Title: Highlight report summary

Lead: Louise Corson

Purpose of Paper: To provide a summary of the three highlight reports, outlining the key successes, areas for the board to make decisions or support and to scrutinise the risks associated to delivery.

The Board is invited to:

- Receive this information, take forward any of the suggest areas for support and consider whether the actions identified to mitigate the risks are appropriate.
1. Summary

A highlight report has been produced for each workstream by extracting information from the progress reports submitted by leads. Information has been included within the highlight reports when either the deliverables have shown progress since the previous board meeting, or where actions are due in the next reporting period.

2. Risks

The focus for discussion during the meeting will be on high level risks associated with deliverables, as identified by the relevant leads. For ease, a summary of the risks and their status is provided below – further detail is shown within each of the relevant workstream highlight reports. Only risks rated Amber or above have been singled out for discussion – in total there are 9 risks - 3 Amber Red and 6 Amber a reduction from the 11 risks reported in December.

3. Workstream One: Enhancing physical and mental wellbeing (Paper H)

3.1 Key successes: During this period ‘Dying Matters’ 2017 launch was held in London with a theme of “What can you do?” Dementia care planning guidance has been developed with input on EoLC, in particular around Advance Care Planning; a national webinar focussing on inequalities was held considering secure & detained settings and LGBTQI issues; and a refresh of Core Competency Framework is imminent with a launch date of 1st March.

3.2 Decisions and support required: Board members are asked to engage with the theme for this year's Dying Matters awareness week, promote the Dementia care planning guidance once published and similarly, raise awareness of the Core Competency Framework. The board is also asked to consider whether the actions to address the following risks are appropriate.

3.3 Risks: There is 1 Amber Red risk and 2 Amber risks associated with this workstream, a change from December which featured 1 Red risk and 2 Amber risks. One of the Amber risks from December has since been reduced to Amber Green and does not feature in this report due to successful mitigating actions – the risk raised by NCPC around the EoLC commitment campaign.

Ref 1.1 ‘Dying Matters’ (Amber Red)

- **Status:** This risk was first identified by NCPC at the October board meeting but has now reduced from a Red risk to Amber Red with a number of new mitigating actions.

- **Detail:** Success of awareness week in May 2017 is dependent on funding for Dying Matters beyond the end of 2016/17. Plans are being made but funding not confirmed. NCPC continues to seek funding to the various elements of Dying Matters. Discussions ongoing with a variety of funders. Also underway we are putting together an option for supporters to pay a contribution /
Paper G

membership fee. Also marketing and selling Dying Matters resources. Also marketing for the Compassionate Employers programme.

Ref 1.2 ‘Health Education England business planning’ (Amber)

- **Status:** This is a newly identified risk from HEE
- **Detail:** The risk is that EoLC may not be considered a priority in HEE business planning and budget setting. To mitigate the risk a business plan submitted for consideration by Board but given changes within HEE there is a delay in determining business plan priorities or budgets.

Ref 1.3 ‘Self Care’ (Amber)

- **Status:** This risk was identified by the Nursing Directorate within NHS England and shared at the December board – it remains unchanged.
- **Detail:** The risk is that the proposed interventions are not sufficient to address the targets set within the spending review, particularly in earlier years. There is then a follow on risk that the gap is found to be greater once further deduplication work has been undertaken to understand the extent to which the interventions’ savings in other programmes have already been counted within their predicted efficiencies. The programme will need to develop an approach that seeks to close the gap between savings that the current interventions look to deliver and the requisite savings.

4. Workstream Two: Transforming experience of EoLC in the community and hospitals (Paper I)

4.1 **Key successes:** During this period the work of Social Finance has continued to progress as they work with CCGs to develop viable models for EoLC and make investments and a PID is being developed with key stakeholders from NHSE, NHS Digital, CQC, ADASS and LGA to deliver a Minimum Viable Product common dataset for care homes.

4.2 **Decisions and support required:** Board members are asked to raise awareness of the Ambulance Consensus Statement. The board is also asked to consider whether the actions to address the following risks are appropriate.

4.3 **Risks:** There are 2 Amber Red and 2 Amber risk associated with this workstream. The risks that have been identified are the same as reported in December although the RAG rating has changed for one - a reduction from Amber Red to Amber for the risk around NHSE regional delivery, due to progress made.

Ref 2.1 ‘EoLC Digital Delivery Plan’ (Amber Red)

- **Status:** This is a revised risk with the same RAG but slightly different wording, first identified by the EoLC & Digital teams in NHS England at the October meeting.
- **Detail:** Risk to ability deliver of NIB aligned objectives to rollout EPaCCS across the country by 2020 and patients to be able to edit their own EoLC preferences by 2018. A new approach to delivery is currently being developed - the lack of
momentum and communication of this new plan to stakeholders and partners may reduce their willingness to be involved and support delivery; the lack of capacity within the EoLC team to drive this new approach could slow momentum further and result in missing of the two targets. Plans to address this include NHSE Digital colleagues finalising a 'minimum viable product' paper and associated commission to NHS Digital. The NHSE team will also recruit to a communication post who will increase the amount of engagement on this agenda; and a deep dive on digital will take place at the April board meeting.

Ref 2.2 ‘Workforce in care homes’ (Amber Red)
- **Status:** This risk was identified by the Information & Operations Directorate within NHS England and shared at the December board – it remains unchanged.
- **Detail:** Inability to influence and impact on workforce issues - risk on care sector workforce of immigration rules, working time directive journey notice and national living wage substantial. Mitigating actions include work being undertaken by HEE, a ‘skills for care’ guide being developed and engaging with colleagues in the DH Care Sector Nursing Taskforce Programme.

Ref 2.3 ‘Hospital trust CQC ratings’ (Amber)
- **Status:** This risk was first identified at the October meeting by NHS Improvement and remains unchanged.
- **Detail:** The risk is that hospital CQC inspection ratings do not improve.

Ref 2.4 ‘NHS England regional delivery’ (Amber)
- **Status:** This risk was first identified at the October meeting by NHS England regional teams but has now reduced from Amber Red to Amber.
- **Detail:** Risks identified focus on lack of sustainable funding for the work and in some instances, the robustness of structures being operated within. The action has moved on since October as funding (£600k per annum) has now been secured for 2017-19 and deliverables are being agreed with regions.

5. **Workstream Three: Commissioning quality services that are accessible to all when needed (Paper J)**

5.1 **Key successes:** During this period the PHE commissioned ‘Health Economics evidence base review of EoLC and tool to support local commissioners’ has been published. We have also seen publication of the NICE Clinical Guideline for ‘EoLC for infants, children and young people’. A grant has been awarded to the successful bidder (Hospice UK) to deliver project around hospice led interventions, a further 4 roadshows have taken place (now 5/9) including one attended by the Minister. And finally, funding has been secured for a national survey of bereaved carers for future years.

5.2 **Decisions and support required:** The board is asked to promote the PHE Health Economics tool and the NICE Clinical Guideline. The board is also asked to consider whether the actions to address the following risks are appropriate.

5.3 **Risks:** There are 2 Amber risks associated with this workstream, a marked reduction from December when there were 2 red, 2 Amber Red and 1 Amber risks. The following risks have closed: 1 Red risk around securing funding for a
future experience survey, as this has been resolved; 1 Amber Red risk around influencing the planning round as this has concluded for 2016/17; 1 Amber risk around the children’s hospice grant consultation has drawn to a close. Two of the Amber Red risks have been downgraded to Amber as outlined below.

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<thead>
<tr>
<th>Ref 3.1 ‘Patient and carer experience: safeguarding’ (Amber)</th>
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<tr>
<td>• <strong>Status:</strong> This risk was first identified at the October meeting by the Nursing Directorate within NHS England but has reduced from Amber Red to Amber since the previous board meeting.</td>
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<td>• <strong>Detail:</strong> The risk is that an appropriate safeguarding policy has not been agreed with ONS and within a suitable timeframe, to enable data to be captured in 2016/17. NHS England and DH are working with ONS to support the development of a safeguarding policy, providing feedback on draft versions and engaging in regular progress discussions.</td>
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<th>Ref 3.2 ‘Metric development’ (Amber)</th>
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<td>• <strong>Status:</strong> This risk was first identified at the October meeting by the EoLC team within NHS England and remains unchanged.</td>
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<td>• <strong>Detail:</strong> The risk focusses on being able to develop sufficiently robust metrics for inclusion in the CCG IAF (including lack of influence in development of national data collections), to deliver one of the commitments within the Choice Review response and measure success of EoLC commitment implementation. To address this, metric options for inclusion in CCG IAF have been forward for inclusion and we are awaiting feedback.</td>
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