

Trust Board Meeting  
06 April 2017

<b>Title of the paper:</b>	Chair's Report		
<b>Agenda item:</b>	07/47		
<b>Lead Executive:</b>	Professor Steve Barnett, Chair		
<b>Author:</b>	Jean Hickman, Trust Secretary		
<b>Trust aims :</b>	Double click on the box to mark as appropriate:  <input checked="" type="checkbox"/> To deliver the best quality care for our patients  <input checked="" type="checkbox"/> To be a great place to work and learn  <input checked="" type="checkbox"/> To improve our finances  <input checked="" type="checkbox"/> To develop a strategy for the future		
<b>Purpose:</b>	The aim of this paper is to provide an update on items of national and local interest/relevance to the Board.		
<b>Link to Board Assurance Framework (BAF)</b>	All		
<b>Previously discussed:</b>			
<b>Committee</b>		<b>Date</b>	
N/A		N/A	
<b>Benefits to patients and patient safety implications</b>			
<b>Recommendations</b>  The Board is asked to note the report.			



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**Trust Board Meeting – 06 April 2017**

**Chair's report**

**Presented by: Professor Steve Barnett, Chair**

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**1. Purpose**

- 1.1. The aim of this paper is to provide an update on items of national and local interest/relevance to the Board.

**2. NATIONAL NEWS AND DEVELOPMENTS**

**Mandate for NHS England for 2017/18**

The Department of Health has published its mandate to NHS England (NHSE) for 2017/18. The mandate for 2016/17 set out enduring objectives for 2020, and set NHSE's budget for five years. The 2017/18 mandate continues the approach set out in 2016/17, maintaining the direction set and defining annual deliverables for 2017/18 that will keep health services on track to meet longer term goals. Some objectives have changes and clarification has been made to reflect developments since 2016/17.

Key deliverables set out in the mandate for NHS trusts in 2017/18 are:

- Roll out seven-day services in hospitals' four priority clinical standards to (1) 50% of the population by April 2018 and (2) the whole population for five specialist services (vascular, stroke, major trauma, heart attack and paediatric intensive care) by November 2017
- Deliver aggregate A&E performance in England above 90% in September 2017, with majority of trusts meeting 95% in March 2018, and aggregate performance in England at 95% by end of 2018
- Meet agreed standards on A&E, ambulance, diagnostics and referral to treatment
- Achieve the 62-day cancer waiting times standard and maintain performance against the other cancer waiting times standards
- Reduce NHS-related delayed transfers of care in support of a total reduction of delayed transfers of care to 3.5% by September 2017 (recognising existing variation between areas)
- Support delivery of the 2017/18 Mental Health Five Year Forward View Implementation Plan recommendations

**New patient care test for hospital bed closures**

- 2.1. NHS England's (NHSE) Chief Executive has announced that hospital bed closures arising from proposed major service reconfigurations will in future only be supported where a new test is met that ensures patients will continue to receive high quality care.
- 2.2. From 01 April 2017, local NHS organisations will have to demonstrate that significant hospital bed closures subject to the current formal public consultation tests can meet one of three new conditions before NHSE will approve them to go ahead:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme)
  - Hospitals would still have the freedom to flex their number of beds throughout the year, and the responsibility to determine how many beds they can safely staff.
- 2.3. The announcement builds on the four existing tests for reconfiguration put in place in 2010. Under the above rules, closures can only go ahead with support from GP commissioners, strengthened public and patient engagement, clear clinical evidence and provided that they are consistent with patient choice.

### **Changes at NHS Improvement**

- 2.4. NHS Improvement's Chair, Ed Smith, has announced that he will be retiring from the role in the summer. He has taken the decision to stand down now and allow a new Chair to be appointed in time to lead the search for a successor Chief Executive to Jim Mackey whose secondment comes to an end in November 2017. It has also been announced that National Patient Safety Director, Mike Durkin is to resign from his role at NHSI after almost five years.

### **March 2017 budget**

- 2.5. The most significant healthcare related spending announcement in the 2017 budget was on social care, with a grant of £2bn over the next three years, of which £1bn will be available in 2017/18. This is intended to ensure councils can take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally, in particular by addressing delayed transfers of care.
- 2.6. The government will publish a green paper on long term social care funding options later in the year.
- 2.7. In addressing the challenges faced by the NHS, the Chancellor focused on capital investment, making an additional £100m available in 2017/18 to invest in A&E departments, and £325m over the next three years to support sustainability and transformation plans.

### **Changes to NHS Protect**

- 2.8. The role of NHS Protect is changing and work is underway to create a new special health authority to tackle fraud, bribery and corruption in the NHS and the wider health group. The new organisation will be called the NHS Counter Fraud Authority (NHSCFA) and it will exist in shadow form from 01 April 2017.
- 2.9. The transfer of staff and the creation of the NHSCFA will take place during the first quarter of 2017/18, with the new organisation being launched on 03 July 2017. At this point NHS Protect will cease to exist.

## **Learning from deaths in the NHS**

- 2.10. A year after a review commissioned by NHSE uncovered failings at Southern Health Foundation Trust, a national review has been undertaken of how acute, community and mental health trusts across the country investigate and learn from deaths of people who have been in their care.
- 2.11. The review identified a number of failings in the way trusts recorded and investigated deaths and highlighted that certain groups of patients including people with a learning disability and older people receiving mental health care were far less likely to have their deaths investigated by a trust.
- 2.12. The Secretary of State for Health asked the CQC to investigate further to find out whether opportunities for prevention of death had been missed, and identify any improvements that were needed. The review focused on five key areas:
- Involvement of families and carers
  - Identification and reporting
  - Decision to review or investigate
  - Reviews and investigations
  - Governance and learning
- 2.13. A report recently published by the CQC describes what actions its recommends an organisation should take to deliver improvement in this area. The recommendations are:
- Learning from deaths needs much greater priority within the NHS to avoid missing opportunities to improve care
  - Bereaved relatives and carers must receive an honest and caring response from health and social care providers and the NHS should support their right to be meaningfully involved
  - Healthcare providers should have a consistent approach to identifying and reporting the deaths of people using their services and share this information with other services involved in a patient's care
  - There needs to be a clear approach to support healthcare professionals' decisions to review and/or investigate a death, informed by timely access to information
  - Reviews and investigations need to be high quality and focus on system analysis rather than individual errors. Staff should have specialist training and protected time to undertake investigations
  - Greater clarity is needed to support agencies working together to investigate deaths and to identify improvements needed across services and commissioning
  - Learning from reviews and investigations needs to be better disseminated across trusts and other health and social care agencies, ensuring that appropriate actions are implemented and reviewed
  - More work is needed to ensure the deaths of people with a mental health or learning disability diagnosis receive the attention they need
- 2.14. The Board has nominated the Chairman as the non-executive director with responsibility for patient safety and the Medical Director as the executive lead for patient safety.

## **Care Quality Commission (CQC) update**

- 2.15. A comprehensive inspection programme for hospitals was completed at the end of March 2017. There have been focused inspections and re-inspections based on the initial rating and risk scores.

- 2.16. Two trusts (one being West Hertfordshire) originally rated as 'inadequate' have been re-rated as 'requires improvement' overall. Of 14 trusts originally rated as 'requires improvement', 6 were re-rated as 'good', 7 did not change rating and 1 deteriorated to 'inadequate'.
- 2.17. Since April 2016, the CQC has had 6,684 whistle-blowing enquiries, 12 per cent of which related to hospitals.

### **Health Education England update**

- 2.18. Following successful recruitment to the first cohort of nurse associate training programmes, Health Education England (HEE) has embarked on a second cohort of 1,000 trainees, with test sites commencing in April 2017. This programme will train 2,000 trainees by 2019 across England. The Nursing and Midwifery Council have agreed to regulate the new role.
- 2.19. A report setting out HEE's progress of their initiatives to improve junior doctors' working lives has been published.
- 2.20. The Building a Digital Ready Workforce programme, led by HEE in conjunction with NHS Digital and other partners, aims to create a digital-ready workforce across the entirety of health and care and is working on the establishment of an NHS Digital Academy.

## **3. LOCAL NEWS AND UPDATE**

### **Care Quality Commission inspection update**

- 3.1. The Trust has received a formal report on an inspection carried out by the Care Quality Commission (CQC). Members of the Board and the CQC met in February 2016 to discuss the report along with representatives from Healthwatch, Herts Valleys Clinical Commissioning Group, the General Medical Council, NHS England, NHS Improvement and the Nursing & Midwifery Council. Feedback from all of the key stakeholders was very positive, praising the commitment and honesty with which the Trust had embarked on a journey of significant and tangible improvement.
- 3.2. The Trust's overall rating has improved to 'requires improvement' as the CQC recognised the significant progress the Trust had made since the original inspection in 2015.
- 3.3. Although the CQC could see the improvements made, it would like to be assured that they are being sustained, therefore the Trust continues to be in special measures. A further inspection is expected to be carried out within the next six months when the Trust will provide further evidence of sustained improvement and is confident it will move out of special measures.
- 3.4. The 'caring' domain for the Trust overall has increased from 'requires improvement' to 'good'.
- 3.5. No enforcement actions were issued during the inspection and the vast majority of issues raised by the CQC were addressed immediately or within a matter of weeks.

### **Single oversight framework update**

- 3.6. Under the single oversight framework, which is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding', NHS Improvement (NHSI) has segmented provider organisations based on the level of support each provider requires.

- 3.7. The segmentation is based on five themes; quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability.
- 3.8. As the Trust is currently in special measures, in NHSI's most recently published trust segmentation (March 2017) it remains in category 4.

### **School of medicine inspection**

- 3.9. The Trust had a positive inspection by the General Medical Council's (GMC) in March 2017 which resulted it being moved from GMC enhanced monitoring of trainees in the division of medicine.
- 3.10. The Head of School and the Deanery were extremely complimentary and Dr Matthew Knight, the Trust's College Tutor was singled out for praise for his commitment and inspiration to the changes to the Trust's training programme.

### **Thank you**

- 3.11. A big thank you to Eddie Lucas who retired in March 2017 from his role as a Patients' Panel member. Eddie was a valuable member of the panel for over eight years, during which he was vice chair for three years.
- 3.12. Eddie made a significant difference and put so much in place to raise the 'voice' of patients, carers and staff, particularly those with a disability.
- 3.13. Although Eddie has stepped down as a Patients' Panel member he will continue as a Jehovah's Witness minister and support patients, carers and staff in relation to compassionate end of life care.

### **Staff recognition**

- 3.14. Congratulations to the following staff:
- The corporate nursing team for organising a successful staff awareness event in support of the UK Sepsis Trust. The team hosted the showing of a film called Starfish at a local cinema which tells the true story of the Ray family's survival in the face of a devastating condition.
  - The vascular ultrasound department for winning a Purple Star award from Hertfordshire County Council for delivering a high quality, reasonably adjusted service to help people with learning disabilities
  - Wendy Liberty for receiving a Celebrating Staff Award for February 2017. Wendy was nominated for the excellent patient care she provides and for her leadership qualities.

## **4. KEY MEETINGS**

- 4.1. Since the last Board report, the Chair has been involved in the following:
- Met the Chair of Worcester Acute Hospitals NHS Trust
  - Attended a reducing variation and introducing clinical practice groups seminar
  - Chaired an interview panel to appoint a consultant neurologist
  - Attended a patients' panel meeting
  - Had a tour of the maternity unit
  - Attended a learning from deaths in the NHS conference

## **5. BOARD NEWS**

- 5.1. The Board attended a Board Business workshop on 09 March 2017 as part of its Board Development Programme 2016/17. The session focused on integrated care, the Board's responsibility as a Corporate Trustee and the development of a charitable funds strategy.

## **6. RECOMMENDATION**

- 6.1. The Board is asked to note the report.

**Professor Steve Barnett**  
**Chair**

April 2017