TRUST BOARD

Title:	**Chair and Chief Executive Report**
Action:	**For discussion and a decision**
Meeting:	**10th January 2018**

Purpose:

The report covers a range of national and Trust specific issues. This month the specifics of Race Equality Standards; winter pressures; our Trust wide behaviour statements and the Care Quality Commission are detailed.

The Board assurance framework has been further refined and developed and the annexes contains the risks faced by the organisation across its operations and statements concerning the assurance the Board should take from our risk management approach.

Recommendations:

None this month.

	Name	Title
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Executive sponsor:	Matthew Winn	Chief Executive

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide Outstanding Care	• Explicit in the regulatory framework from the Care Quality Commission
Collaborate with other organisations	• The collaboration in the Luton system on winter pressures, are key to our role in Luton as the co-ordinating provider.
Be an excellent employer	• Workforce race equality standards and Trust behaviours are important elements of supporting our staff to thrive.
Be a sustainable organisation	

Trust risk register – see sections on Board risks and the Board assurance framework

Legal and Regulatory requirements: - The section on the Carew Quality commission centres on their work to fulfil the regulatory framework set by Parliament.

Equality and Diversity implications:

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	• Not covered explicitly
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	• Not covered explicitly
Achieve an improvement in the percentage of staff who report that they are able to access training and education opportunities	• Not explicitly covered
Ensure that the Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified	• WRES metric three is discussed in 1.1.
Are any of the following protected characteristics impacted by items covered in the paper: Section 1.1 will impact on Race, as a protected characteristic	

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

1. LOCAL, REGIONAL AND NATIONAL ISSUES

1.1 <u>NHS Workforce Race Equality Standard: 2017 data report</u>

The [NHS Workforce Race Equality Standard](#) (WRES) helps to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This is important because we know from research that organisations that treat their staff fairly, listen to them and develop their talent to the full, are ones that provide better care for all patients.

As discussed in the Public Board meeting in November (Quality report (TB (17) 64) the Trust has focused on improving the outcomes for BME staff, especially for the areas where it benchmarks poorly against its peers. Subsequently the national data report and summary has been published - https://www.england.nhs.uk/wp-content/uploads/2017/12/workforce-race-equality-standard-wres-data-report-2017-v2.pdf.

The Trust has been highlighted as an organisation that could improve its performance on Metric 3, the relative likelihood of BME staff entering the formal disciplinary process compared to white staff. This correlates with our own action plan and priorities, hence the inception of the cultural ambassador initiative in the Trust. Our aim is have no difference in formal disciplinary rates due to race and improve on the position as shown below.

		2014/15	2015/16	2016/17
% of workforce in Ethnic group	BME Staff	0.9%	2.9%	0.9%
	White Staff	0.9%	0.9%	0.5%

The national report is an interesting read and an update of the Trust's' progress will be reported in our normal Board half yearly workforce review.

2. TRUST ISSUES

2.1 <u>Winter pressure initiatives in Luton:</u>

Following the Autumn Budget allocation of 'winter pressures' money to the NHS, there has been a national process to identify how this money should best be spent. A proportion will be allocated directly to acute hospitals as the vast majority have already spent more than their contract values on operating over the winter period. The rest has been targeted on health and social care systems that are struggling the most to hit the 4 hour target in AandE.

The Trust has been granted money to contribute to maintaining the good performance in the Luton system for the following areas:

➢ Interventions into residential and nursing homes - £90,400
➢ Extension of community respiratory team support - £15,000

The Luton adult team are working on the implementation of these funding extensions to ensure they go live as soon as possible. The Clinical operations Board will be updated with progress and outcomes.

2.2 <u>Updated Trust Behaviours:</u>

The Trust was delighted that Chris Pointon joined us on the 11th December 2017 to talk about how the #hellomynameis campaign is progressing and what everyone can do to

promote and create better customer service in the NHS. As ever, the event was very powerful and poignant as Chris talked with such openness and tenderness about Kate Granger, his late wife.

At the event we launched our refreshed behaviours aligned to our values. These are shown diagrammatically below.
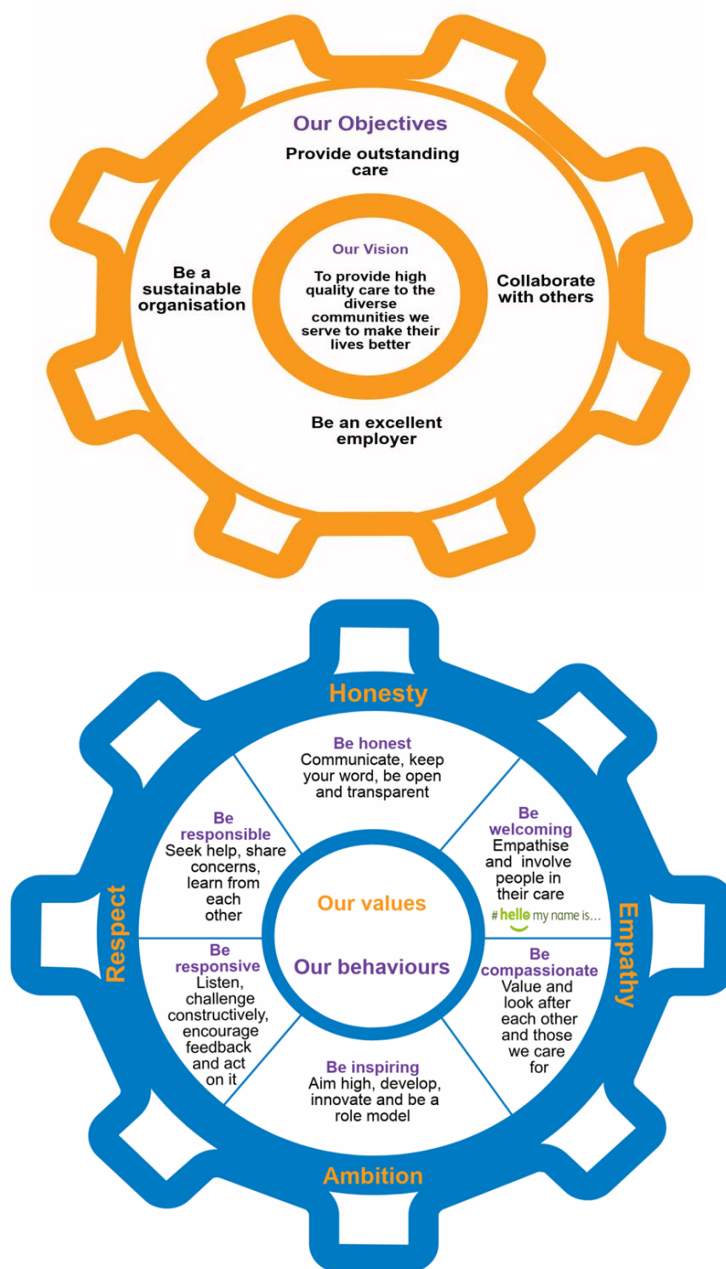
We will be rolling these out across the Trust to embed in everything that we do, such as our quality and improvement way; team planning; individual objective setting and appraisals; all relevant policies and procedures and recruitment/contract documentation.

2.3   The Trust has a request from the Care Quality Commission for a standard set of provider information to be supplied to them by January 19th 2018. This is generally a pre-cursor to a Trust inspection and is part of their normal standard operating process. The Care Quality Commission will consider the information we submit and risk assess us against their criteria. This will determine the number of services they will visit and the timing of that inspection. The Chief Nurse will keep the Board updated as soon as we know more.

3. BOARD ASSURANCE FRAMEWORK

3.1   As part of the Trust's Well Led improvement plan, the Board agreed to develop a refreshed <u>Board Assurance Framework</u>. To this end, we continue to make step changes in order to ultimately deliver a framework that describes the Trust's 'Floor to Board' systems of assurance, the main risks to the Trust's delivery of its strategic objectives and how these risks are effectively managed.

Annex A is the Board Assurance Framework describing all the major risks to the Trust's ability to deliver its strategic objectives. The Trust Board is asked to note the continued development of a new Board Assurance Framework and review and discuss the contents of this report. The Board is asked to review the current Board Assurance Framework and:

- Determine whether there is reasonable assurance from the Board meeting discussions to add to the Board Assurance Framework.
- Review gaps in control and assurance to determine whether an issue is being managed or whether it should be escalated for further Board scrutiny/discussion attention.
- Provide any views on risk appetite on any Board Assurance Framework risk area.

Attachments:
Annex A - Board Assurance Framework
Annex A1 - Board Assurance Framework - Strategic Risks
Annex A2 - Board Assurance Framework - All other risks scoring 12 and above