

Council of Governors' Meeting: 12th September 2016

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 has received confirmation from NHS Improvement (NHSI) that, based on its quarter 1 submission, its Financial Sustainability Risk Rating (FSRR) remains a 3 and that its Governance Rating continues to be Green. The Trust expects to continue to deliver its required FSRR and governance rating for remainder of 2016/17 within the context of a challenging financial environment being faced by the local health economy and Northamptonshire County Council.
- 2.2 The trust has been assigned a 'Green' governance rating but has not met the Improving access to psychological therapies target for patients beginning treatment within 6 weeks of referral. NHSI expects the trust to address the issues leading to the target failures and achieve sustainable compliance with the targets promptly. NHSI does not intend to take any further formal action at this stage, however should these issues not be addressed promptly and effectively, or should any other relevant circumstances arise, it will consider what, if any, further regulatory action may be appropriate.
- 2.3 The Council of Governors' Finance, Planning & Performance Sub Group continues to review the Trust's performance, including key operational targets.

3. National Developments

3.1 *Department of Health: new structure*

The Department of Health has reorganised its directorate structure. It will no longer have separate directorates for digital, technology, local government and social care. Instead they will form a single new community care directorate, which will come into effect from 1 July. The new structure will see four new directorates which are: global and public health; community care; acute care and workforce; and finance and group operations. Global and public health will focus on the work required to prevent illness and improve general health. The community care team will focus on helping people stay out of hospital, providing patients with support when they live with long-term conditions. The directorate for acute care and workforce will work with partners to improve hospitals. There will also be a directorate for finance and other corporate services.

3.2 NHS Improvement: Consultation

NHSI are consulting on a proposed approach to overseeing and supporting NHS trusts and foundation trusts through a [Single Oversight Framework](#) which will replace Monitor's risk assessment framework and the Trust Development Authority's (TDA) accountability framework.

The framework will help identify where trusts may benefit from, or require, support to improve in five areas: quality of care; finance and use of resources; operational performance; strategic change; and leadership and improvement capability.

Where possible they will combine and build on Monitor and TDA's approaches, adapting them to reflect and enable their primary improvement role and the intention is for most changes to be incremental and to reflect provider challenges and initiatives to support them.

The draft framework sets out our main areas of focus in overseeing trusts, as well as how they will:

- collect information from trusts
- identify potential concerns with a trust's performance
- segment the trust sector according to the level of challenge each trust faces

The Trust responded to the formal consultation which closed on 4 August 2016 and the new Single Oversight Framework is expected to be launched shortly.

3.3 *Junior Doctors Industrial Action*

Colleagues will be aware that the BMA has announced new industrial action which is currently scheduled to take place over a 5 day period commencing 12th September 2016. We have been working to ensure that the impact of any junior doctors' industrial action is mitigated in terms of its effect on our services. We have been developing contingency plans as necessary to ensure patient safety is maintained at all times. Due to the nature of our services we do have a lower number of junior doctors than our local acute colleagues; however our priority still remains ensuring any potential disruption, does not put patient welfare or safety at risk.

3.4 *Implementing the Five Year Forward View for Mental Health*

The independent mental health taskforce published its *Five year forward view* in February 2016, setting out the current state of mental health service provision in England and making recommendations in all service areas. NHS England has now published an [implementation plan](#) detailing how it will deliver the recommendations made by the taskforce and providing clarity on new funding. Local areas are encouraged to implement a number of approaches, including: co-producing services with people with lived experience of mental health problems and the families and carers; early intervention to prevent deterioration and support recovery; and supporting local commitments with outcome-based commissioning.

3.5 *New framework shares learning from the multispecialty community provider vanguards*

NHS England published in July 2016 a [multispecialty community provider \(MCP\) emerging care model and contract framework](#). The framework outlines how place-based partnerships can replicate the successful work of the 14 MCP vanguards, when establishing their own programmes. A milestone for the [new care models programme and the implementation of the NHS Five Year Forward View](#), the document defines what being an MCP means by taking features from the vanguards to create a common framework. Commissioners and providers can follow the framework when establishing MCPs, and the vanguards themselves will adopt or adapt it for their own local communities. The MCP vanguards are transforming care by moving specialist services out of hospitals and into the community.

The concept of MCPs is an important development and is something that locally we are exploring as a Trust and I am happy to provide further insight into this.

3.6 *NHS Improvement publishes new approach to safe staffing*

NHS Improvement published in July 2016 [Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing](#), representing a first step in a new approach to safe staffing. This safe staffing improvement resource sets out the key principles and tools that provider boards should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services; identifies three updated National Quality Board expectations that form a 'triangulated' approach to staffing decisions; and offers guidance for local providers on using other measures of quality to understand how staff capacity may affect the quality of care.

4. Local Developments

4.1 *Moving to good and beyond*

As a leading provider of health and well-being, quality is at the heart of everything we do, if we truly want to fulfill this statement then the organisation needs to ensure our CQC rating moves from Requires Improvement, to a minimum of Good overall.

To support our internal improvements since our CQC inspection and to build upon our good practices, a project has been established called "Moving to good and beyond". The Executive lead for this project is Julie Shepherd, Director Nursing, AHPs.

'Moving to good and beyond' was the focus of the joint Board of Directors/Council of Governors meeting held on 17th August 2016 and I was very encouraged by the positive

commitment of Governors to work with Board colleagues and the wider management team in delivering a successful outcome of the project. Achieving the objectives of the 'moving to good and beyond' initiative should help to ensure that the Trust is a strong position when the CQC undertakes a follow up inspection of our services.

4.2 *Partnership Working*

Partnership working very much underpins the development and delivery of the STP. The Trust remains heavily involved in a range of partnership working initiatives and these remain pivotal to the successful delivery of its strategic objectives. Current work continues to focus on building strategic alliances with primary care and with acute and voluntary sectors partners. I'm very happy to expand on these developments if the Council wishes me to do so at the meeting.

4.3 *The Warren (Crisis House)*

In August 2016, NHFT opened 'The Warren' to provide a safe environment for service users who are suffering crisis situations that are impacting on their mental health or where they are in crisis as a result of deteriorating mental health.

This will be a countywide resource providing a homely seven bedded environment in a non-hospital setting and will be staffed by support workers who will adopt a collaborative and solution focused approach to supporting service users in the management of their current crisis.

The ethos of the house will revolve around the maintenance of current functioning and independence whilst focusing on a model of co-produced care and skills development that will support the service user to create and achieve goals in the management of their crisis.

The house may be seen as an alternative to the use of acute inpatient beds where it is felt by the assessor and the service users that a brief period of support and direction may alleviate the current difficulties and allow the service user to return to the community with any additional support required.

Services users in The Warren may be supported in different ways during their stay. They may:

- require Home Treatment by the Crisis Team if it is felt the complexities of their concerns and needs dictate this
- be supported by their existing community teams through regular contacts and reviews together with the staff at the Warren

- not be known to mental health services but it is felt a brief period in The Warren would allow teams to mobilise and co-produce plans to be developed in order to reduce the current Crisis
- not be known to services but require proactive engagement and a safe place whilst this care is developed

Over-arching all of this care delivery will be a strong engagement with a range of statutory and voluntary community organisations to enhance care packages and attempt to reduce future crisis issues. Referrals to The Warren will be accepted on a first come first serve basis and can be made by front line NHFT services including The Acute Liaison Teams, Crisis Resolution Home Treatment, Community Mental Health Teams, Primary Care Liaison Workers and Street Triage Teams.

4.4 Volunteers Celebration event

I was delighted to meet some of our volunteers at our volunteers event held on 19th July 2016 in the Great Hall, Guildhall, Northampton. It was a good opportunity to say thank you to our volunteers for the work and support they provide day in day out for our patients and services. It was a great to hear their experiences of volunteering across our Trust and of how much time they have dedicated to us. It was an inspiring occasion.

4.5 Unicef accreditation

I am very pleased to report that the Trust's health visiting service has been awarded Stage 2 Unicef Baby Friendly accreditation.

The Baby Friendly initiative is a globally recognised award run by Unicef and indicates we are committed to providing support which is best for the mother's needs and her baby. Stage 2 accreditation is awarded when a service demonstrates that all staff have been educated according to their role and that this training has prepared staff to care for mothers and families effectively.

4.6 Accreditation award for Investors in the Environment standard

NHFT has now been awarded the Investors in the Environment Green standard. This recognises the good work that we are doing at NHFT around the Sustainability agenda. The Trust has made good progress on its Carbon Footprint reduction as well as some significant positive movement on the Sustainable Development Management Plan (SDMP) targets.

This award recognises that NHFT is an Investor in the Environment committed to reducing its environmental impact and to the continual improvement of environmental performance.

4.7 Appointment of Chief Operating Officer

I am delighted to announce that following a recent recruitment exercise and selection process we have appointed Sandra Mellors as Chief Operating Officer.

Sandra has a wealth of healthcare experience with a 30 year career in the NHS, a large proportion of this as a physiotherapist before moving into managerial roles.

Previously Associate Director of Adult, Primary and Urgent Care at Tower Hamlets PCT and General Manager of Borough and Specialist Services at Bart's and London NHS Trust, Sandra joined NHFT in 2012 as Locality Manager for Kettering. In 2014, Sandra was promoted to Deputy Director of Adult Services and earlier this year took on the role of Acting Director of Operations. Sandra has also been a Non-executive director for the Accelerate Community Interest Company since 2012; they provide healthcare and specialist care for those living with chronic wounds and/or lymphedema.

5. Recommendation

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

Angela Hillery

Chief Executive

1st September 2016