

**Council of Governors' Meeting: 11<sup>th</sup> May 2015****B****Chief Executive's Report****1. Welcome and Introduction**

- 1.1 First of all I would like to extend a sincere and warm welcome to our newly elected Governors, both those who have been re-elected and those who are serving their first term of office. I know those who are new to the role are receiving a formal induction which I am sure will be invaluable in gaining both an insight to the responsibilities of Governors and also the work of the Trust. I, along with all Northamptonshire Healthcare colleagues, look forward to working with you.
- 1.2 It is also pleasing that the outcome of the elections resulted in all seats being filled, and that the Council comprises a healthy mix of experienced Governors and new incumbents.
- 1.3 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 31<sup>st</sup> December 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 In April 2015, Monitor issued an updated version of its publication "Well led framework for governance reviews: guidance for NHS foundation trusts" in which it sets out its expectation that all Foundation Trusts carry out an external review of their governance arrangements every three years. The scope of the review covers four domains, comprising Strategy & Planning, Capability & Culture, Process & Structures and Measurement. At its April 2015 meeting, the Board's Performance Committee agreed that it should begin the process of commissioning this review, which is scheduled to be completed by December 2015. Whilst the review's remit is largely prescribed, Foundation Trusts do have the opportunity to determine particular areas of focus, and I

would anticipate that the findings from the CQC routine inspection will help inform the final brief agreed with the external review team selected by the Trust.

### 3. Routine Planned CQC Inspection: Feedback

- 3.1 According to the CQC's original timetable, the Trust was due to have received the initial report by now, which it would then get an opportunity to check for factual accuracy in advance of sharing the outcome with key stakeholders at a joint event. This event was planned for 21<sup>st</sup> May 2015.
- 3.2 The CQC have informed the Trust that the preparation of its report is taking a lot longer than originally anticipated, partly due to the complexity of our services. We are hoping to receive the initial report imminently. Once we have I will let you know and will be able to confirm the new date for the stakeholder event, where we can discuss the results of the report with the CQC.

### 4. Annual Plan

- 4.1 The Trust is scheduled to submit its 2015/16 Annual Plan to Monitor on 14<sup>th</sup> May 2015 and this features elsewhere on today's agenda. From my perspective, I would highlight that the Trust recognises that, in order to respond to the rapidly changing and challenging health economy context and the requirement to deliver its financial and quality targets, it needs to focus on a programme of service transformations. I am confident that we have both the capability and commitment within the organisation to do this and a pre-requisite for success will be the continued development of partnership working across the health and social care economy.

### 5. Commissioning and Service Developments

- 5.1 The Trust is currently concluding its negotiations with its commissioners in respect of its 2015/16 contract.
- 5.2 I thought it might be helpful to update the Council on a number of service areas. In the mental health arena, it is encouraging that there has been additional investment by our commissioners for mental health acute liaison to avoid unnecessary hospital admissions and to ensure rapid response by our mental health services. The redesign of our older people's mental health services is continuing with greater productivity and investment in support for people with early dementia diagnosis. I know Governors have previously

expressed an interest in the work being undertaken in the county in respect of end of life services. I am pleased to say that the end of life strategy was agreed at the Healthier Northamptonshire implementation steering group in January 2015 with key workstreams now in place, including those relating to the development of patient centred services, specialist palliative care services and practice development.

- 5.3 At the March 2015 Council meeting, I advised that in respect of the Rushden development, Richard McKendrick, Chief Operating Officer, was leading the formulation of a vision for the Rushden development which will draw on feedback gained from the various stakeholders the Trust has so far engaged with. Richard is planning to complete the initial work on the vision for Rushden by the end of June 2015 and has reaffirmed his commitment to having Governor representation on the steering group which will shortly be re-established.
- 5.4 In terms of business development, the Trust continues to pursue new opportunities. Building on its track record of success in the area of prison healthcare, the Trust has expressed its interest in the current tender for HMPs Long Lartin and Hewell in Worcestershire.
- 5.5 I am happy to provide further insight on the Trust's current business and service development plans at the meeting.

## 6. Healthier Northamptonshire

- 6.1 It is perhaps worth reminding the Council, particularly for the benefit of new Governors, that the overriding objective of the Healthier Northamptonshire (HN) programme is, by working closely with partner organisations across the local health and care economy, to find innovative solutions to deliver better health, better care and better value for the people of Northamptonshire. A number of key HN workstreams are progressing.
- 6.2 In respect of frail and elderly services, the Crisis Hub received continued resilience funding to sustain services until March 2015. However, the model was not continued, with commissioners investing in the Intermediate Care (ICT) and Crisis Teams. It is encouraging to report that since October 2014, our ICT has exceeded targets for admissions avoidance and facilitated discharge. Development of collaborative care teams with primary care services is underway. Partnership working with Northampton and Kettering General Hospitals on acute frailty pathways within emergency departments has commenced.

6.3 The Trust is also beginning to develop positive working relationships with all the GP Federations in the county, and I think this is an area of further opportunity for service development between Northamptonshire Healthcare and primary care. Acute service collaboration is also being progressed, with the continued objective of identifying and delivering services and treatments in new ways, with an emphasis on out of hospital care.

## 7. Human Resources Workplan

7.1 The Trust has been reviewing its HR priorities for the coming year. It has based its review on the analysis of a number of data sources, including the detailed feedback provided in the Family and Friends test survey and the results of the staff survey. These have been discussed with Trust's Staff Partnership Forum and reviewed with Governors.

7.2 The Trust has agreed the following areas of focus:

- Enabling staffing levels to meet service demands
- Supporting transformation, programme and strategic developments
- Creating a pipeline of talent into and through the organisation
- Enabling management capacity, capability and performance
- Creating an open, honest culture, where values and equality are embedded
- Supporting the growth of organisational and personal resilience and wellbeing
- Improving effectiveness

7.3 Sharing these priorities with Governors also provides a natural opportunity to acknowledge the significant contribution Bronwen Curtis has made during her time with the Trust, initially as a Non-Executive Director and subsequently as Director of Human Resources and Organisational Development. Bronwen's successor, Chris Oakes, is taking up his post on 11th May 2015 and Bronwen will be leaving us at the end of May/early June. I am sure Governors would wish me to extend their gratitude and best wishes to Bronwen.

## 8. Recommendation

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

Angela Hillery  
Chief Executive  
30<sup>th</sup> April 2015