
TRUST BOARD

Title:	Chair and Chief Executive Report
Action:	For discussion and a decision
Meeting:	11th July 2018

Purpose:

Since the last public Board meeting, there have been an important set of national publications and announcements concerning the wider NHS and community health care particularly. Section 1.3 describes briefly the Governments new funding settlement for the NHS, showing the phasing of the increases in expenditure.

Sections 1.1 and 1.2 provide a summary of the finding and recommendations of Lord Carter's report into productivity in community and mental health services and NHS Providers state of the NHS sector, focusing solely on Community health services. Coupled with the new NHS funding settlement, the reports must be used to generate an increased focus and investment in integrated care which includes community healthcare services.

The Risks facing the report and Board assurance framework are appended in the later annex's with the risks within and facing the organisation ostensibly unchanged.

Recommendations:

The Board is asked to review and approve the Annual Slavery and Human Trafficking Statement for publication on our website (see section 2.2 and Annex D).

	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	<ul style="list-style-type: none"> • Lord Carter's review on productivity in community and mental health services spells out expectations on how our scarce resources can be used more effectively, to re-invest into front line care delivery • The statement on Slavery and human trafficking, underpins the Trusts approach to vulnerable children and adults.
Collaborate with other organisations	<ul style="list-style-type: none"> • The Trust will actively benchmark with other providers as part of the Lord Carter report
Be an excellent employer	<ul style="list-style-type: none"> • The communications report details many areas where we are supporting our staff in the #NHS70 year
Be a sustainable organisation	<ul style="list-style-type: none"> • The 5-10 year funding settlement provides a framework for NHS funding via Clinical Commissioning Groups and NHS England and should positively support services funded via these organisations that are under great strain.

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

Legal and Regulatory requirements: -

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	<ul style="list-style-type: none"> • Implicit in the Slavery and Human Trafficking Statement, through our enhanced safeguarding work and collaboration with other organisations 							
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	<ul style="list-style-type: none"> • Implicit in the Slavery and Human Trafficking Statement, through our enhanced safeguarding work and collaboration with other organisations 							
Using the national 'A Call to Action on Bullying and Aggression', internally take action to promote our Zero tolerance policy and address bullying and aggression when it occurs.	<ul style="list-style-type: none"> • Not covered in this report 							
Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified. In particular, we will seek innovative methods to have co-opted representation on the Trust Board from more diverse backgrounds.	<ul style="list-style-type: none"> • Not covered in this report 							
Are any of the following protected characteristics impacted by items covered in the paper: Slavery and Human Trafficking statement would impact on all areas potentially								
Age	Disability	Gender Reassignment	Marriage and Civil Partnerships	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation

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1. LOCAL, REGIONAL AND NATIONAL ISSUES

1.1 Lord Carter has published his report into the productivity and efficiency of mental health and community health services. The review makes 16 recommendations across eight chapters. They 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.

The sixteen recommendations are:

1. Learning from new models of care: 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.
2. Quality of care and Getting It Right First Time (GIRFT): 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.
3. Driving standardisation in the community health services 'offer': 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.
4. Restricted patients: 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.
5. Optimising workforce well-being and engagement: 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.
6. Strengthening the oversight of workforce productivity for services delivered in the community: 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.
7. 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.

8. Cost of inpatient care and care hours per patient day: 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.
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.
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.
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.
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.
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.
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.
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.
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.

Annex A contains the summary of the report and the full report can be found at: https://improvement.nhs.uk/documents/2818/20180524_NHS_operational_productivity_-_Unwarranted_variations_-_Mental_....pdf

The Trust will digest the report; work with NHS Improvement and other providers on areas of implementation and provide the Board with our implementation against each relevant recommendation for the September Public Trust Board meeting.

1.2 NHS Providers:

The report, NHS Community Services: taking centre stage, published by NHS Providers says promises to bring more patient care closer to home by prioritising NHS community services have fallen flat. National strategies under successive governments have concluded that the NHS must do more to help people stay well in their own homes and communities, avoiding the need for hospital treatment, if the health service is going to be financially sustainable. This commitment was set out most recently in the *Five year forward view* (FYFV), which envisaged a significantly expanded role for community services, such as community specialist nurses and physiotherapy. Support on the ground has failed to match the rhetoric, leaving many providers marginalised, underfunded and short staffed.

The report presents striking examples of good practice where community service providers have successfully developed new ways of working, collaborating with other services to improve care for patients and includes the Trusts' regional iCaSH service.

However the report concludes that in practice, support on the ground has failed to match the rhetoric, leaving many providers marginalised, underfunded and short staffed.

The key points are:

- There have been a number of national commitments, over many years, to shift care from hospitals into the community and give the community sector a key strategic role in improving the health and wellbeing of local populations. This argument has primarily been made because the NHS needs to move away from treating episodic illnesses to promoting health and wellbeing, as a way of coping with increases in demand caused by the changing disease burden and ageing population.
- It is generally accepted that treating people in the community and in their homes is better for patient outcomes and experience, and the financial sustainability of the NHS. However, year on year, this ambition has not been realised. This report highlights seven reasons why this shift has failed to occur. These are detailed below:
 1. Community services play a fundamental role in the NHS. However, there is insufficient understanding of these services at a national and local level, perhaps due to the diversity of services, organisations and commissioning arrangements involved.
 2. Community services have had insufficient profile and prioritisation at both national and local levels. Over nine in ten respondents to our survey of NHS trust chairs and chief executives said that community services receive less national-level focus, priority and attention than other sectors do, which means the expansion of care in the community has struggled to gain wider momentum, recognition or investment at a local level. There needs to be stronger leadership of community services at a national level to ensure ambitions for the community sector are realised.
 3. Community services need additional investment after a long period of under-funding, which is partly due to the general financial squeeze on the NHS, but also due to community sector-specific challenges such as the use of block contracts and the squeeze on local authority funding. Over half of trusts providing community services reported that their funding for these services has been reduced in 2018/19.
 4. Community services are struggling to meet increases in demand, which is already outstripping capacity. In our survey, nine in ten trusts think that the gap between funding and demand for community services will increase or substantially increase over the next 12 months.
 5. A set of workforce challenges has led to mounting pressure across community services. The supply of community staff has not kept pace with demand and trusts face worrying shortages in key staff groups, such as district nursing and health visitors. Trusts are also struggling to recruit and retain the staff they need to deliver high-quality care, due to the low profile of the community sector. Two thirds of trust leaders that responded to our survey are "worried" or very "worried" that they will not have the right numbers, quality and mix of staff to deliver high-quality care in one year's time.
 6. Community service providers are being distracted from their core strategic task due to complex commissioning arrangements and frequent retendering of contracts. These providers are disproportionately affected by procurement rules compared to other parts of the NHS provider sector. This leads to a lot of wasted time and resource, and some trust leaders that we interviewed warned that this can risk the quality of care.
 7. A lack of robust national data, quality metrics and performance targets means that there is less national focus on, and no national improvement approach for, community services. Although national performance targets and quality indicators would be a double-edged sword for trusts, they would still welcome the opportunity to better quantify changes in demand, activity, funding and quality at a national level. Developing a standardised national dataset is crucial in this endeavour.

The full report can be found at: <http://nhsproviders.org/state-of-the-provider-sector-05-18>.

My blog, published by NHS Providers and in the Health Service Journal to coincide with the publication of the NHS Improvement report is appended in Annex B.

1.3 On the back of these two reports and with the advent of a 5-10 year NHS financial settlement, it is important to influence nationally concerning the role and support for community services operating in an integrated way in local health and care systems. The following is or needs to happen:

- I am a member and Chair of the new Community Network, supported by both NHS Providers and NHS Confederation and will use this to influence and lobby nationally
- We need to ensure Chairs of all community health providers meet together, represent views to national leaders and arm's length body Chairs and keep influencing about how to create integrated care for patients
- Identify any specific expertise and opportunities for Non-Executive Directors on our Board to be involved in any developmental work nationally.

1.4 The Prime Minister announced a major new package of funding for the NHS covering the five financial years from 2019-20.

- The average annual uplift is 3.4 per cent per year above inflation – based on Office for Budget Responsibility projections.
- The funding is frontloaded, meaning the annual rates of growth are: 3.6%; 3.6%; 3.1%; 3.1%; 3.4%.
- This will equate to £20.5bn more revenue in real terms compared with 2018-19.
- A further £1.25bn has been found to deal with an increase in pensions costs associated with the new Agenda for Change pay deal.
- The funding is for the NHS England commissioning budget only. This means it does not include capital funding, public health, health education, or social care.

The Prime Minister set out five priorities for the NHS: Putting the patient at the heart of how care is organised; a workforce empowered to deliver the NHS of the future; harnessing the power of innovation; a focus on prevention; and “true parity of care” between mental and physical health.

The specific areas of clinical focus will need to be developed, but based on comments from the Secretary of State at the NHS Confederation conference and Simon Stevens’ briefings, they are likely to include:

- Improvements in cancer care and outcomes achieved
- Improvements in maternity care and outcomes for new-borns
- Parity of physical and mental health
- True integrated care achieved

As more details become known and as the 10 year NHS plan is developed, I will brief the Board.

2. TRUST ISSUES

2.1 The Trust received feedback from NHS Improvement on our Annual plan. The letter states, that NHS Improvement “has given the Trust’s Plan a green RAG rating. This rating reflects the relatively low level of risk within the plan, the positive triangulation of finance, activity and workforce assumptions and the Board’s track record of delivery”. Trusts were given the opportunity to re-submit plans to but as NHS Improvement had “not identified any material concerns within our plan review that would require the Trust to make a re-submission” we declined the offer to re-submit!

The feedback letter is appended in Annex C

2.2 Annual Slavery and Human Trafficking Statement

Section 54 of the Modern Slavery Act 2015 requires organisations to develop a slavery and human trafficking statement each year. The slavery and human trafficking statement should set out what steps organisations have taken to ensure modern slavery is not taking place in their business or supply chains. The legislation applies to any commercial organisation which: supplies goods or services; carries on a business or part of a business in the UK and has an annual turnover of £36m or more.

Annex D is the Trust's Annual Slavery and Human Trafficking Statement. The Board is asked to review and approve for publication on our website.

2.3 Communications/promotional activities since last Board meeting

Trust-wide initiatives

- The excellent news that the Trust has been rated 'Good' by the Care Quality Commission in all five areas of the inspection process was promoted widely via multiple channels.
- NHS Provider's State of the Provider Sector report on 'Community Services: taking centre stage' was promoted widely including a blog written by Matthew Winn, CEO about this and other recent national reports highlighting the importance of community services for the future NHS.
- Award nominations have been submitted to the Health Service Journal Awards in the 'Provider Trust of the Year' and 'Staff Engagement' categories.
- Q&As have been disseminated to staff from multiple organisations providing services on the North Cambs Hospital site in Wisbech, to share information and ensure staff are kept up to date about the £8 million redevelopment plans for this site.
- Our HR Team was one of three finalists in the HPMA award for the 'Best use of Electronic Staff Record system to support their business objectives and deliver service improvements'.
- NHS 70th Anniversary:
 - Filming has concluded for the Trust's Annual Staff Excellence Awards being held on 5 July, the 70th Anniversary of the NHS. The filming includes long serving staff reminiscing about their memories of the NHS.
 - Funds have been made available for staff to arrange local NHS 70th celebration events with branded balloons, pens and banners also disseminated to staff.
 - Heart Radio (nationally) is supporting NHS Voices – a campaign to get NHS staff/celebrities singing the iconic Beatles song 'With a Little Help From My Friends' to the No. 1 spot. Dr Nik Johnson, Consultant Paediatrician will be joining colleagues from other local Trusts to promote NHS 70th celebrations via the local Heart station on 4 July. We are also supporting this campaign via social media and screen savers.
 - Professor Barbara Wilson (founder of Oliver Zangwill Centre) and the Norfolk Just One Number service were identified as regional winners in two of the ten categories in the NHS 70th Anniversary Parliamentary Awards. Regional winners have been invited to an event to be held at Parliament on 4 July where national winners will be announced from the regional cohort.
 - Three members of staff from our Dental Health Services are attending an NHS 70th Anniversary Celebration event being held at Westminster Abbey on 4 July.

Ambulatory services

- Promotion of the single number point of access for our DynamicHealth services in Cambridgeshire and Peterborough continued, and a new 'self-care' area on the service's website (including videos and leaflets) to empower people to self care for specific conditions will launch on 16 July.
- Ongoing promotion of iCaSH Express Testing continues, with plans underway to refresh the existing website to make this an even more prominent offer.
- A bespoke website for our Dental Services is in development which we anticipate 'going live' in Autumn 2018.
- Promotional activity took place during May to promote national Smile Month.

Children & Young People's Services

- Significant work is underway to support the development of the Norfolk Knowledge Hub (Just One Norfolk).
- A range of collateral has been produced to support Norfolk Healthy Child Programme services community engagement activities including at the Royal Norfolk Show.
- A first anniversary event was held for the Norfolk Just One Number services, and an infographic shared via social media to promote service activity in its first year.
- Significant promotional activity took place to promote the outstanding work and good practice shared at our annual Children's Conference.
- Filming has taken place at our acute children's services based at Hinchingsbrooke to promote a quality initiative called 'huggles and druggles' which supports the provision of personalised, high quality care.
- We continued to promote our various ChatHealth services via social media using animations promoted via various channels, including social media.

Bedfordshire and Luton children and adults services

- All digital information for our Bedfordshire services has been rebranded on our website and targeted discussions are underway to introduce social media in certain services.
- Various staff engagement events are taking place across Bedfordshire to discuss future service redesign and slides/information from these events has been promoted via the staff intranet.
- Our Luton GP Liaison Service was shortlisted for two Health Service Journal Value Awards for an urgent care project it runs with Luton Clinical Commissioning Group, Luton and Dunstable Hospital and Consultant Connect which provides the mobile communications for the service, which seeks to support patients remain in their own home and avoid hospital admission.
- Promotional activity took place during June 2018 to promote national Diabetes Week, including promotion of support available to people living with Type 1 and Type 2 Diabetes.
- A film has been produced and shared via social media involving parents and CCS clinicians talking about epilepsy in children and, in particular, what to do during a first episode of epilepsy.
- The Food First Team for Luton, Bedfordshire and Hertfordshire Valleys was one of three finalists in the NICE Shared Learning Awards held in June 2018 for their shared leadership approach to tackling malnutrition in Care Homes.

3. BOARD ASSURANCE FRAMEWORK

- 3.1 As part of the refreshed Board Assurance Framework, the Board and the Audit committee reviewed a refreshed approach to reviewing and reporting of all major risks to achieving our strategic objectives. Based on the feedback received from the Audit Committee in April 2018 for further discussion, an updated Board Assurance Framework is due to be presented to the Audit Committee in July 2018.

- 3.2 There are currently 6 risks on the strategic risk register concerning Board level strategic issues. The details of the strategic risks and mitigation in place are contained within **Annex E** attached.
- 3.3 The following new strategic risk was added in July 2018:
- **Risk 2776** - There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS Provider sector to drive greater provider efficiency.
- 3.4 The highest rated strategic risks facing the organisation are:
- **Risk 2776** - There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS Provider sector to drive greater provider efficiency.
 - **Risk 2748** - Due to the increase number of services facing workforce challenges there is a risk that the Trust is unable to maintain high quality care across the organisation.
 - **Risk 2610** - There is a risk that the Trust doesn't fully identify plans to recurrently deliver the £3m savings target for 2018/19, and the result would be that this could contribute to the Trust being financially unsustainable in the future.
- 3.5 The following strategic risk was closed in July 2018:
- **Risk 2730** - There is a risk that due to the potential ambiguity of partnership arrangements with other organisations, responsibility and accountability for the delivery of services may be unclear.
Reason for closure: Risk score reduced to target as responsibilities and accountabilities clear on delivery of services for 2018/19 financial year.
- 3.6 **Annex F** shows an overview of all open risks across the Trust. The Trust currently has 121 open risks across all services as at 22 June 2018.

There are currently 7 risks scoring 15 or above:

- **Risk 2575** – risk due to insufficient capacity within Luton Community Paediatric Service posing risk to patient safety and outcomes. At the time of the Clinical Operational Board in February 2018, the risk score was rated at 12.
Update: The risk score was increased based on discussions from the Clinical Operational Board meeting. Additional non-recurrent funding has been received and actions are being put into place to increase capacity within this team.
- **Risk 2731** – There is a risk that the removal of consent override in System1 at the end of March will negatively impact on the sharing of safeguarding information to protect children.
Update: Risk level remains the same until after Safeguarding Group have reviewed relevant information regarding actual impact at the Operational Group on 19th July.
- **Risk 2776** - There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS Provider sector to drive greater provider efficiency.
Update: This is a new risk added in June 2018.
- **Risk 2777** – There is a risk that 0-19 Single point of Access in Bedfordshire in its current form will impact negatively on 0-19 performance and the ability to achieve key performance indicators.

Update: This is a new risk added in June 2018.

- **Risk 2773** – There is a risk that the special schools nursing service (SSNS) will be unable to deliver the commissioned service due to reduced staffing.
Update: This is a new risk added in June 2018.
- **Risk 2768** – There is a risk that the School Nursing service in Luton will not be able to deliver their service specification due to the high numbers of families with active child protection plans and increased staff absence.
Update: This is a new risk added in June 2018.
- **Risk 2757** – There is a risk that as the Community Eye Service in Bedfordshire does not have access to S1 they are not aware of changes to children's contact details etc., level of safeguarding risk and family circumstances; this can potentially impact on their care and treatment.
Update: This is a new risk added in May 2018. The service is linked with our S1 team and are currently in the process of pulling a plan together to enable them to get access.

The Board receives assurance via the Clinical Operational Boards and other subcommittees that any risk scoring 12 or higher is being managed appropriately and that a mitigation plan is in place and working. The new risks added will all be scrutinised and discussed at the relevant August Clinical Operational Boards as appropriate.

Attachments:

- Annex A – Summary of Lord Carter report on provider efficiency
- Annex B – Matthew Winn's blog for NHS Providers
- Annex C - NHS Improvement feedback on the Trusts' annual plan
- Annex D – Annual Slavery and Human Trafficking Statement
- Annex E - Board Assurance Framework - Strategic Risks
- Annex F - Overview of all open risks across the Trust