Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of Directors Meeting

Subject: **Chairman's Report**
Date: **Thursday 30 October 2014**
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Lead Director: **Sean Lyons**

Executive Summary
This report provides an update on progress, plans and regulatory developments
Recommendation
The Board are asked to note the content of this paper

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	**Achieve financial sustainability**
Improve patient safety and provide high quality care	**Build successful relationships with external organisations and regulators**
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	Strategy items impact on all strategic objectives
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	
Links to NHS Constitution	
Financial Implications/Impact	
Legal Implications/Impact	
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	
Monitoring and Review	
Is a QIA required/been completed? If yes provide brief details	

BOARD OF DIRECTORS

30 October 2014

CHAIRMAN'S REPORT

1. Monitor Activity

The Trust had a routine PRM with Monitor on 21 October 2014.

The main points to register are:

- Clarity is required on how various plans and improvement initiatives join together, e.g. Quality Improvement plan, Transformation plan and Better Together. The Chief Executive had been asked to provide an overview of how these plans link together.
- Concern regarding *C.Diff* and A & E 95%performance
- Recognition of RTT and Cancer 2 week wait achievements
- Reiteration of expectations regarding the required achievement of the outturn deficit financial plan
- Requirement for adequate assurance regarding the achievement of the 5 year plan

Also, to note, is that Adam Cayley is stepping down as Regional Director at the end of November 2014. Adam will be succeeded by Kath Cawley.

The Board registers its appreciation for Adam's support over the past year.

2. Governor activities

Two Governor development sessions were held in the period, dealing with the Better Together programme and Estates, Facilities Management and PFI.

Both sessions were well received, although attendances were substantially less than 50%. This will be raised at the next Council of Governors meeting.

Governor elections results will be known by the time the Board meets and a verbal update will be given.

A routine meeting was held with the Newark Governors. Concern was evident regarding the progress of the operational plan.

3. Membership Update

In line with the aim to increase membership from under-represented demographics, the communications and membership team attended Ashfield Homes employee conference in October. The event was very well attended and provided the Trust with an opportunity to promote its hospitals and services to Ashfield Homes employees, the majority of whom are male. The communications and membership

team is currently reviewing its membership materials to ensure they appeal to a wider audience.

Our working partnership with West Nottinghamshire College has continued to develop this month. Members of the communications team met with tutors and student welfare representatives to discuss ways in which membership can be promoted at the College.

As part of this partnership the Trust is planning to deliver talks within the College, co-ordinate educational visits to our hospitals for the health and social care students and offer support to a dementia café that the college is introducing. Discussions are already taking place between the dementia lead and the College to assess how we can support the college's new learning module about dementia. Visits are being arranged to show the students many of our dementia friendly improvements such as the reminiscence pods and signage. Dementia Friend training sessions are also being organised for the students. Our links with the College continue to be extremely valued and beneficial to both organisations.

October was also the month which saw European Restart a Heart day. To mark the day the Trust invited local school children into King's Mill and Newark hospitals to learn resuscitation skills. Over 70 children benefitted from this training with many organising to demonstrate their knowledge to other pupils in their school assemblies. In the evening, a member event was held in the education centre allowing members to also learn this vital skill. Feedback from the day was extremely positive.

4. Awards and Recognition Events

The Annual Chairman's Volunteers long service awards were held for both Newark and Mansfield Volunteers in the period.

Both events were well attended. It was a pleasure to celebrate with the many hundreds of volunteer years that were recognised at both events.

The Staff Excellence awards were held on 23rd October 2014 with 300 people in attendance. The event was a step up in standards from previous years and was a great success.

5. External meetings

I met with Dame Asha Khemka, Principal of West Notts College, and a number of collaborative opportunities were discussed.

The Executive Medical Director and I presented to a lively AGM of the Say Yes to Newark Hospital Campaign.

6. Internal Activities

I attended a CT Study day on Saturday 11 October 2014, having been persuaded to demonstrate the use of a mobility restriction suit.

This could, perhaps, be useful for use in the Trust to gain greater appreciation of mobility restrictions in a number of areas.

I conducted an IAT visit on the Day case Unit and feedback has been registered.

7. NHS 5 year Forward View

This was published on 23 October 2014, setting out the direction of travel for the NHS over the next 5 years.

Whilst this is hot off the press I am attaching the Executive summary for information at this point.

Sean Lyons **23 October 2014**

Appendix 1

The NHS Five Year Forward View – executive summary

1. **The NHS has dramatically improved over the past fifteen years.** Cancer and cardiac outcomes are better; waits are shorter; patient satisfaction much higher. Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff. But quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted. Our patients' needs are changing, new treatment options are emerging, and we face particular challenges in areas such as mental health, cancer and support for frail older patients. Service pressures are building.
2. Fortunately **there is now quite broad consensus on what a better future should be.** This 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers. Some critical decisions – for example on investment, on various public health measures, and on local service changes – will need explicit support from the next government.
3. The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health.** Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded – and the NHS is on the hook for the consequences.
4. The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks. We will help develop and support new workplace incentives to promote employee health and cut sickness-related unemployment. And we will advocate for stronger public health-related powers for local government and elected mayors.
5. Second, **when people do need health services, patients will gain far greater control of their own care** – including the option of shared budgets combining health and social care. The 1.4 million full time unpaid carers in England will get new support, and the NHS will become a better partner with voluntary organisations and local communities.
6. Third, **the NHS will take decisive steps to break down the barriers in how care is provided** between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.
7. **England is too diverse for a 'one size fits all'** care model to apply everywhere. But nor is the answer simply to let 'a thousand flowers bloom'. Different local health communities will instead be supported by the NHS' national leadership to choose from amongst a small number of radical new care delivery options, and then given the resources and support to implement them where that makes sense.

8. One new option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care – the **Multispecialty Community Provider**. Early versions of these models are emerging in different parts of the country, but they generally do not yet employ hospital consultants, have admitting rights to hospital beds, run community hospitals or take delegated control of the NHS budget.
9. A further new option will be the integrated hospital and primary care provider – **Primary and Acute Care Systems** – combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.
10. Across the NHS, **urgent and emergency care** services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. **Smaller hospitals** will have new options to help them remain viable, including forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services. Midwives will have new options to take charge of the **maternity** services they offer. The NHS will provide more support for frail older people living in **care homes**.
11. The foundation of NHS care will remain list-based **primary care**. Given the pressures they are under, we need a 'new deal' for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years. GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.
12. In order to support these changes, the **national leadership** of the NHS will need to act coherently together, and provide **meaningful local flexibility** in the way payment rules, regulatory requirements and other mechanisms are applied. We will back diverse solutions and local leadership, in place of the distraction of further national structural reorganisation. We will invest in new options for our workforce, and raise our game on health technology – radically improving patients' experience of interacting with the NHS. We will improve the NHS' ability to undertake research and apply **innovation** – including by developing new 'test bed' sites for worldwide innovators, and new 'green field' sites where completely new NHS services will be designed from scratch.
13. In order to provide the comprehensive and high quality care the people of England clearly want, Monitor, NHS England and independent analysts have previously calculated that a combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. So to sustain a comprehensive high-quality NHS, action will be needed on all three fronts – demand, efficiency and funding. Less impact on any one of them will require compensating action on the other two.
14. The NHS' long run performance has been efficiency of 0.8% annually, but nearer to 1.5%-2% in recent years. For the NHS repeatedly to achieve an extra 2% net efficiency/demand saving across its whole funding base each year for the rest of the decade would represent a strong performance – compared with the NHS' own past, compared with the wider UK economy, and with other countries' health systems. We believe it is possible – perhaps rising to as high as 3% by the end of the period – provided we take action on prevention, invest in new care

models, sustain social care services, and over time see a bigger share of the efficiency coming from wider system improvements.

15. On funding scenarios, flat real terms NHS spending overall would represent a continuation of current budget protection. Flat real terms NHS spending per person would take account of population growth. Flat NHS spending as a share of GDP would differ from the long term trend in which health spending in industrialised countries tends to rise as a share of national income.

16. Depending on the combined efficiency and funding option pursued, the effect is to close the £30 billion gap by one third, one half, or all the way. Delivering on the transformational changes set out in this Forward View and the resulting annual efficiencies could – if matched by staged funding increases as the economy allows – close the £30 billion gap by 2020/21. Decisions on these options will be for the next Parliament and government, and will need to be updated and adjusted over the course of the five year period. However nothing in the analysis above suggests that continuing with a comprehensive taxfunded NHS is intrinsically un-doable. Instead it suggests that **there are viable options for sustaining and improving the NHS over the next five years**, provided that the NHS does its part, allied with the support of government, and of our other partners, both national and local.