

Council of Governors' Meeting: 6th May 2014

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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 31st March 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.

3. Quality Improvement Priorities in 2014/15

- 3.1 In order to make sure we are addressing areas of quality that are important to people who come into contact with the Trust, we have met with key stakeholders, including service users, carers, Governors and external organisations, to discuss the Trust's Quality Improvement Priorities for 2014/15.
- 3.2 In respect of patient safety priorities, the Trust will continue to concentrate on reducing harm from falls and improving compliance with medicines management. A new area of focus is the introduction of "Safer Staffing" as part of a national initiative. The Safer Staffing toolkit has been developed following the outcome of the Mid Staffordshire inquiry and the recommendation that all trusts review their staffing levels and monitor the required numbers, capability and grade to ensure that the right people are in the right place at the right time with the right skills to deliver quality care.
- 3.3 The Trust's 2014/15 Quality Improvement Priorities which relate to patient experience are designed to secure improved patient and carer involvement in care planning and to make sure that giving the Trust feedback is as easy as possible for our patients and their carers. One way we will do this is through the introduction of the "I want great care" initiative which allows real-time and practitioner level feedback to be given and responded to. There will also be a drive to reduce the number of complaints about staff attitude and communication which have been recurring themes within complaints

received in 2013/14. The Trust is therefore embedding in its training programmes and supervision/appraisal systems the value placed on attitude and good, effective communication.

- 3.4 In relation to clinical effectiveness, Quality Improvement Priorities include the continuation of NICE guidance implementation and the monitoring of care related to that guidance using our audit programme. We will also continue to participate in national audits as this allows us to benchmark ourselves against other organisations, to learn from outcomes and share best practice.

4. Healthier Northamptonshire

- 4.1 The workstreams of Healthier Northamptonshire continue to be progressed within the local health and social care economy and the Trust is a major contributor to the programme. Both Louise Payne, Director of Corporate Support, and Richard McKendrick, Chief Operating Officer, have been assigned as Senior Responsible Officers on delivery elements within the system. Governors will recall that the workstreams include a focus on urgent care, the integration of health and social care, frail and elderly services and acute service collaboration.

- 4.2 Governors may already be aware that Northamptonshire has been identified as one of eleven “Challenged Communities” across the country. This means that there is additional external scrutiny being placed on the county’s future strategy for delivering quality and sustainability. The Healthier Northamptonshire programme will now dovetail with the Challenged Communities initiative since both have common objectives and required outcomes. I am very happy to provide further insight into this important development at the Council of Governors’ meeting.

5. Commissioning & Service Developments

5.1 *Children and Young People’s Services*

5.1.1 I know a number of Governors attended the Governor briefing on childrens’ services on 10th April 2014 on which we have received positive feedback.

5.1.2 The Trust has recently received a communication from Nene & Corby Clinical Commissioning Groups indicating that they have made a decision to postpone the tendering process for Community Health Services for Children and Young People.

5.1.3 The rationale for this is twofold:

- Children's Services within Northamptonshire County Council are in need of improvement with this work being led by a Joint Improvement Board. Many services for children are jointly commissioned between the Clinical Commissioning Groups and Northamptonshire County Council and the CCGs wish to allow time and resource to focus jointly on the work to make improvements within Children's Services.
- The CCGs also wish to allow the model and specification to be further developed and tested, to ensure that future health care will be delivered in a manner that supports the required improvements.

5.1.4 It is envisaged that this process of improvement may require the postponement of the tendering process for two years. During this period the CCGs have indicated that they would like services at Northampton General Hospital (NGH) and other providers to work with NHFT through a lead provider model with the Trust leading this work.

5.1.5 This is excellent news for the Trust as it demonstrates that Commissioners are encouraged with the work that our Children & Young People's Services have already undertaken to understand how we can improve our Specialist Services and our commitment to transformation to improve the experiences of our children and young people and their families. We will therefore continue with our work to bring the Referral Management Centre to life and will commence discussions and modelling of an Integrated Countywide Service for Children & Young People with Commissioners and other providers.

5.2 *Frail and elderly services*

5.2.1 An important project for Northamptonshire is the Frail and Elderly Crisis Hub based at Highfield House in Cliftonville, Northampton. The Crisis Hub employs both health and social care staff within one team and is staffed by colleagues from the Trust, Olympus Care Services, and Northamptonshire County Council's Health Partnerships Team. The Crisis Hub fulfils two main roles: providing a rapid response to frail and elderly people in crisis to avoid unnecessary admissions to hospital and facilitating safe and timely discharge from hospital. As part of the project, the Crisis Hub works particularly closely with the Brampton Ward at Northampton General Hospital and HC Pretty Ward at Kettering General Hospital to ensure patients are discharged appropriately.

- 5.2.2 Since the Crisis Hub was implemented in November 2013, there has been a reduction in length of stay of patients on Brampton Ward from an average of 27 days to 17 days, and a significant number of the county's patients have been supported in the community, and therefore did not have to be seen in hospital.
- 5.2.3 However, delayed transfers of care remain a priority focus of the urgent care pathway and whilst we are still learning from this initiative and evaluating its results so far, I am confident that there is a strong case for its further development and roll out.
- 5.2.4 Northamptonshire was very pleased to welcome Professor David Oliver, a national authority on geriatric medicine and integrated services for frail and elderly people. Professor Oliver, who is a Visiting Fellow at the King's Fund (national health think tank) and Consultant Geriatrician, visited representatives from the Trust, Northampton General Hospital, Olympus Care Services, and commissioners from NHS Nene and NHS Corby Clinical Commissioning Groups and Northamptonshire County Council. The visit took place on 14th March 2014. During the visit, Professor Oliver visited the Frail and Elderly Crisis Hub, met senior health and social care leaders and participated in a round table discussion on the county's model of care for frail and elderly people. Professor Oliver commented that care needs to be focused around the needs of the patient. He went on to say that the Northamptonshire Crisis Hub, as a single point of access with one team coordinating the care of the elderly, was a very good step in the right direction.

5.3 *New services*

- 5.3.1 I am pleased to report that NHFT has been appointed as the preferred provider for the provision of nine intermediate care beds in Brackley as part of a facility which is expected to be ready by 2016. As part of this Brackley initiative, we are also exploring the possibility of the Trust being involved with wider nursing home/health campus developments.
- 5.3.2 The Trust has also been awarded the contract to provide a psychological support service for patients with personality disorders within HMP Swinfen Hall. This is a two year contract starting in April 2014 and will be based within HMP Swinfen Hall (Lichfield, Staffordshire). The service will provide assessment treatment and a psychological environment post treatment. This new contract in partnership with HMP Swinfen Hall commissioned by NHS England and National Offender Management Service (NOMS) will enable us to fully develop

our model and also support patients both within a prison as well as in the community.

5.3.3 The Trust is also currently exploring potential service development opportunities in Bedfordshire in respect of mental health, learning disability and child and adolescent mental health services.

6. Annual Plan Update

6.1 The Trust submitted its 2014-16 Operational Plan to Monitor on 4th April 2014. Governors will receive a copy of the Plan and I am grateful to Governors and indeed the wider Foundation Trust membership who contributed to its development. The Trust is now working on the development of the second element of the Annual Plan process which comprises the submission of a five-year Strategic Plan by 30th June 2014. The Strategic Plan will be a comprehensive summary of the Trust's longer term strategy, the analysis which underpins this and the plans to implement it.

7. Management structure

7.1 Governors will have already received communication regarding the allocation of executive portfolios following the reduction of the number of Directors. We are progressing the appointment of a Deputy Chief Executive and I know that a number of Governors will be involved in the selection process at the end of June 2014.

8. Recommendation

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

Angela Hillery
Chief Executive
29th April 2014