TRUST BOARD

Title:	**Chair and Chief Executive Report**
Action:	**For discussion and a decision**
Meeting:	**14th March 2018**

Purpose:

The report summarises the developments in community services productivity and community workforce reviews. The Trust will play its full part in these national initiatives.

Further into the report there are details about the strategic risks facing the organisation; the communications undertaken by the Trust; information concerning the finalisation of the annual report and the notification of our 'Well Led' assessment from the Care Quality Commission.

Recommendations:

1. The Board is asked to delegate approval of the draft Annual Report to the Trust's Chief Executive and Chair for submission to Auditors.

2. The Board is asked to note the updated Board/Subcommittee assurance map.

3. The Board is asked to approve the updated Terms of References and review and update the cycle of business for 2018/19.

4. The Board is asked to delegate to the Board to Board meeting with CPFT to be held on 27 March 2018 to approve the terms of reference for the Joint Children's Partnership Board.

	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	• The Care Quality Commission inspection, planned for March and April 2018 will assess our approach
Collaborate with other organisations	• The work on community workforce and the detail within the communications summary, show how the organisations is collaborating and working with others.
Be an excellent employer	• The Care Quality Commission inspection, planed for March and April 23018 will assess our approach
Be a sustainable organisation	• Inherent in the national productivity work for community health services

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

Legal and Regulatory requirements: - None covered in the report

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
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.	• 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.	• Not explicitly covered
Are any of the following protected characteristics impacted by items covered in the paper: The workforce review of community health services should take all of these protected characteristics into account in publishing its recommendations.	

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 Community Workforce review

NHS Health Education England are starting a process to review the community health service sector work force. Their review states that:

'Community nursing is changing in response to different patient needs and expectations, service redesign and wider workforce changes. Our community services need to ensure we have the capacity and capability to support growing numbers of older people, as well as patients and service users in other age groups who have complex conditions.

The Five Year Forward View set out a commitment to develop services at or close to home. New models of care and integrated services require community teams to work across traditional organisational and sector boundaries. To enable such care transformation, we need a community workforce with the knowledge and skills to support these service changes and to meet population needs.

There is currently a lot of interest in community nursing and how these services are delivered, in particular district nursing. HEE is continuing to provide support for nurses working in the community to undertake specialist qualifications, with levels of investment in this crucial area of the workforce similar to those of the last five years. Because fewer people are taking up these training places than expected, we are working to identify the reasons.

HEE's Workforce Strategy (now out for consultation) signals a need to support a more flexible community nursing workforce. As a first step, we are enabling open discussion and constructive conversations among leaders across the health and care system across the country. Our starting point is to ask how the community nursing workforce might best be equipped with the capacity and capability to meet current and future population care needs.'

The Trust will ensure it is involved with partners and Higher Education institutions, to ensure the review supports a modern workforce that is right for the geographies that we operate within. Julia Sirett, Chief Nurse, will lead for the organisation.

1.2 Community services productivity:

In the engagement and review work undertaken so far with NHS Improvement, they have identified significant variation in the model of delivery for community health services. Understanding of the performance and the value added by different operating models is limited, but areas of good practice observed seem to have enabled more effective resource allocation, better skills mixing to make best use of scarce resources, reductions in administrative and travel time for front line staff, more effective case and performance management and a better view of the value the services deliver.

The team are trying to answer the question "What are the key structures, systems and processes that should be considered when describing exemplar providers of services delivered in community?" and are undertaking workshops to establish:

- What are the most effective approaches for managing patients access (e.g. Single Point of Access) and flow in services delivered in community?
- What are the key attributes to a good SPA model, optimal service coverage and associated performance measures and outcomes?
- How can mobile technology support and improve work flow management within clinical teams

The NHS Improvement team are planning to publish a report in May concerning productivity in the community health sector and we will play our part in this process, led by Mark Robbins, our Finance Director.

2. TRUST ISSUES

2.1 Care Quality Commission inspection:

The Trust has been notified that the Care Quality Commission will be undertaking a Well led inspection of the organisation on the 12th and 13th April 2018. They will undertake at least one unannounced inspection of our core services before the 11th April.

We look forward to welcoming the inspectors into the Trust to show them the great work our staff undertake every day and share with them our challenges and things we are striving to improve.

2.2 Production of this year's Annual Report

Production of this year's Annual Report has commenced and the timescale for completion is set out below.

Request for draft submissions to service leads/corporate leads	Monday 19 February
Deadline for draft submissions to communications team and re-drafting	Tuesday 20 March
Initial draft to Board Members	Tuesday 27 March
Deadline for comments back from Board members	Tuesday 17 April
Feedback incorporated into draft annual report	Monday 23 April
Final version to CEO/Chair for Board delegated approval	Tuesday 24 April
Submit to Auditors	Tuesday 1 May
Auditors review report; comms team to make changes in response to Auditor feedback	Friday 4 May to 15 May
Papers go out for Audit Committee	Wednesday 16 May
May Audit Committee	Friday 25 May (no changes to text after this date other than addition of any missing year end information)

Action:

The Board is asked to delegate approval of the draft Annual Report to the Trust's Chief Executive and Chair for submission to Auditors. Final approval of the Annual Report will take place at the 25 May 2018 Audit Committee.

2.3 Communications/promotional activities since last Board meeting

Trust-wide initiatives

- A staff Guide to Our Quality and Improvement Way and preparing for inspections was designed and disseminated to all staff, together with a range of screen savers and weekly cascade messages

- An infographic promoting the Trust's vision, values, objectives and behaviours has been disseminated via cascade, the intranet, screen saver and poster

- An update on our joint venture with CPFT has been developed and circulated to staff in both organisations

- A summary of the Trust's Operational Plan 2018/19 was created and disseminated to staff to support the creation of service plans and team/individual objectives across the Trust

- Plans for the NHS 70th anniversary are underway, including aligning our annual staff excellence awards with the anniversary birthday on 5 July and submission of nominations to the NHS 70th Parliamentary Awards

- Promotion of the national staff survey and the annual flu vaccination campaign took place leading to increases in uptake in both initiatives

- Promotion via social media of: various service initiatives/achievements, recruitment opportunities, Shine a Light award winners, national and local campaigns including Time to Change, Stay Well this Winter,

- Screen savers have been produced to support the Trust's zero tolerance approach to bullying and harassment, our Quality Boards to support our commitment to openness and transparency and NHS 70th anniversary celebrations

Ambulatory services

- Over 60 videos are currently being 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 Norfolk and Bedfordshire (with further roll out planned)

- Discussions have commenced to create a new website for the Dental Healthcare service

Children & Young People's Services

- Internal and external communications have been developed and disseminated to support the phased move of Cambridgeshire services to the newly refurbished Peacock Centre on the Brookfields campus; all leaflets and digital information relating to these services are being updated

- Communications collateral to support: the launch of the CCS/CPFT Emotional Health and Wellbeing Practitioners Team; and the launch of the joint CCS/CPFT speech and language therapy services

- Promotion of an innovative headset designed by Dr Tamsin Brown, Community Paediatrician to mitigate developmental delay during appropriate periods of watchful waiting for children with glue ear

- Animations to promote the Cambridgeshire 0-19 Healthy Child Programme and ChatHealth in Cambridgeshire have been produced and disseminated via You Tube

- Creation of filming to support the Family Nursing Partnership annual review

- Essential Guides to Breastfeeding have been finalised and printed for sharing with all new parents across Cambridgeshire, Norfolk and Luton (one document with local arrangements for each locality)

- 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

Luton & Bedfordshire children and adults services

- Production has begun to create 20 videos in five different languages to promote the Luton epilepsy service

- A robust communications and engagement plan is underway to ensure the smooth transfer of staff from Bedfordshire children's services in to the Trust (including Q&As, staff events and briefings, GP events, patient handouts/posters)

- An animation to promote the Luton Think Pink At Home First initiative has been created

- Promotional material has been produced for the Luton Stop the Pressure campaign to reduce the prevalence of pressure ulcers

- Screen savers for use within primary care to promote the availability of diabetic patient education programmes have been created for both professional and patient audiences

- Participation in a film produced by Bedfordshire and Luton CCGs to promote children and adult rapid response services and their contribution to managing winter pressures

- We continue to engage in communication programmes for the Bedfordshire, Luton and Milton Keynes STP

3.   BOARD ASSURANCE FRAMEWORK

3.1   As part of the Trust's Well Led improvement plan, the Board agreed to develop a refreshed Board Assurance Framework. To this end, we have already made 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/Subcommittee assurance map which has been updated since it was presented to the Board in November 2017. The map paints a picture of the Board and its sub committees and the sources of assurance they rely on to gain confidence that the organisation is well led. The ambition is to have a map that can be used at all levels of the organisation to describe our assurance processes. As previously highlighted, this will be a live and dynamic document that will continue to evolve and will be updated regularly. The next step will be to discuss this with teams across the Trust to get their input and identify any further changes we may need to make to the map.

Recommendation: The Board is asked to note the updated Board/Subcommittee assurance map.

3.2   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 is now being update and will be presented to the Audit Committee in April 2018 for further discussion.

3.3 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 B** attached.

3.4 The following new strategic risk was added in February 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.

3.5 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.

3.6 **Annex C** shows an overview of all open risks across the Trust. The Trust currently has 165 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.

4. ANNUAL REVIEW OF BOARD TERMS OF REFERENCE AND CYCLE OF BUSINESS

4.1 To improve governance processes and ensure the Board and its sub committees are working effectively, Board terms of reference are reviewed annually. The attached terms of reference in **Annex D** have been updated to include recommended changes made by committees as part of their annual effectiveness reviews, to incorporate the draft terms of reference for the new People Participation Committee and to reflect any relevant policy changes. The front cover sheet details the specific changes made; cross referencing this to the pages affected.

Recommendation: The Board is asked to approve the updated Terms of References and review and update the cycle of business for 2018/19.

4.2 On our joint venture with CPFT, the terms of reference for the Joint Children's Partnership Board are still under development. A draft which was developed by the Executive Team and reviewed by the Chair is currently under discussion. The terms of reference will need to be in place in time for the 1 April 2018 commencement date.

Recommendation: The Board is asked to delegate to the Board to Board meeting with CPFT to be held on 27 March 2018 to approve the terms of reference for the Joint Children's Partnership Board.

Attachments:
Annex A - Board Assurance Framework - Board/Subcommittee Assurance Map
Annex B - Board Assurance Framework - Strategic Risks
Annex C - Overview of all open risks across the Trust
Annex D - Board Terms of Reference
Annex E - Board Cycle of Business