

TRUST BOARD PUBLIC – FEBRUARY 2016

Agenda Item Number: 07/16

Enclosure Number: (1)

Subject:	Report from the Chief Executive
Prepared by / Sponsored by / Presented by:	Ursula Ward, Chief Executive
Purpose of paper	To updated the Board on national and local items of interest.
Key points for Trust Board members	Note contents of the report
Options and decisions required	None required, for information
Next steps / future actions:	None
Consideration of legal issues (including Equality Impact Assessment)?	None
Consideration of Public and Patient Involvement and Communications Implications?	None

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register	
Strategic Aim	<p>Strategic aim 1: Deliver safe, high quality patient centred care</p> <p>Strategic aim 2: Develop a reputation for excellence in innovation, research & development and education in the top 20% of our peers.</p> <p>Strategic aim 3: Become the hospital of choice for general, specialist and selected tertiary services.</p> <p>Strategic aim 4: Staff would recommend the trust as a place to work and a place to receive treatment</p> <p>Strategic aim 5: Develop sufficient financial strengths to adapt to change and invest in the future.</p>
BAF/Corporate Risk Register Reference (if applicable)	N/A
Risk Description	N/A
CQC Reference	N/A

Committees/Meetings at which paper has been approved:	Date
None	

Report of Chief Executive

Board of Directors – 4 February 2016

1. New Permanent Secretary

Chris Wormald has been appointed as the new Permanent Secretary for the Department of Health, following Dame Una O'Brien's recent announcement that she is to step down from the role. Chris Wormald will move across from his current role of Permanent Secretary at the Department for Education. The appointment has been made by the Cabinet Secretary.

2. Nursing Support Role

The government has announced a plan to create a new nursing support role. Provisionally called nursing associates, they will work alongside healthcare support workers and fully qualified nurses focusing on patient care.

The role, which could also be a new route for those wishing to become a registered nurse, has been recommended by nursing leaders and other healthcare professionals. The new addition to the care workforce will help bridge the gap between healthcare support workers, who have a care certificate, and registered nurses.

Proposals will see staff trained through this route learning on the job via an apprenticeship leading to a foundation degree. The government will also look at what opportunities there are for staff in this role to progress to become a registered nurse through either a degree level nurse apprenticeship or a shortened nursing degree at university.

It will be up to individual NHS employers to decide how many nursing associates they need in their organisation. However, subject to the outcome of a consultation, it is anticipated that up to 1,000 nursing associates could be trained from 2016.

There will be a consultation on all the specifics of the scope of this role, including the title, with representatives from the nursing profession including the royal colleges and representative unions in the New Year.

3. Chief Medical Officer's Annual Report: Women's Health

Professor Dame Sally Davies' report is independent of Government and is aimed at Government, Regulators, Policy Makers and Healthcare Professionals. The report examines women's health in England and makes a range of recommendations to improve it. It identifies several missed opportunities for intervention in women's health and brings attention to 'embarrassment' as a needless barrier to health. The main themes include:

- Obesity and its impact on women's health, including reproductive health
- Women's health in later life (menopause)
- Women's health in later life (pelvic floor dysfunction and incontinence)

The report has been developed with the help of expert academic and clinician input and recommends that obesity be included in the Government's national risk planning. Each recommendation is targeted at specific organisations.

4. Better Care Fund: Policy Framework

This document sets out the agreed way in which the Better Care Fund will be implemented in financial year 2016 to 2017. It covers such issues as:

- The legal and financial basis of the fund
- Conditions of access to the fund
- National performance metrics
- The assurance and approval process

5. NHS Mandate: 2015/16 to 2016/17

The NHS mandate for 2016/17 carries forward all existing objectives from the mandate for 2015/16. There are two important updates to existing objectives where we expect NHS England to make further progress:

- to join up health and social care services through the Better Care Fund
- to introduce access and waiting time standards in important areas of mental health services by March 2016, as part of its wider objective to work towards parity of esteem between mental and physical health

The mandate helps set direction for the NHS and helps ensure the NHS is accountable to Parliament and the public. The mandate must be published each year to ensure that NHS England's objectives remain up-to-date. This mandate was produced following public consultation.

By setting a multi-year mandate with a multi-year budget the government is enabling the NHS to plan more effectively to deliver our long-term aim to achieve the transformation set out in the NHS's Five Year Forward View and create a fully 7-day NHS.

This mandate reaffirms the Government's commitment to an NHS that remains available to all, based on clinical need and not ability to pay and that is able to meet patients' needs and expectations now and in the future.

The financial directions accompanying the mandate set out certain additional and expenditure controls to which NHS England must adhere. These stem from budgetary controls that HM Treasury applies to the Department of Health.

6. Making a Fair Contribution: Consultation on the Extension of Charging Overseas Visitors and Migrants Using the NHS in England

This consultation seeks views on proposals to further extend this charge, including exploring changes in:

- Primary care
- Secondary care
- Community healthcare
- Current residency requirements

7. Reference Costs 2014/15

This is the most up-to-date information about how NHS expenditure was used to provide healthcare by NHS Trusts and NHS Foundation Trusts. Reference costs are the unit costs to the NHS for providing defined services in a given financial year to NHS patients in England. They are collected and published annually. The Reference Cost Index for Portsmouth Hospitals NHS Trust is 93.

8. Delivering the Forward View: NHS Shared Planning Guidance for 2016/17 to 2020/21

The leading national health and care bodies in England have come together to publish shared planning guidance for the NHS, setting out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances.

It is published by NHS England, NHS Improvement (the new body which will bring together Monitor and the NHS Trust Development Authority), the Care Quality Commission, Public Health England, Health Education England and NICE – the bodies which developed the Five Year Forward View (5YFV) in October 2014.

The planning guidance is backed up by £560 billion of NHS funding, including a new sustainability and transformation fund which will support financial balance and the delivery of the 5YFV, and also enable new investment in key priorities.

As part of the planning process, all NHS organisations are asked to produce two separate, but interconnected plans:

- A local health and care system sustainability and transformation plan, which will cover the period October 2016 to March 2021
- A plan by organisation for 2016/17, this will need to reflect the emerging sustainability and transformation plan

Monitor has also produced research on defining the boundaries of local health and care systems which may be useful to Clinical Commissioning Groups, NHS Trusts and Foundation Trusts, Local Authorities, other key Partners and arm's length bodies when they agree their planning or transformation footprints.

9. Controls on Agency Spending in the NHS

The cap came into force on 23 November 2015 for all NHS Trusts and NHS Foundation Trusts employing agency staff. This covers all staff groups, including: nursing, medical, all other clinical and other non-clinical agency staff. The price caps do not apply to substantive / permanent staff, bank staff, or staff employed by ambulance Trusts.

On 15 January 2016 NHS Improvement's Chief Executive, Jim Mackey, wrote to NHS Trust and Foundation Trust Chief Executives about the next steps on agency spending controls. These include the following:

- From 1 February 2016 price caps will reduce as previously proposed
- All agency procurement for all staff groups will be required to be via approved framework agreements
- Framework suppliers will have to ensure their prices are at or below the rates NHS Improvement sets
- It is a core condition of the Sustainability and Transformation Fund that trusts comply with all the agency rules

Ceilings have also been set on the amount individual NHS Trusts and NHS Foundation Trusts can spend on nursing agency staff.

Trusts will be monitored monthly and held to account on a quarterly basis for meeting their ceiling in that year. Trusts must also procure agency nursing staff via approved framework agreements.

10. Local News

Team Brief

A copy of Team Brief is attached for information