills and confidence to take care of their children's health and seek support when needed; inspiring self-care, self efficacy and behaviour change with support tailored to individual knowledge, confidence and interest. The impact on referral patterns will be monitored during the roll out and the service will adjust its delivery focus as required.

      The MSK service redesign project has successfully delivered a standardisation programme across its various localities which included the physio advice line, standardised clinical classes and pathways and the merger of the clinical system. The benefits have resulted in activities being management within a more appropriate staff skills set.

      Within our iCaSH services we have management the demand on clinic time with the introduction of "Express Test" ordering for patients who are asymptomatic which has enabled the iCaSH services in Norfolk to operate a closed door to these patients. This has resulted in a dramatic reduction in waiting times for

patients, and help to ensure patients that are showing signs of infection or returned tests are able to be seen in a timely manner.

- **Inpatient rostering and e-rostering: All community and mental health trusts should use an effective e-rostering system and set up formal processes to tackle areas of rostering practice that require improvement. NHS Improvement should undertake a review of the rostering good practice guidance to ensure it is inclusive of all sectors.**

  - The Trust has begun to a pilot to review of the benefits of implementing E-Scheduling and E-Rostering systems within the Luton Adults service, and the result of this pilot will inform the priority for rolling out across the Trust.

    Initial research to understand the current functionality of existing clinical systems has taken place, and an options appraisal to inform the decision going forward has been made. The working group will now be established to formalise key roles, procurement requirements and an implementation plan, with the hope of the pilot beginning operational in the new calendar year.

- **Corporate services: Trusts should reduce the variation in the cost of their corporate service functions. As part of this, they should examine the opportunities to collaborate and share corporate service functions.**

  - The current benchmark for its Corporate Services is within the lower quartile, and there are no obvious outlying areas to focus on to provide opportunities. However the Trust is actively engaged within the C&P STP system to identify and support system wide opportunities as part of back office review / benchmarking across a broad range of corporate service lines. Current focus is on legal provision and to identify if a collaborative approach to the provision could realise savings.

    The re-procurement of the Trusts shared services will provide an opportunity to commission a range of services which can support the Trust's current and future needs in the most efficient way possible, with the potential for releasing resources for investment in our clinical services.

## 3.    Conclusion

3.1    The format for reporting against the recommendations has not yet been established, and therefore the working assumption is the Trust would expect a dialogue relating to the recommendations to continue to be included within the Trusts performance meetings with NHSI.

The Board are asked to note the current and planned work against the relevant recommendations, and will continue to update separately every 6 months on performance and implementation.

**NHS Operational Productivity – Unwanted Variations – Mental health services and community health services".**

**Summary of recommendations**

1. <u>Learning from new models of care</u>: NHS England should codify and share the learnings from new models of care and the successful 'Vanguards' to support community health services to play their full role in supporting the wider system.
   **Covered in this report**

2. <u>Quality of care and Getting It Right First Time (GIRFT):</u> The GIRFT programme should ensure that the role of community health services is considered in all relevant clinical specialities and make rapid progress in undertaking work in mental health. For mental health, this should include supporting the elimination of inappropriate out of area placements for adult mental healthcare by 2021
   **Not applicable to this report**

3. <u>Driving standardisation in the community health services 'offer':</u> NHS England should help strengthen commissioning and contracting mechanisms for mental health and community health services. This should include supporting providers and commissioners to work together within sustainability and transformation partnerships to develop model frameworks for specifications of services.
   **Not covered in this report**

4. <u>Restricted patients</u>: The Department of Health and Social Care, Ministry of Justice and their arm's length bodies should work more closely to improve the administrative management of restricted patients.
   **Not applicable to this report**

5. <u>Optimising workforce well-being and engagement:</u> Improving cultures are critical to better staff engagement, driving positive change across organisations and improving both productivity and care quality. NHS Improvement should work with all mental health and community trust boards to help improve the engagement, retention and wellbeing of their staff.
   **Covered in this report**

6. <u>Strengthening the oversight of workforce productivity for services delivered in the community:</u> With support from NHS Improvement and NHS Digital, and using the Model Hospital as a national benchmarking dashboard, providers should improve their understanding and management of productivity at organisational, service and individual level.
   **Not applicable to this report**

7. <u>Improving the productivity of the clinical workforce for services delivered in the community:</u> Providers of services delivered in the community should increase the productivity of their clinical workforce by improving and modernising their delivery models, in particular through better use of digital solutions and mobile working.
   **Covered in this report**

8. <u>Cost of inpatient care and care hours per patient day</u>: NHS Improvement should develop and implement measures for analysing workforce deployment, and trusts should use these to report on the cost and efficiency of their inpatient services to their boards during 2018/19.
   **Not applicable to this report**

9.  Inpatient rostering and e-rostering: All community and mental health trusts should use an effective e-rostering system and set up formal processes to tackle areas of rostering practice that require improvement.  NHS Improvement should undertake a review of the rostering good practice guidance to ensure it is inclusive of all sectors.
    **Covered in this report**

10  Medical job planning: NHS Improvement should work with trusts to ensure that the right doctor is available for patients at all times using effective and comprehensive job planning and rostering, and identify improvements in clinical efficiency and productivity.
    **Not applicable to this report**

11. Medicines and pharmacy optimisation: Trusts should develop plans to ensure their pharmacists and other pharmacy staff spend more time with patients and on medicines optimisation.
    **Not applicable to this report**

12  Corporate services: Trusts should reduce the variation in the cost of their corporate service functions.  As part of this, they should examine the opportunities to collaborate and share corporate service functions.
    **Covered in this report**

13. Estates and facilities management: NHS Improvement should develop a comprehensive and tailored set of benchmarks for the sector by 2019/20, and all mental health and community trusts should review their existing estates and facilities and provide a report to their boards by April 2019.
    **Not covered in this report**

14. Procurement: Trusts should reduce unwarranted price variation in the procurement of goods and services by improving procurement practices, local and national collaboration and price benchmarking.
    **Not covered in this report**

15. Model Hospital: NHS Improvement should develop the current Model Hospital and the underlying metrics to ensure there is one repository of data, benchmarks and good practice so all trusts can identify what good looks like for services they deliver.
    **Not covered in this report**

16. Implementation: Trusts, NHS Improvement, NHS England and other national bodies must take the action required to implement these recommendations.  NHS Improvement must ensure that the best practice observed throughout this review is shared, key benchmarks are specified, and more intensive support is provided.
    **Not covered in this report**