

Council of Governors' Meeting: 24th July 2015**B****Chief Executive's Report****1. Welcome and 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 We have now submitted our final accounts and annual report to Monitor for the financial year 2014/15. As expected and planned we had a small operational financial loss. It was not an easy task to retain financial control during a year that saw unprecedented and relentless demands on the services we provide and those which are closely linked to the acute hospitals and social care. While we did need to draw on our cash reserves to support some critical initiatives, there has been continued budgetary control and we achieved a financial risk rating of four. Risk ratings are from one to four with one being poor and four being excellent so all in all, a very strong performance.
- 2.2 We achieved all of the key performance targets set by our regulators and commissioners. These achievements do not come without hard work, commitment and a focus on delivery.
- 2.3 The financial and performance issues are important as they shape the environment within which we operate. I recognise, however, that the Trust is facing a range of additional challenges as we find ways to achieve our mission of delivering quality, integrated care. I know very well that, for this trust, this coming year will probably be our most demanding year so far.
- 2.4 Looking forwards in 2015/16, we have completed the contract discussions with our commissioners. The outcome of these discussions was that, inevitably, we did not secure all the funding we were seeking as there will always be limited resources and priorities must be set. The Trust has also been given a £1m Quality, Innovation, Productivity & Prevention (QIPP) target by commissioners, and both these factors have meant that we had to submit a £1.9m deficit plan to Monitor, with a planned financial risk rating of three. We are in the process of identifying the full range of cost improvement and transformation programmes which will meet our savings targets for this year.

Everyone is working very hard to progress ideas. Unfortunately we have had an overspend in the first two months of this financial year. There are a number of reasons for this. Like many other trusts we are facing increasing staff shortages and increasing agency costs. It will therefore be a challenge to meet these additional cost pressures which have emerged in the last few months.

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

3. Routine Planned CQC Inspection: Feedback

3.1 I wanted to let you all know that I received the draft version of our CQC report on 25th June 2015. The CQC reviews our services in groups so there are seventeen service reports and an overall report for the Trust. Now that we have received these reports, our internal CQC project team has the opportunity to review it for factual inaccuracies and to make sure it correctly reflects the structure of our services.

3.2 After we have completed our checks and fed back to the CQC there will be a 'quality summit' meeting, which is currently anticipated to take place in the latter part of August 2015. We will then be in a position to officially share our results and respond in a constructive way to the CQC report findings.

4. National Developments

4.1 I thought it would be helpful to use my report to also highlight to Governors developments in national policy which are relevant to the Trust. I know this is something that a number of Governors had also requested.

4.2 *"Right here, right now"*

4.2.1 The CQC has recently published "Right here, right now", a national report looking at people's experiences of help, care and support during a mental health crisis. The report is based on feedback from almost 1,800 people with experience of a mental health crisis, along with local area inspections looking at how services work together, surveys of service providers and a review of national data.

4.2.2 The CQC found that the quality of care experienced by a person in crisis can vary greatly depending on where they are and what help they require. Many people also experienced problems getting help when they needed it, and found that healthcare

professionals sometimes lack compassion and warmth when caring for people who are having a crisis.

4.2.3 Other findings included:

- Many people will go to see their local GP first when they are having a mental health crisis. The majority (60%) of people who visited their GP during a crisis were satisfied with the experience.
- Most people reported that they came into contact with at least three different services when they had a mental health crisis. One in twelve (12%) said that they had come in to contact with between six and ten services, which indicates a need for them to work more closely together in areas.
- The use of police cells as a 'place of safety' for people in crisis has fallen significantly, however people under 18 can have problems accessing suitable places of safety. In 2013/14, nearly a third of people under 18 who were detained, were taken into police custody.

4.2.4 Talking about the findings, Dr Paul Lelliott, Deputy Chief Inspector of Hospitals and the CQC's lead for mental health, said:

"It is not acceptable for people with mental health problems to be treated differently to those with physical health problems. These findings must act as a wake-up call to our public services. We found some excellent examples of services in areas joining-up and providing effective care, with staff committed to working to make sure people in a crisis received the help they needed."

4.2.5 The full report can be found here: <http://www.cqc.org.uk/content/right-here-right-now-mental-health-crisis-care-review>

4.3 "Future in Mind"

4.3.1 The Department of Health and NHS England recently published the report of the Children and Young People's Mental Health Taskforce "Future in Mind". This report establishes a clear and powerful consensus about how to make it easier for children and young people to access high quality mental health care. NHS England is now developing a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next five years in line with proposals put forward in "Future in Mind".

4.3.2 Objectives which are being focused on initially are:

- Developing evidence based community eating disorder services for children and young people

- Roll-out of the children and young people's Improving Access to Psychological Therapies programme
- Improving perinatal mental health services

4.3.3 The full report can be found here:

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

4.4 *NHS England publish safe staffing framework for mental health wards*

4.4.1 NHS England has published safe staffing guidance for mental health inpatient settings. The mental health staffing framework, which focuses on inpatient care, is an interactive guide designed to equip mental health leaders with the skills and knowledge to plan and deliver safe staffing and also provide a means of assessing their services against agreed best practice.

4.4.2 The framework was commissioned as part of the NHS England compassion in practice programme, and was developed by an independent group of nursing directors who undertook a review of the available evidence and drew on their extensive experience. Work is underway on a similar guide for community mental health services. It will feed into the work of the mental health taskforce on establishing the right balance of staff in the many settings treating those with mental illness which is expected to publish at the end of the year.

4.5 *Monitor and TDA to align under single leadership*

4.5.1 The Secretary of State has recently announced that Monitor and the NHS Trust Development Authority (TDA) will become more aligned under the leadership of one Chief Executive. The Department of Health said that the principle of closer working between Monitor and the TDA has been a subject of a "growing consensus" among healthcare leaders and NHS providers, and the change will support hospitals to continue their work in making efficiency savings.

5. Commissioning and Service Developments

5.1 Northamptonshire County Council has commissioned the Trust to lead an exciting project on HIV prevention. Led by integrated sexual health services (ISHS), the project is being delivered in partnership with selected Northamptonshire GPs. The project, called NORTH (Northamptonshire offer of routine testing for HIV) seeks to offer all new registrants at GP practices an HIV test as part of their new patient check-up. The

initiative aims to increase HIV testing within primary care and reduce late diagnosis of HIV, which provides patients with an opportunity to access treatment earlier and ensure they lead a healthy life. The project commenced in four GP surgeries in March 2015 and is expected to run during 2015/16. It is currently being extended to further GP practices in key areas of high HIV prevalence in Northamptonshire. ISHS consultants, nurses and members of the outreach team provide participating GP surgeries with support and education about the background and local picture for HIV as well as detailed information on the process and pathways for routine testing of new patients in the GP surgery.

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

6. Wellbeing CIC update

6.1 As you know we are in the process of establishing a Wellbeing Community Interest Company (CIC) alongside Northamptonshire County Council and University of Northampton. The CIC will be delivering wellbeing services in the county, designed to help keep people well. Some of the benefits of running wellbeing services through a CIC include:

- Services users being able to seamlessly move between services, where traditionally there would have been historical organisational boundaries. This allows the service user to be treated holistically
- Research from other CICs have shown an increase in partnership working that leads to increased staff and service-user engagement in the design and delivery of services. This then leads to services that are targeted more effectively at meeting the needs of the community
- Both the NHS and local authorities face a challenge in terms of finances, this service will help us create a sustainable model for the future delivery of health, wellbeing and social care in the County
- NCC are proposing to include services such as libraries, country parks and adult learning – giving access to people and locations we might not easily have had in the past.

6.2 There have been a number of recent stakeholder engagement events to which Governors and members were invited. I am happy to give the Council an update on the latest position at the meeting.

7. NHFT celebrates compassion in practice

7.1 May 12th 2015 saw the Trust celebrate International Nurses' Day by hosting its 8th Annual Allied Health Professional and Nursing Conference. More than 300 Trust staff attended the event with a packed themed agenda of celebrating compassion in practice.

7.2 The programme for the day included a number of breakout sessions, wellbeing sessions and keynote speakers - Julie Shepherd, Director of Nursing, AHPs and Quality, Shelagh Morris, Deputy Chief Allied Health Professions Officer, NHS England, Michelle Livesey, Helen Sanderson Associates, Andrew Whittaker, The Art of Being Brilliant and Moira Ingham, Dean of the School of Health, University of Northampton and Non-Executive Director of the Trust.

8. Recommendation

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

Angela Hillery
Chief Executive
14th July 2015