
TRUST BOARD

Title:	Chair and Chief Executive Report
Action:	For discussion and a decision
Meeting:	09 May 2018

Purpose:

The report summarises national developments to create better synergy between the provider and commissioning regulators; forthcoming national activity and publications concerning community health care and information concerning Trust activities. This month this includes:

- Cambridgeshire and Peterborough Sustainability Transformational Partnership
- Sign of the Trusts annual governance self certification
- The communication concerning the activities of the organisation
- The risks facing the Trust

Recommendations:

1. The Board is asked to review the annual self-certification and authorise the Chair to sign the self-certification on behalf of the Board after the External Audit Report is issued; unless material concerns are identified by the auditors that would materially affect the Trust's compliance with conditions below.
2. For Cambridgeshire and Peterborough Sustainability and Transformation partnership:
 - To note the system programme of work which needs to be delivered in 2018/19.
 - To sign off the refreshed Memorandum of Understanding and Governance Framework, noting they may need further review at a later date as we take further steps towards an Accountable Care System.

	Name	Title
Authors:	Karen Mason Taff Gidi	Head of Communications Assistant Director of Corporate Governance
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"> • Implicit in the Board annual self certification
Collaborate with other organisations	<ul style="list-style-type: none"> • The updated Memorandum of Understanding for the Cambridgeshire and Peterborough system, is an example of how the Trust is working with others.
Be an excellent employer	<ul style="list-style-type: none"> • Not covered in this report this month
Be a sustainable organisation	<ul style="list-style-type: none"> • Inherent in the national productivity work for community health services and the Board annual self certification

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

Legal and Regulatory requirements: - The Board annual self certification has been requested by our regulator, NHS Improvement

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"> • Not covered explicitly 							
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	<ul style="list-style-type: none"> • Not covered explicitly 							
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 explicitly covered 							
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 explicitly covered 							
Are any of the following protected characteristics impacted by items covered in the paper:								
Not explicitly								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. LOCAL, REGIONAL AND NATIONAL ISSUES

2.1 NHS England and NHE Improvement have announced that subject to their Boards' approval of more detailed proposals, they will begin to establish the following working arrangements from September 2018:

- increased integration and alignment of national programmes and activities – one team where possible
- integration of NHS England and NHS Improvement regional teams, to be led in each case by one Regional Director working for both organisations, and a move to seven regional teams to underpin this new approach.

A more joined-up approach across NHS England and NHS Improvement will enable them to:

- **work much more effectively with** commissioners and providers in **local health systems** to break down traditional boundaries between different parts of the NHS and between health and social care
- **speak with one voice**, setting clear, consistent expectations for providers, commissioners and local health systems
- **use NHS England and NHS Improvement's collective resources** more effectively and efficiently to support local health systems and the patients they serve
- **remove unnecessary duplication and improve the impact** from our work, delivering more for the NHS together than we do by working separately.

2.2 Over the coming two months there will be an increasing national focus on community health care due to the following taking place:

- The launch on May 10th of a single national representative network for community health services by NHS Providers and the NHS Confederation. This will replace the previous three networks, which all overlapped with each other and create a single coherent and powerful voice for the sector.
- The Publication by Lord Carter of the national report on Operational productivity and performance in NHS mental health and community health services. This report will make detailed and far reaching national recommendations for NHS Improvement, NHS England and providers to action. It will be presented to the Board of NHS Improvement on the 24th May for adoption and implementation.
- NHS Providers will publish their influential analysis on the state of the NHS and this years report will focus solely on community health.

As these events and publications occur, I will brief the Board and indicate how we should/could play our part in the development of the policy for improved community health and integrated care for local residents.

2. TRUST ISSUES

2.1 The Trust Board is required (for the first time) by its regulators, NHS Improvement, to sign off a self-certification of its governance. This brings NHS Trusts into line with NHS Foundation Trusts Board governance. The Board is asked to certify that the Trust complies with Condition G6(3) and Condition FT4(8) as detailed in Annex A and the guidance from NHS Improvement in Annex B.

- The evidence of compliance with G6(3) is:
 - Internal and external audit

- Reviews by other external organisations e.g. Commissioners, CQC and NHS Improvement
 - Clinical audit
 - Reports to the Board and subcommittees including on quality, finance, performance and risk
 - The Board’s Well led Domain self-assessment and improvement plan.
 - Complaints and incidents
 - Whistleblowing
- The evidence and compliance statement for FT4(8) is:
- Internal and external audit
 - Reviews by other external organisations e.g. Commissioners, CQC and NHS improvement
 - Clinical audit
 - Reports to the Board and subcommittees including on quality, finance, performance and risk
 - The Board’s Well led Domain self-assessment and improvement plan.
 - Self-assessment tools e.g. Quality Early Warning Trigger Tool
 - Annual Staff survey
 - Benchmarking data against other NHS providers
 - Staff and Patient Stories to the Board and Clinical Operational Boards
 - Complaints and incidents
 - Whistleblowing

The above list, while not exhaustive, highlights some of the key sources of assurance for the Board in 2017/18. Where improvement actions have been identified, the Board and its sub committees will have oversight of implementation of the action plan in line with the escalation framework.

The Head of Internal Audit Opinion was circulated to the Audit committee members after the April 2018 meeting. The external audit opinion will be presented at the extraordinary meeting on 25 May 2018. We do not anticipate that there will be any concerns which will materially impact the Trust’s compliance with the conditions below.

Recommendation:

The Board is asked to review the annual self-certification (Annex A) and authorise the Chair to sign on behalf of the Board after the External Audit Report is issued; unless material concerns are identify by the auditors that would materially affect the Trust’s compliance with conditions below.

	Confirmed	Not Confirmed
NHS provider licence condition:		
Condition G6(3) – The provider has taken all precautions necessary to comply with the licence, NHS acts and NHS Constitution (Condition G6(3)).	✓	
Condition FT4(8) – The provider has complied with required governance arrangements.	✓	

All Trusts are required to get annual Board sign off. The Trust does not need to submit this to NHS Improvement. However, an annual audit will be undertaken on a small sample of Trusts to ensure compliance. If selected for an audit, Trusts will need to provide evidence that the self-certification was signed off by the Board.

2.2 The Cambridgeshire and Peterborough Sustainable Transformation Board and an updated memorandum of understanding.

A. Purpose

The following paragraphs provide an update on the Sustainability and Transformation Partnership (STP) to support approval of the revised Memorandum of Understanding (MOU) and Governance Framework by the Board of Directors. A copy of the MOU and Governance Framework is attached alongside this report (Annex C and D)

B. Background

The local health economy within Cambridgeshire & Peterborough CCG agreed a single Sustainability and Transformation Partnership (STP) plan for 2016 – 2021, which was approved by NHS England and NHS Improvement and published in October 2016.

NHS England published the *Next Steps on the NHS Five Year Forward View* in March 2017, which reviewed the progress made since the launch of the *NHS Five Year Forward View* in October 2014 and set out a series of practical and realistic steps for the NHS to deliver a better, more joined-up and more responsive NHS in England. The *Next Steps* document outlined that from April 2017 all NHS organisations must form Sustainability and Transformation Partnerships, and in turn, required the formation of an STP Board drawn from constituent organisations, including appropriate non-executive, general practice, and local government participation.

The STP contained an ambitious 10-point plan around four priorities of change; At home is best, safe and effective hospital care, when needed, we're only sustainable together and supported delivery. This paper outlines several achievements made since October 2016 within each priority of change, what's ahead for 2018, and requests approval of the refreshed Memorandum of Understanding and Governance Framework.

C. Achievements

At home is best

Through the Primary Care and Integrated Neighbourhood Delivery Group we have focussed on universal adoption of evidenced based practice for people with long-term conditions, including people with mental health needs. This has led to the investment of £1m in respiratory, stroke prevention and falls prevention services. We have also been awarded £1.9m diabetes funding from the national bids.

One example, is the Suicide Prevention service went live in December 2017, which is aimed at reducing the likelihood of suicides through providing GP training and the appointment of a bereavement officer to support those who have been affected by the suicide of a loved one, as these are at greater risk of suicide. Both of these are expected to utilise existing services such as PRISM (enhanced primary care service for people with mental health problems) to ensure the right support is being accessed by those who need it. To. The bereavement officer has been appointed and started accepting referrals from the police in December. Scoping has also begun on the current wraparound services with a view to establish peer support groups.

Safe and effective hospital care, when needed

Focus in 2017/18 has been on addressing unnecessary hospital admissions and reducing length of stay in hospital by creating more community based services and capacity to care for people in more appropriate settings. This work is being driven mainly through the Urgent & Emergency Care Delivery Group.

We have invested £2m to expand our Joint Emergency Team with more than 70 additional staff and, as of the end of December, almost 50 job offers have been made with approximately 20 new staff in post. The latest audit on JET utilisation confirmed that admission avoidance has increased from 42% (July to September 2017), to 54% in October 2017.

The Discharge to Assess service was established and focusses on people in hospital who are at a point where care and assessment can safely be continued in a non-hospital setting and they do not require an acute hospital bed, but may still require care services. The principle is to provide short term, funded support for patients so they can be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person. To deliver Discharge to Assess, we are investing over £4.8m in 2017/18 to recruit 155 additional posts (mainly Integrated Care Workers) and the creation of a single point of coordination.

We are investing £0.7m to establish a Stroke Early Supported Discharge (ESD) service which will provide both intensive stroke discharge support and home based neuro rehabilitation. The operational model will result in therapy staff rotating between hospitals, the community based neuro rehabilitation teams and the stroke ESD team. This will result in an enhanced and multidisciplinary team with better joint working and communication across the patient pathway. We are currently recruiting to 35 additional posts to provide this service, which goes live in the south of the patch this month (January 2018) and in the north of the patch in the spring

The Care Advisory Group (CAG) has also endorsed clinical strategies on Cardiology, Cancer, Asthma and MSK. These strategies are now being turned into business cases, in preparation for a phased implementation. An early success is the implementation of elective demand management with the support of the Planned Care Delivery Group have almost all practices have been visited over last few months to discuss and plan better demand management. GP referrals remain stable year on year and Advice and Guidance is up 80% compared to last year at month six. Seven additional triage models have gone live so far this year across the system and a business case to support cancer patients in the community, reduce unnecessary admissions to hospital and improve patient care and experience was approved.

We're only sustainable together

In November 2016, the system created a System Delivery Unit (SDU), which currently comprises of approximately 22 WTE to oversee and support delivery of the STP. The SDU launched the STP Programme Cycle in June 2017, which provided a clear and consistent structure to frame the various processes across the STP to ensure appropriate accountability across the 'lifecycle' of the STP improvement projects (Design, Develop, Deploy and Deliver). This approach is being adopted in programme reporting across the system, starting with the CCG.

In early 2017, we moved from the planning phase to the delivery phase of the STP. We put in place Fit for the Future (STP) programme arrangements, with a delivery governance structure to ensure effective implementation (see current arrangements in Appendix 2). Both our governance and working structures includes clinicians and other front-line staff from system partners as well as patient and public representation. To ensure all transformation is consistently clinically led, we are establishing Clinical Communities to lead priority areas for service redesign, including Ageing Well, Cardiology and Respiratory. Each community has a clinical chair and membership from across the clinical pathway (including primary care and patients).

Cambridgeshire and Peterborough Sustainability and Transformation Partnership established an STP Board, made up of system Chairs and Chief Executives, in August 2017, following the *Next Steps on the NHS Five Year Forward View* being published. The system governance arrangements and documents have therefore needed to be reviewed and revised to ensure the STP Board is reflected and the continuing structures for delivering the STP evolving. The STP Board endorsed the revised Memorandum of Understanding and Governance Framework on the 30 November 2017 which outline the revised governance structure.

Supported delivery

We continue to recruit to a range of new county-wide jobs to enable us to deliver our new and expanded patient services, and meet our staffing needs. Our recent recruitment successes to system-wide services include:

- Falls prevention services have 4 new colleagues.
- Heart failure services have made 8 job offers.
- Diabetes services have made 18 job offers.
- 392 apprentices have been recruited in 2016/17, and we have a target to recruit a further 550 apprentices in 2017/18.

Recruitment to our new county-wide jobs continue, however, we face a number of challenges to make sure we have the right numbers of the right staff in the right care location. To address these challenges, we have developed a system-wide five-year workforce strategy.

We have not made as much progress as we would have liked on working together to realise the potential digital technology offers us, and to overcome information sharing barriers that could improve patient care and experience. Nor have we fully aligned our plans around estates. These two areas will be addressed in 2018.

D. Looking ahead to 2018

Over the past year the system has made significant progress in establishing infrastructure for system working, strengthening relationships for working across organizational boundaries and making investments collectively in out of hospital care. While, we have not had the impact we planned for on activity levels or finances. The STP Board has confirmed their commitment to continuing to adopt the beneficial behaviours of an accountable care system, and with the encouragement of NHS England and NHS improvement, we will continue to evolve how we deliver transformation through working in partnership.

To achieve sustainability operationally and financially, in 2018 we must improve A&E performance to 95%, reduce DTOCs to 3.5% and achieve all of our control totals. This is going to require a different approach to delivery – we must:

- Focus on a small number of areas to make a step-change in integrated working and really innovate, based on where it will make the biggest difference.
- Choose some quick wins to celebrate success and build confidence.
- Learn from examples of success, for example:
 - i. Deaths from cardiovascular disease in the north of the patch have significantly reduced.
 - ii. Integrated working across health and the local authority in children's services.
- Seek national recognition and funding for areas where we are already uniquely strong – cardiology and cancer.
- Be realistic in our ambitions, using data to give us credibility in our negotiations with the regulators – on the money and on the timing of National Must Dos.

- Recognise how differently we'll be asking our staff to work, which means we must invest the time and effort as leaders for setting out the vision for doing so, and providing the necessary support.
- Tailor approaches to local area's assets and needs.
- Embed prevention in every project.
- Be brave.

Our emerging areas of focus are:

- Four areas of innovation –
 - i. Supporting primary care by accelerating new models of working at scale and addressing workload challenges.
 - ii. Integrated (urgent) care, enabled by community care for the elderly.
 - iii. Elective demand management for MSK and through advice & guidance.
 - iv. Digital, including information governance, data lakes and collaboration.
- Three areas for national recognition – Cardiology, Cancer and Digital.
- Two quick wins – Shared Services (likely to be collaboration around estates and Workforce (including exploring collaboration around bank & agency, apprenticeships and international recruitment).

The areas of focus listed above are not the sum total of work to be under-taken by system partners – providers and the CCG will continue with 'business as usual' improvement programmes to reduce the system costs of care or take forward local strategic initiatives, for example the relocation to New Papworth (Autumn 2018). The full system programme of transformation is attached (Annex E).

Moreover, to ensure we balance focus on a small number of system solutions with the breadth of challenge we face given our financial pressures we must revisit how we resource transformation (through pooling project support and continuing to make system investments), how we remove any financial disincentives, and how we build a culture of delivery. We will also have to revisit the system architecture to see how it can be streamlined when considered alongside other governance and working arrangements, in order to spread responsibility and accountability according to where is most appropriate given respective remits, and the level of risk, novelty and strategic significance.

E. Recommendation:

The Trust is asked the following:

1. To note the system programme of work which needs to be delivered in 2018/19.
2. To sign off the refreshed Memorandum of Understanding and Governance Framework, noting they may need further review at a later date as we take further steps towards an Accountable Care System.

2.3 Communications/promotional activities since last Board meeting

Trust-wide initiatives

- The Trust's Annual Report has been compiled and submitted to the Auditor's for review.
- Communications to support the CQC inspection of services and our Well Led inspection, which took place in March/April 2018 were implemented to support staff during the inspection and share high level initial messages are completion.
- The following nominations were submitted for the NHS 70th Anniversary Parliamentary Awards; shortlists for which will be published towards on 21 May:

Nomination	Which MP supported the nomination
Norfolk Just One Number (Person Centred Care award)	Chloe Smith, MP (Norwich North) Sir Henry Bellingham, MP (North West Norfolk)
iCaSH Peterborough Outreach Team (Healthier Communities award)	Fiona Onasanya, MP (Peterborough)
Professor Barbara Wilson, founder of the Oliver Zangwill Centre (Lifetime Achievement Award)	Jo Churchill, MP (Bury St Edmunds)

- The Trust's £8 million investment in the North Cambridgeshire Hospital in Wisbech was covered by BBC Look East, BBC Radio Cambridgeshire, the Fenland Citizen and Wisbech Standard.
- Our HR Team is one of three teams which have been shortlisted in the HPMA award for the 'Best use of Electronic Staff Record system to support their business objectives and deliver service improvements'. The winner will be announced on 7 June.
- Panels have met to consider all nominations for the Trust's Annual Staff Excellence Awards and plans continue for this event on 5 July which will also celebrate the NHS 70th anniversary (staff are also planning local NHS 70th celebration events).
- Collateral is being produced to support the Trust's Healthy Mind and Body week which is running from 14-18 May 2018.
- A dashboard of communication metrics has been developed to support the evaluation of all future communication plans.
- A major programme to update all patient leaflets on the website with the new PALS number, along with promotion of this new number, has been completed.

Ambulatory services

- Our regional iCaSH services will be showcased in the soon to be published NHS Provider's 'State of the Provider Sector' publication focussing on community services and showcasing innovation/good practice.
- Plans have begun to design and implement a new website for the Cambridgeshire and Peterborough dental services.
- Collateral to promote the launch of a single point of access for our DynamicHealth services in Cambridgeshire and Peterborough including for patients, stakeholders, staff were introduced.
- Videos continue to be edited and voice overs created for DynamicHealth to support the service's redesign programme, along with a review of the wide range of service leaflets.
- Promotional literature for iCaSH Express Testing has contributed to the successful roll out of this service in Cambridgeshire.

Children & Young People's Services

- We have submitted two case studies/abstracts, together with our Norfolk County Council commissioners, to highlight innovation/service redesign within our Norfolk Just One Number service and our 5-19 service pathway to the Public Health England Annual Conference being held on 11-12 September 2018/

- Our Norfolk Just One Number service was cited as an example of good practice in the recently published Royal College of Paediatrics and Child Health document 'Facing the Future: Standards for Children with Ongoing Health Needs'. The publication provides a vision of how paediatric care can be delivered to provide a high-quality service that meets the needs of infants, children and young people with ongoing health needs.
- A successful internal and external communications plan supported the phased move of services into the refurbished Peacock Centre on the Brookfields campus; all leaflets and digital information relating to these services has been updated.
- Animations to promote the Cambridgeshire 0-19 Healthy Child Programme and ChatHealth in Cambridgeshire have been produced and disseminated via You Tube.
- Plans are underway to recognise the first anniversary of Just One Number in Norfolk, together with development of a promotional calendar for Norfolk ChatHealth, and a communication plan for a healthy weight pathway in Norfolk.
- Branding for the CCS/CPFT Emotional Health & Wellbeing Service has been finalised.

Luton & Bedfordshire children and adults services

- An extensive communications and engagement plan was implemented to support the transfer and mobilisation of Bedfordshire and Luton services to the Trust (including a Welcome Pack, induction presentation, Q&As, staff events and briefings, GP events, stakeholder letters, patient handouts/posters, digital collateral and patient/service leaflets).
- Our Luton GP Liaison Service has been 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. The winner will be announced on 7 June 2018.
- Production continues for a range of videos in five different languages to promote understanding of epilepsy to support our Luton epilepsy services and families living with epilepsy.
- Support is being provided to the Luton Quality Review Group to promote learning via the staff intranet.
- Staff from the Diabetic Team appeared on the Luton Aspire Radio station during Diabetes Prevention Week and social media messages were launched during the week.
- Staff messages and screensavers were produced for children's services staff moving into the Poynt, Luton and all digital collateral was updated to reflect this move.

3. BOARD ASSURANCE FRAMEWORK

- 3.1 Also 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, this has now being update and was presented to the Audit Committee in April 2018 for further discussion.

3.2 There are currently 5 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 F** attached.

3.3 The following new strategic risk was added in April 2018:

- 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.

3.4 The highest rated strategic risks facing the organisation are:

- **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 could be that this could contribute to the Trust being financially unsustainable in the future.
- **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.
- **Risk 1320** - Services fail to remain compliant with the CQC Fundamental Standards Framework, leading to patient safety incidents, regulatory enforcement action and reduction in confidence from the public and commissioners in specific services.

3.5 **Annex G** shows an overview of all open risks across the Trust. The Trust currently has 169 open risks across all services.

There are currently 4 risks scoring 15 or above:

- **Risk 2731** – There is a risk that removal of consent override in SystmOne at the end of March will negatively impact on the sharing of information to protect children. This is a new risk added onto the risk register this week and has been referred to the Chief Nurse for review.
- **Risk 2608** – There is a safeguarding and security risk due to the obsolete FOB Access Control System in the Children's unit. At the time of the Clinical Operational Board in February 2018, the risk score was rated at 12. The risk score was increased on 3 March 2018 due to the lack of progress made.
- **Risk 1349** – risk relating to an increase in Child and adolescent mental health services (CAMHS) admissions on Holly Ward. This risk was discussed at the clinical operational board in February 2018 as highlighted in the key issues report.
- **Risk 2575** – risk due to insufficient capacity within 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. The risk score was increased based on discussions from the Clinical Operational Board meeting. This has been referred to the Service Director for review.

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.

Attachments:

Annex A - Annual CCS Self Certification
Annex B – NHS Improvement guidance on annual self certification
Annex C - STP memorandum of understanding (Cambridgeshire and Peterborough)
Annex D – STP Governance framework November 2018 (Cambridgeshire and Peterborough)
Annex E – System priorities for 2018/19 (Cambridgeshire and Peterborough)
Annex F - Board Assurance Framework - Strategic Risks
Annex G - Overview of all open risks across the Trust