

**Council of Governors' Meeting: 13<sup>th</sup> January 2015**

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**Chief Executive's Report**

1. Introduction

1.1 This paper provides an update to the Council of Governors on the current issues for the Trust. I will be happy to respond to questions Governors may have on these or any other issues.

2. Performance & Governance

2.1 The Trust achieved its planned Continuity of Services Risk Rating and a Green Governance Rating for the quarter ended 30<sup>th</sup> September 2014 and expects to maintain its planned position for 2014/15.

2.2 The Council of Governors' Finance, Planning & Performance Sub Group continues to review the Trust's performance, including key operational targets.

2.3 Monitor has undertaken a review of all Foundation Trusts' strategies and plans, including testing the robustness of the financial projections within these plans. Monitor used a RAG rating to categorise the level of risk in each case:

<i>Green</i>	<i>No undue concerns were raised from review of the strategic plan. We will continue to monitor ongoing delivery as normal.</i>
<i>Amber</i>	<i>The sensitisation of the projections identifies that the foundation trust's sustainability may be marginal. We therefore ask the trust to review its plans in light of our findings, and to consider what improvements in strategic planning may be required.</i>
<i>Red</i>	<i>There appears to be a high risk to sustainability. Where appropriate, we will invite foundation trusts in this category to a meeting with Monitor so we can reach a shared understanding of possible gaps and agree what is required to close these in terms of resources, support and milestones.</i>

The Trust's strategic plan has been rated as Green by Monitor. Its review of our five-year plan did not highlight any undue concerns. However, Monitor has encouraged the Trust to revisit our strategy on a regular basis, to ensure that its implementation remains on track, the underlying assumptions still hold true, the external environment has not changed, and the goals of the strategy are still appropriate to local health economy needs.

2.4 Monitor's Relationship Team visited the Trust on 8<sup>th</sup> December 2014 as part of its routine engagement with the Board of Directors. The agenda included discussions on progress on implementing the Trust's strategy, key risks facing the organisation and the financial position. The Monitor visit also comprised a meeting with our Commissioners, and a tour of the new children's services facility at Sudborough House, St Mary's Hospital, Kettering. The day went well and we have received positive feedback from Monitor colleagues.

### 3. New regulations for a more open and accountable healthcare system

3.1 The Secretary of State recently announced two new important regulations that came into force this month.

3.2 The first is the Statutory Duty of Candour, which places a legal duty on hospital, community and mental health trusts to inform patients of mistakes which have led to significant harm or death. This is a key response to the Francis Report, and a significant step towards a more transparent and open NHS. At the same time, the General Medical Council and Nursing and Midwifery Council are consulting on a new Professional Duty of Candour which would mean that there would be an obligation on doctors, nurses and other health professionals to inform patients when something goes wrong. This is all designed to bring concerns into the open much more quickly, so that we continue to develop a learning and improvement culture.

3.3 The second new power is about ensuring strong and safe leadership in healthcare organisations. Under new regulations, all NHS board members will be required to undergo a Fit and Proper Person's Test before they are appointed. During its inspections, the Care Quality Commission will check that NHS Trusts have strong systems in place to ensure they are appointing the right people to hold these important roles. Importantly, the Care Quality Commission now have the power to remove directors who have overseen poor care. These tests will be extended to care homes in April 2015.

3.4 The Trust is already in the process of ensuring the appropriate systems and processes are in place to meet these new regulatory requirements, and Dominic Hardisty, Deputy Chief Executive, is responsible for the reviewing of and adherence to the requirements.

### 4. NHS Five Year Forward View

4.1 The NHS Five Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health

England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

- 4.2 The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Everyone will need to play their part – system leaders, NHS staff, patients and the public – to realise the potential benefits for us all. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system.
- 4.3 The Five Year Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. It defines the framework for further detailed planning about how the NHS needs to evolve over the next five years. The full document is available here: <http://www.england.nhs.uk/ourwork/futurenhs/>

## 5. Healthier Northamptonshire

- 5.1 I have routinely reported to the Council on the progress with regard to Healthier Northamptonshire. The local health economy continues to face significant challenges to ensure a future that is sustainable in terms of delivering high quality and affordable services. An important area of focus currently is the ongoing work with the Integrated Care Closer to Home programme. I am happy to provide further information on the current position at the meeting.

## 6. Commissioning and Service Developments

- 6.1 I am pleased to report that the Trust has been selected as the preferred bidder for the provision of physical and mental health services to HMPs Littlehey and Whitemoor in Cambridgeshire. The contract is due to commence on 1<sup>st</sup> April 2015. This is an important addition to the Trust's portfolio of prison healthcare services.
- 6.2 We have also been successful in achieving Any Qualified Provider status for Nene and Corby CCGs in respect of Community Packages of Care for Children and Young People with Continuing Care Needs.

6.3 The Trust is also currently pursuing a tendering opportunity in respect of the provision of integrated sexual health services in Milton Keynes.

6.4 I am happy to provide further insight on the Trust's current business development plans at the meeting.

## 7. End of Life Care Draft Strategy 2014-2019

7.1 The Healthier Northamptonshire programme has identified the need to develop an end of life care strategy. The purpose of this strategy is to identify changes which, when implemented, will enable Northamptonshire to better support patients at the end of life to achieve their preferences both in place of care and where they die.

7.2 There are seven deliverable areas identified within the strategy:

1. An Electronic Palliative Care Coordination System. This is an electronic care plan that will be accessible to providers of care.
2. Coordination hub for end of life care services. A single contact point for the coordination of services based around the patient.
3. Early identification of a patient who is approaching end of life and better planning around the patient's wishes.
4. Patient-centred services, delivering the services that patients in Northamptonshire deserve. The full details are yet to be identified but should include access to services for patient and carers 24/7.
5. Greater access to education and skills training for those who care for patients. Providing competence and confidence when caring for patients.
6. Specialist palliative care for patients who require it.
7. An evaluation of the changes to ensure that the changes have achieved the desired effects.

7.3 While the strategy has been written for the Healthier Northamptonshire programme, end of life services also form part of NHFT's own delivery agenda. Further work on finalising the strategy and designing implementation plans is being led by our Commissioners.

## 8. Northamptonshire Improvement Board

8.1 The Council was issued with a Statutory Direction by the Department for Education in October 2013. This required the establishment of an Improvement Board with an independent chair to assess and challenge the Improvement Programme.

8.2 Three priority areas have been identified for focus, each are of equal importance and all of these require actions across the partnership. The priority areas are:

- Priority Area 1: Ensuring Early Help and Early Intervention Pathways are in place and focused on targeted support thereby reducing escalation into children's social care.
- Priority Area 2: Enabling robust investigation, assessment and planning which provides the best possible outcomes for children and their families.
- Priority Area 3: Embedding support for children and families subject to a Child Protection plan, Looked After by the Local Authority, Fostered or Adopted.

8.3 Good progress has been made over the past year to improve services for children and young people, including in the areas of Looked After Children, Fostering and Adoption Service, Workforce Development and Partnership Working. It is recognised that there is still much to do, but I believe all partners are committed to tackling the remaining challenges with energy and determination.

## 9. iWantGreatCare

9.1 I have previously reported on iWantGreatCare (IWGC) to the Council and I know that the Patient Safety & Experience Sub Group has recently received a more detailed briefing on this initiative. For the benefit of the full Council, I can report that since 1 October 2014 we have received over 3,400 pieces of feedback which have provided data on key experience measures (dignity/respect, kindness/compassion, information about care/treatment and involvement), with an overall rating of 4.78 out of 5 stars.

9.2 All services now have the ability to collect feedback using IWGC to provide:

- Evidence of implementation of the Friends and Family Test meeting CQUIN and NHS England requirements
- Comparative patient experience data for all clinical services
- Data to support sharing of good practice and improvement activity for care quality
- Evidence to CQC that we have a comprehensive feedback system as the first step to improvement

9.3 Following the implementation, the next phase includes:

- Supporting services to use results as part of their service improvement cycle
- Full integration with services' performance dashboards and Trust reporting systems
- Production of alternative survey formats (Learning Disabilities, Dementia)
- Promotion with stakeholders and public

9.4 I can confirm that, following an invitation from the Chairs' Sub Group, Dr Alex O'Neill-Kerr, Medical Director, is looking forward to presenting a progress report to the Council later this year.

## 10. Implementation of the Care Certificate

- 10.1 Following the Francis Report and failings within other hospitals and care homes, (including Winterbourne View), Camilla Cavendish was asked by the Secretary of State for Health to review what action could be taken to ensure non-registered Staff within the NHS and social care treats all patients with care and compassion.
- 10.2 Health Education England, Skills for Health and Skills for Care have produced the Care Certificate Framework. The framework has been piloted by Health and Social Care providers between April and September 2014. The Certificate is aimed at clinical health and social care workers, (bands 1-4) and should evidence to all, including employers and those who receive care, that the worker has developed and trained to a specific set of standards, (including observational assessment) so that they have the skills, knowledge and behaviours to provide high quality care.
- 10.3 NHFT has over the past 10 months piloted a new non-registered staff induction programme to meet the requirements of the certificate; mapping training currently delivered across the organisation and the potential risks associated with resourcing the certificate.
- 10.4 It has been agreed that the Trust will provide a 12 week training and education programme, mapped into the Trust's corporate induction, commencing on the 1<sup>st</sup> day of employment. Additional assessment criteria will be evidenced within practice at the point of care and supported by competent assessors; meeting the required criteria. Supernumerary status will be held until successful completion of the certificate within the stated timescale. The process will utilise a rigorous and robust quality assurance process to evidence meeting the National Standards and Care Quality Commission's quality and safety regulations
- 10.5 Commitment to the Care Certificate and the future developments within the non-registered staff group will provide a universal approach to the training and education in all areas of patient/service user care, whilst supporting the professionalisation of these roles and standardising clinical practices countywide.
- 10.6 The Care Certificate will require a commitment by the staff member to their own professional development, with an overall aim being to improve the quality of care received by users of our services and their carers, to promote and encourage staff to feel valued and respected within their roles, and to improve patient outcomes/staff well-being.

10.7 Claire Higgins, Development Co-ordinator (Non Registered Staff), gave an excellent presentation to the Board of Directors at their November 2014 meeting on the approach the Trust was adopting to implement the Care Certificate and I believe that this initiative will further support the delivery of the Trust's commitment to provide quality care to all its patients.

## 11. Recommendation

11.1 The Council of Governors is asked to receive this report.

Angela Hillery  
Chief Executive  
6<sup>th</sup> January 2015