

TRUST BOARD IN PUBLIC		Date: 27th April 2017	
		Agenda Item: 1.6	
REPORT TITLE:		CHIEF EXECUTIVE'S REPORT	
EXECUTIVE SPONSOR:		Michael Wilson Chief Executive	
REPORT AUTHOR (s):		Gillian Francis-Musanu Director of Corporate Affairs	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		N/A	
Action Required:			
Approval ()	Discussion (√)	Assurance (√)	
Purpose of Report:			
To ensure the Board are aware of current and new requirements from a national, regional and local perspective and to discuss any impact on the Trusts strategic direction.			
Summary of key issues			
Regional/National:			
<ul style="list-style-type: none"> • Next Steps on the NHS Five Year Forward View • NHS England - Workforce Race Equality Standard 2016 report 			
Local:			
<ul style="list-style-type: none"> • KSS Workforce Heroes Awards • Professor Abhay Rane OBE, Appointed as Adjunct Professor • Next Hot Topic Event – Focus on Diabetes 			
Recommendation:			
The Board is asked to note the report and consider any impacts on the trusts strategic direction.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO5: Well led - To be a high quality employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model.			
Corporate Impact Assessment:			
Legal and regulatory impact	Ensures the Board are aware of current and new requirements.		
Financial impact	N/A		
Patient Experience/Engagement	Highlights national requirements in place to improve patient experience.		
Risk & Performance Management	Identifies possible future strategic risks which the Board should consider		
NHS Constitution/Equality & Diversity/Communication	Includes where relevant an update on the NHS Constitution and compliance with Equality Legislation		
Attachment: N/A			

TRUST BOARD REPORT –27th April 2017 CHIEF EXECUTIVE'S REPORT

1. National/Regional Issues

1.1 Next Steps on the NHS Five Year Forward View

Published on 31st March 2017, NHS England has reviewed the progress made since the launch of the NHS Five Year Forward View in October 2014 and sets out a series of practical and realistic steps for the NHS to deliver a better, more joined-up and more responsive NHS in England.

Next year the NHS turns 70. New treatments for a growing and aging population mean that pressures on the service are greater than they have ever been. Treatment outcomes are far better – and public satisfaction higher – than ten or twenty years ago. However, the NHS needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. But it also needs to evolve to meet new challenges: we live longer, with complex health issues, sometimes of our own making.

This plan is not a comprehensive description of everything the NHS will be doing. Instead, it sets out the NHS' main national service improvement priorities over the next two years, within the constraints of what is necessary to achieve financial balance across the health service.

The measures set out in this plan will deliver a more responsive NHS in England, focussed on the issues which matter most to the public. And that is on a more sustainable footing, so that it can continue to deliver health and high quality care – now and for future generations.

The report identifies the following 9 priorities:

- **Provision of urgent and emergency care 24 hours a day, 7 days a week**

Staff are working with great skill and dedication looking after more patients than ever; but some urgent care services are struggling to cope with rising demand. Over the next two years the NHS will take practical action to take the strain off A&E. Working closely with community services and councils, hospitals there is a need to be able to free up 2,000-3,000 hospital beds. In addition, patients with less severe conditions will be offered more convenient alternatives, including a network of newly designated Urgent Treatment Centres, GP appointments, and more nurses, doctors and paramedics handling calls to NHS 111.

- **General Practice**

Most NHS care is provided by general practice. One of the public's top priorities is to know that they can get a convenient and timely appointment with a GP when they need one. That means having enough GPs, backed up by the resources, support and other professionals required to enable them to deliver the quality of care they want to provide. Over the next two years the NHS is on track to deliver 3,250 GP recruits, with an extra 1,300 clinical pharmacists and 1,500 more mental health therapists working alongside them. As well as improved access during the working week, bookable appointments at evenings and weekends will be available covering half the country by next March, and everywhere in two years' time.

- **Cancer**

Cancer remains one of the public's most feared illnesses, affecting more than one in three of us in our lifetimes, meaning most of us will face the anxiety of ourselves or a loved one

receiving this diagnosis at some point. Fortunately cancer survival rates are at record highs, and an estimated 7,000 more people are surviving cancer after NHS treatment than would have three years before. Identifying cancer earlier is critical to saving more lives. The NHS will speed up and improve diagnosis, increase current capacity and open new Rapid Diagnostic and Assessment Centres. Patients will have access to state of the art new and upgraded linear accelerators (LINACs) across the country. By taking these actions we expect at least an extra 5,000 people to survive their cancer over the next two years.

- **Mental Health**

Increasingly, the public also understand that many of our lives will at some point be touched by mental health problems. Historically, treatment options for mental health compare unfavourably with those for physical conditions, particularly for children and young people. The public now rightly expect us to urgently address these service gaps. The NHS will also address physical health needs by providing an extra 280,000 health checks in 2018/19 for people with severe mental illness. New mothers will get better care. Four new Mother and Baby Units across the country, more specialist beds and 20 new specialist perinatal mental health teams will provide help to 9000 more women by 2018/19.

- **Helping frail and older people stay healthy and independent**

As people live longer lives the NHS needs to adapt to their needs, helping frail and older people stay healthy and independent, avoiding hospital stays where possible. To improve prevention and care for patients, as well as to place the NHS on a more sustainable footing, the NHS Five Year Forward View called for better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes.

- **Sustainability and Transformation Partnerships**

Some areas are now ready to go further and more fully integrate their services and funding. NHS England will back them in doing so through Accountable Care Systems. Working together with patients and the public, NHS commissioners and providers, as well as local authorities and other providers of health and care services, will gain new powers and freedoms to plan how best to provide care, while taking on new responsibilities for improving the health and wellbeing of the population they cover.

- **NHS' 10 Point Efficiency Plan**

NHS England will also be taking further action nationally to ensure that the NHS can deliver more benefit for patients from every pound of its budget. While the NHS is already one of the leanest publicly-funded health services in the industrialised world, there are still opportunities to do better, as set out in the NHS' 10 Point Efficiency Plan.

- **Staff**

None of these plans are possible without the outstanding staff of the NHS. Although we have 3,000 more doctors and 5,000 more nurses than 3 years ago, and productivity continues to improve, frontline staff face great personal and organisational pressures from rising demand. As a crucial part of delivering the next steps of the Five Year Forward View, NHS England will continue to support the NHS frontline over the next two years, with Health Education England expanding current routes to the frontline, and opening innovative new ones to attract the best people into the health service, whatever stage of their career they are at.

- **Technology and innovation**

The NHS is on a journey to becoming one of the safest and most transparent health systems in the world. As well as harnessing people power, the NHS also needs to leverage the potential of technology and innovation, enabling patients to take a more active role in their own health and care while also enabling NHS staff and their care

colleagues to do their jobs - whether that is giving them instant access to patient records from wherever they are, or to remote advice from specialists.

There are considerable risks to delivery of this stretching but realistic agenda, but taken together the measures set out in the plan will deliver a better, more joined-up and more responsive NHS in England.

The full document is available: <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

1.2 NHS England - Workforce Race Equality Standard 2016 report

Published on 19th April, the 2016 report is the second publication since the Workforce Race Equality Standard (WRES) was mandated and covers all nine indicators across the NHS.

The report has three key roles:

- To enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice
- To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda
- To share summaries of what works, good examples and recognising organisations which, at this early stage of WRES implementation, are making progress against the indicators

This year's report includes for the first time data covering nine WRES indicators including four relating to the workplace covering recruitment, promotion, career progression and staff development alongside BME board representation. The remaining four indicators are based on data from the NHS staff survey 2016, covering harassment, bullying or abuse from patients, relatives or the public.

Key findings include:

- White shortlisted job applicants are 1.57 times more likely to be appointed from shortlisting than BME shortlisted applicants, who remain noticeably absent from senior grades within Agenda for Change (AfC) pay bands.
- BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers, although the percentage of BME staff reporting that in the last 12 months they have personally experienced discrimination at work from staff fell slightly.
- An increase in numbers of BME nurses and midwives at AfC Bands 6 to 9 is observed for the period between 2014 and 2016.
- White and BME staff are equally likely to experience harassment, bullying or abuse from patients, relatives and members of the public in the last 12 months.
- BME staff in the NHS are significantly more likely to be disciplined than white staff members.

- BME staff remain more likely than white staff to experience harassment, bullying or abuse from other staff though this fell very slightly last year.
- The proportion of very senior managers (VSMs) from BME backgrounds increased by 4.4% from 2015 to 2016 – an additional 9 headcounts. However, BME representation at board and VSM level remains significantly lower than BME representation in the overall NHS workforce and in the local communities served.
- BME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression. However, the gap between white and BME staff on this indicator fell from 14.5 percentage points in 2014 to 12.6 percentage point in 2015.

On Indicator 3 (Relative likelihood of BME staff entering the formal disciplinary process compared to white staff), SASH is recognised as one of the Trusts 'where data suggests practice may be better'. This is a positive for SASH.

As a Trust we welcome this report and will review the data and consider what this means for SASH in taking forward work as part of our local Inclusion Strategy.

The full report is available:

<https://www.england.nhs.uk/wp-content/uploads/2017/03/workforce-race-equality-standard-data-report-2016.pdf>

2. Local Issues

2.1 Staff Win KSS Workforce Heroes Awards

I was delighted to learn that this value has been recognised in awards won by two members of the SASH team in in the Kent, Surrey and Sussex Support Workforce Heroes Awards. Congratulations go to Mary Clare Salmon, therapy rehabilitation assistant who won the Working to Improve the Patient Experience category and Kerry Duval, therapy rehabilitation assistant, who won the Apprenticeship Ambassador category. This is brilliant recognition for their contribution to patient care and experience and further endorsement of the great people who make SASH the place it is and put it in the top 20 per cent of hospitals in the country; well done.

2.2 Professor Abhay Rane OBE, Appointed as Adjunct Professor

Congratulations to Professor Abhay Rane OBE, consultant urologist at SASH who has been appointed as adjunct professor at the Icahn School of Medicine at Mount Sinai, New York. This is the first ever such appointment for an overseas clinician, which is certainly a real credit to Abhay and a great endorsement of the specialist knowledge and skills here at SASH.

2.3 Next Hot Topic Event – Focus on Diabetes

Our next Hot Topic event, hosted by the children's and adults diabetes teams takes place at 6.00pm on 27 April in the Post Graduate Education Centre.

3. Recommendation

The Board is asked to note the report and consider any impacts on the trusts strategic direction.

Michael Wilson CBE
Chief Executive
April 2017