

**Council of Governors' Meeting: 5<sup>th</sup> November 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 The Trust achieved its planned Financial Sustainability Risk Rating and Green Governance Rating for the quarter ended 30<sup>th</sup> September 2015, and expects to maintain its planned position for 2015/16.
- 2.2 The Council of Governors' Finance, Planning & Performance Sub Group continues to review the Trust's performance, including key operational targets.
- 2.3 The financial position remains challenging, and I know that a session is scheduled for Governors to gain a further insight into the Trust's transformation and cost improvement programmes.

**3. Annual Public and Members' Meeting**

- 3.1 It was pleasing to see a good number of Governors and members at the APMM on 18<sup>th</sup> September 2015. I hope colleagues found the event a good opportunity to reflect on the successes and challenges of 2014/15, as well as looking forward. Whilst the environment we are operating in is challenging, I do believe it also presents opportunities for us in respect of future delivery of services. A highlight of the meeting was the presentation of patient stories, which can be viewed on our website.

**4. Outcome of Routine Planned CQC Inspection**

- 4.1 The Trust is making good progress in delivering its CQC action plan. I know a number of Governors recently attended a briefing on the action plan and this now features as a regular item on the Patient Safety & Experience Sub Group agenda.

## 5. National Developments

5.1 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.

### 5.1.1 *“The State of Health Care and Adult Social Care in England 2014/15” - CQC*

The Care Quality Commission (CQC) published its annual State of Health Care and Adult Social Care in England 2014/15 report in October 2015, which set out the key findings from the inspection of almost 5,500 registered organisations in primary, secondary and social care, across both NHS and independent/private providers.

The CQC recognised the complex and challenging environment in which the majority of services are operating. Overall, across health and social care, the CQC found:

- services have responded well to changing care needs and extreme financial constraint and there are many examples of excellent care across the country, and particularly of the compassion and dignity with which frontline staff treat those in their care.
- there is significant variation in the quality of care provided both within and between organisations, and for different groups of patients and service users
- the factors impacting most on the safety of services include safe staffing numbers and skills mix, learning from incidents and errors, creating a culture of transparency and improvement and staff feeling able to raise concerns. The report also highlights the importance appropriate data sharing between services
- Strong leadership and collaboration are emerging as more crucial than ever to delivering good care. In the future, leadership, resilience and innovation will be key to ensuring that quality is maintained and improved as providers move towards new ways of working to meet the changing health and care needs of their populations.

### 5.1.2 *Parents to get mental health training after Times campaign*

The Department of Health is to fund Britain’s first national campaign to help parents detect the difference between medical problems and normal adolescent behaviour. Spearheaded by the *Time to Mind* campaign by the Times, the initiative, aimed at those aged 14 to 18, aims to reduce the stigmatisation felt by youngsters who need help. The government campaign, which will be run by Time to Change, will include

advertising on radio shows, buses and online, and there will also be a programme for schools. A national survey, conducted by NatCen and the Office for National Statistics, will speak to almost 10,000 youngsters and their families to find out which mental health issues are most common and establish the impact of bullying and the internet. Although work will begin right away, the results will not be available until 2018.

### 5.1.3 *Monitor publication: "Moving care closer to home"*

The Five Year Forward View has encouraged efforts to deliver more healthcare out of acute hospitals and closer to home, with the aim of providing better care for patients, cutting the number of unplanned bed days in hospitals and reducing net costs.

Providers and commissioners considering strategic changes to the way in which services are delivered need to agree what they wish to achieve and understand the range of options. They then need to be able to assess the impact on quality and outcomes for patients and finances for the local health economy of each scheme.

To support this decision-making, Monitor ran a project to examine cases where provision of non-elective care moved from an acute hospital to the community. Delivering more healthcare services closer to home rather than in acute hospitals is a new approach being reviewed by the sector. Schemes to do this, when well designed, can help local health economies manage capacity and may help avoid costs in the long run.

Key findings from the project were:

- Well-designed schemes to move healthcare closer to home can deliver benefits in the long term
- It is difficult to cut costs across a local health economy in the short run
- Better data and improved pricing would help

Developing ways to deliver quality care for patients closer to home, whether that is through providing treatment and rehabilitation at home or in the local community, is an important part of the new care models currently being developed. The report's analysis shows that well-designed schemes can bring about patient benefits and may be able to deliver care at lower cost over time, although providers and commissioners should be mindful of the time and investment taken to deliver these changes.

The full report can be found here: [Moving healthcare closer to home](#). I know that later on this agenda is a presentation on Integrated Care Closer to Home from Richard McKendrick, Chief Operating Officer, which gives this national initiative a local context.

#### 5.1.4 *NHS Constitution and Handbook updated*

The NHS Constitution and Handbook to the NHS Constitution have been updated to reflect current policy and legislation and to make the Constitution a more practical document.

In his inquiry into the failings at Mid-Staffordshire, Sir Robert Francis QC recommended amendments to the NHS Constitution based on:

- prioritising patients
- protecting patients from avoidable harm
- providing assistance that patients need
- staff compliance with guidance

Each of these recommendations has been fully accepted and implemented within the new NHS Constitution.

The Handbook to the NHS Constitution provides further information on the Constitution, including detail on important policies, such as whistleblowing. The Handbook is of particular use to organisations that support and advise patients, their carers and families, and staff.

The Trust's Strategic and Operational plans and underpinning strategies, for example Quality, and Service User and Carer Involvement, are consistent with and supportive of the NHS Constitution.

The documents can be found here: [The NHS Constitution for England](#).

## 6. Recommendation

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

Angela Hillery  
Chief Executive  
27<sup>th</sup> October 2015