

**Title:**

Highlight report summary

**Lead:**

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**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.

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## Highlight reports: Discussion areas

### 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. Changes to the programme plan

A number of changes have been made to the programme plan since the previous meeting with the addition of 6, amendment of 2 and removal of 1 – details as follows:

#### Workstream 2

- There has been a slight change in approach in how to achieve the rollout of shared electronic EoLC records – commissioning guidance will no longer be produced. Instead, a full communications plan will be developed to package and relaunch existing resources, new case studies will be published, regional digital colleagues in NHS England engaged and the ‘Expert Reference Group’ revived.
- The ‘Care after Death in the community’ work has developed and a series of deliverables proposed – these will be discussed in more detail later on in the agenda.
- A new deliverable has added following an issue raised by NHS Improvement colleagues about medication incidents in the community – the NHS England EoLC Clinical Fellow is leading this piece of work, exploring incident data and linking in with community pharmacy colleagues in NHS England.
- We are still waiting for confirmation of deliverables from the NHS England ‘Hospital to Home’ programme which covers work in care homes and community – we expect these to be added in time for the next programme board meeting in December.

#### Workstream 3

- Hospice UK have added deliverables around ‘Project Echo’ as they seek to establish ECHO networks in Hospices across the UK to improve Hospice service reach for patients and staff.
- A deliverable has been added around the development and sustainability of the Knowledge Hub (Ambitions website) as work is underway to review purpose and funding options.
- A further deliverable around our work on Sustainability and Transformation Partnerships (STPs) has been added – NHS England colleagues in the EoLC team and Personalisation and Choice Group are working with regional colleagues to host 5 workshops across the country, bringing together STP leads to focus on EoLC.
- A deliverable has been added around Specialised Commissioning, where the NHSE EoLC Clinical Fellow will be exploring palliative care within this area of commissioning.
- A deliverable has been removed from this workstream as well – the Innovation Prize which the NHSE EoLC team were planning to launch will no longer go

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ahead. Instead the focus will be on sharing resources that we have and gathering new ones through regional networks etc.

## 3. 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 13 risks – 3 Red, 2 Amber Red and 8 Amber. This is one more than reported at the previous meeting – previously there were 12 risks – 2 Red, 2 Amber Red and 8 Amber.

## 4. Workstream One: Enhancing physical and mental wellbeing (Paper F)

4.1 **Key successes:** During this period Age UK (as part of the Strategic Partners programme) published 'Let's talk about death and dying' and an accompanying animation, to encourage people to have timely and open discussions around end of life. For Personal Health Budgets, two short films and associated communications have been developed and will be launched in October 2017 - and Master classes in PHBs in EoLC for each region have been arranged. Funding has been received for a VCSE project to identify and share interventions and good practice to enable the EoLC commitment to become a reality for people who are homeless, LGBT and gypsy traveller communities.

4.2 **Decisions and support required:** Board members are asked to disseminate the Age UK booklet and film and the forthcoming Personal Health Budget materials. HEE would like to gauge whether Board members would be willing to support mandating communication skills training by aligning levers in the system.

4.3 **Risks:** There is 1 Amber Red and 2 Amber risks associated with this workstream:

### Ref 1.1 'NHSE Regional delivery' (Amber Red)

- **Status:** This risk was first identified at the October 2016 meeting by NHS England regional teams. The risk has remains Amber Red and applies to all workstreams, as the regions have deliverables that contribute to achievement of all three.
- **Detail:** Funding has been identified by the national NHS EoLC team but the funding is not sufficient to achieve all four of the agreed deliverables and/or regional priorities do not necessarily include or support EoLC. The NHE EoLC team have met with regional teams to understand their plans and resolve this and will continue to engage with regions.

### Ref 1.2 'Health Education England business planning' (Amber)

- **Status:** A risk was identified by Health Education England (HEE) at the February board meeting that EoLC may not be considered a priority in HEE business planning and budget setting. It remains an Amber rated risk.
- **Detail:** Since the previous meeting, discussions have been held and DH and the

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HEE EoLC Lead are assured that local offices will be monitored on both Mandate and business plan priorities.

## Ref 1.3 'Health Education England local offices' (Amber)

- **Status:** This is a newly identified risk.
- **Detail:** This risk is linked to the existing risk raised by HEE around business planning, specifically that EoLC may not be a priority for regional offices and even if it is a priority now, this could change in the future. There are no specific mitigating actions for this risk – it is linked to the actions around DH liaising with HEE to see if EoLC can be strengthened within their organisation as a whole.

## 5. Workstream Two: Transforming experience of EoLC in the community and hospitals (Paper G)

- 5.1 **Key successes:** During this period the 'Dying Well in Custody' Steering Group met to review feedback from initial consultation and the charter continues to develop. For the hospital improvement collaborative, a 150 day 'celebrating success' event took place on 5 October. A webinar was held on electronic sharing of EoLC records focussing on promoting the SCR as a minimum and a preview of the technical and non-technical developments planned to support EPaCCS implementation. The work of Social finance to test new community-based models of EoLC has also shown progress - they are working alongside emerging ACSs in Hillingdon and Waltham Forest and have also worked in West London to develop a tele-support service to staff in care homes in order to enable them to better care for residents, particularly in the last phase of life.
- 5.2 **Decisions and support required:** Board Members are asked to engage in the development of the 'Dying Well in Custody' charter and to encourage relevant members of their own networks to become part of the EoLC record sharing Expert Reference Group or if more appropriate, commit to engaging with this group as it emerges, to enable it to become a self-sustaining community of practice.
- 5.3 **Risks:** There is 1 Red, 1 Amber Red and 2 Amber risks associated with this workstream:

### Ref 2.1 'EPaCCS delivery' (Red)

- **Status:** This risk was first identified at the October 2016 Board meeting. The risk rating remains unchanged but the detail has been updated to reflect the revised approach.
- **Detail:** Revised plans to meet the target of full rollout by 2020 include the development of a communications plan, to promote existing good practice, revive an Expert Reference Group and promote the SCR as a minimum. There is a significant risk that this activity, alongside delivery of the technical solutions NHSD are developing, will still not ensure national coverage of EPaCCS solutions by 2020.

### Ref 2.2 'People able to access and edit their preferences online' (Amber Red)

- **Status:** This risk was first identified at June's Board meeting remains

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unchanged.

- **Detail:** A commitment was made in the government's response to the Choice Review for people to be able to access and edit their EoLC preferences by 2018. There is currently no clear plan outlining how this will be achieved – the NHSE EoLC team is trying to engage with colleagues within NHS Digital and NHSE to understand how this requirement can form part of existing plans around patient online access.

## Ref 2.3 'National Record Locator Service' (Amber)

- **Status:** This risk was first identified at June's Board meeting by NHS Digital and remains unchanged.
- **Detail:** A lack of available development resources will delay the development of the National Record Locator. A procurement exercise will be needed to contract out its development.

## Ref 2.4 'Hospital trust CQC ratings' (Amber)

- **Status:** This risk was first identified at the October 2016 meeting by NHS Improvement and remains unchanged.
- **Detail:** The risk is that hospital CQC inspection ratings do not improve. Visits have been made to all trusts involved in the collaborative and follow up actions will be agreed where improvement has not been made.

## 6. Workstream Three: Commissioning quality services that are accessible to all when needed (Paper H)

6.1 **Key successes:** A metric has been included in the CCG IAF for 2017-18: % of deaths with 3 or more emergency admissions in the last 90 days of life. The contract has been awarded by HQIP for the 'care of the dying adult' audit, to NHS Benchmarking. Work has started to develop community currencies by the Strategic Finance team in NHSE. Hospice UK has gained the licence to be an ECHO hub and Gateway clearance has been achieved for the STP packs and they will be launched by the end of October. A series of workshops for STP leads are being planned for delivery in Jan-March 2018 and there are lots of examples of regional teams sharing best practice and engaging with STPs.

6.2 **Decisions and support required:** Members are asked to promote the STP packs when they are published at the end of October. They are also asked to acknowledge the issues raised by Hospice UK around the HOLISTIC project and the revised timescales for delivery.

6.3 **Risks:** There are 2 Red and 4 Amber risks associated with this workstream:

### Ref 3.1 'Patient and carer experience: procurement' (Red)

- **Status:** This risk was raised at the June meeting and remains unchanged.
- **Detail:** There is a risk the 2 business cases will not be approved in time for the fieldwork for the survey to take place in 2017/18 giving a specific risk around the ability to gain data for inclusion in the CCG IAF from 2018. Both business cases

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are in progress and conversations are ongoing to obtain the required approvals.

## **Ref 3.2, 3.3 'Patient and carer experience: procurement' (Amber)**

- **Status:** These two risks were raised at the June meeting and remain unchanged.
- **Detail:** There is a risk that the Single Tender Action business case will not receive approval and a further risk that business cases will not be approved in time for the survey to run in line with the previous sampling and fieldwork periods used. This would mean that the data would not be comparable to previous years. Both business cases are in progress and conversations are ongoing to obtain the required approvals.

## **Ref 3.4 'Patient and carer experience: safeguarding' (Amber)**

- **Status:** This risk was raised at the June meeting and remains unchanged
- **Detail:** 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 has now agreed a suitable approach with ONS in principle. This needs to be finalised when contracts are agreed following business case approval.

## **Ref 3.5 'STP workshops' (Red)**

- **Status:** This is a newly identified risk, relating to a new deliverable.
- **Detail:** There are 5 STP workshops planned for EoLC. There is a risk that STP leads will not attend. To mitigate against this, the NHSE EoLC team are liaising closely with NHSE colleagues that lead on STP engagement, have enlisted regional leads for support, will send invites out ASAP and follow up.

## **Ref 3.6 'Knowledge Hub' (Amber)**

- **Status:** This is a newly identified risk, relating to a new deliverable.
- **Detail:** There is a risk to the sustainability of the Ambitions website which is intended to be the Knowledge Hub for EoLC and also sites the EoLC programme board papers, due to funding and clarity of uniqueness and purpose. A task and finish group has been established to develop a proposal on next steps - chaired by representative from Hospice UK with membership from PHE, TfSL and NHSE.