

Council of Governors' Meeting: 4th May 2017**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 continues to deliver its requirements under the Single Oversight Framework. The Trust is currently placed within Segment 2 within this framework.
- 2.2 The Council of Governors' Finance, Planning & Performance Sub Group continues to review the Trust's performance, including key operational targets.

3. National Developments3.1 *NHS England publish 'Five year forward view: one year on' review*

NHS England published its *Five year forward view: one year on* review in February 2017. The review marks the year anniversary of the publication of the *Five year forward view for mental health*.

The recommendations of the Five Year Forward View for Mental Health to transform health services were accepted by all the NHS bodies, and in July 2016 together they published a detailed implementation plan for achieving its ambitions. Implementing the Five Year Forward View for Mental Health laid out a blueprint for the delivery of the main objectives of the strategy, setting clear expectations for different services and the outcomes anticipated by 2020/21.

The 'one year on' review highlights the progress made in the first year of the programme, and takes a look at the achievements which will need to be built upon to deliver the aims for mental health.

The review can be found here:

<https://www.england.nhs.uk/wp-content/uploads/2017/03/fyfv-mh-one-year-on.pdf>

3.2 *Mental health trusts leading the way with digital technology*

NHS England has announced that seven areas across England are set to trail-blaze digital services for mental health patients, which will include innovative apps to improve care and online access to 'real-time' patient records. New funding will be given to seven mental health trusts to enable these organisations to pioneer world-class, digital services to improve care for patients experiencing mental health issues.

The trusts are: Berkshire Healthcare NHS Foundation Trust; Birmingham and Solihull Mental Health NHS Foundation Trust; Mersey Care NHS Foundation Trust; Northumberland, Tyne and Wear NHS Foundation Trust; Oxford Health NHS Foundation Trust; South London and Maudsley NHS Foundation Trust; and Worcestershire Health and Care NHS Trust.

More information can be found here: <https://www.england.nhs.uk/2017/04/mental-health-patients-set-to-benefit-from-pioneering-new-digital-services/>

4. Local Developments

4.1 CQC

I am delighted to announce that NHFT has been rated as Good by the Care Quality Commission (CQC). The CQC carried out a comprehensive assessment of NHFT services in January of this year and rated the Trust overall as Good. This was an improvement on the last inspection in 2015 when the Trust was rated as Requires Improvement.

When we received the rating of Requires Improvement in 2015 we said at the time that this reflected our continuous journey of improvement and I am pleased the CQC has recognised the work everyone has put in to improve our services since this time.

CQC inspectors inspect services on five areas: Care, Responsive, Effective, Well-led and Safe. The Trust has been rated as Outstanding for Care, Good for Responsive, Effective and Well-led and Requires Improvement for Safe.

The table below shows a more detailed analysis of the ratings for each of our service areas:

REPORT	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Community health services for adults	RI	G	G	G	G	G
Community health services for CYP	G	G	G	G	G	G
Community dental services	G	O	G	G	O	O
Community end of life care	G	G	O	G	G	G
Community health inpatient services	RI	RI	G	G	G	RI
Mental health crisis services and HBPOs	RI	G	G	G	G	G
Community based mental health services for adults	RI	G	G	G	G	G
Specialist community mental health services for CYP	G	G	G	G	G	G
Community based mental health services for older people	G	RI	G	G	RI	RI
Community based mental health services for people with learning disabilities	G	G	O	RI	G	G
Acute wards for adults of working age and PICU	RI	G	G	G	G	G
Child and adolescent mental health wards	G	O	O	G	O	O
Forensic inpatient / secure wards	G	G	G	G	G	G
Long stay / rehabilitation mental health wards for adults	G	G	G	G	G	G
Wards for older people with mental health problems	G	G	O	G	G	G

Our patients, service users and carers are and have always been our highest priority. I am delighted that we can officially say the care we provide is Outstanding. I am proud that the CQC recognised that our team are helpful, empathetic and treat our service users with kindness and dignity.

The CQC also noted in the report that: “The board level leadership was Outstanding. The senior leadership team were instrumental in delivering the quality improvement work across the Trust.”

This is particularly encouraging for us as we have regulator assurance that our management frameworks are sound and are effectively facilitating our continued quality improvement. We look forward to continuing to apply these frameworks across all our pathways of care and in all our partnership activity.

We also know that we still have work to do and our journey does not end here. In particular we need to focus on the Safe area where improvements are required. As part of this process, the Trust has developed action plans to respond to requirement notices that the CQC issued following its inspection. I welcome the CQC's view that they are confident we will work to deliver these improvements on behalf of all of our patients.

The report found:

- Patients are treated with kindness, dignity and respect
- Staff attitudes were helpful, understanding
- Staff language was kind and supportive so patients would understand
- Staff communication was kind, respectful and compassionate
- We encourage feedback with the online feedback website receiving 61,000 reviews since launch
- The Trust is committed to involvement including a well-attended involvement group
- There was robust governance and safeguarding systems in place
- The Trust has a clear vision and set of values
- We have invested in an extensive range of staff wellbeing programmes
- Staff involved patients in their care plans
- All teams described effective and collaborative team working and had effective working relationships with external agencies
- Physical healthcare needs had been addressed at inpatient mental health settings
- The trust board encouraged candour, openness and honesty from staff
- Staff felt supported by the board to work with change and felt able to provide feedback about their experiences.

4.2 Joint partnership with 3Sixty Care Partnership

On 9 February we launched our joint partnership with 3Sixty Care Partnership, a joint venture with one of the new GP Federations which we hope will benefit populations by closer working and planning between local providers/mental health, working towards the new MCP model (multispecialty community provider). The partnership aims to help us to get the best possible outcomes for our patients, which is our joint aim.

4.3 Staff survey

Our 2016 NHFT NHS staff survey results were published in March 2017. I am encouraged that staff's recommendation as a place to receive care remains constant and that our rating is higher than Trusts of our type. I also know that many staff are motivated to work as part of team NHFT, and our motivation and engagement scores are a further indication of this. I am confident that in most areas we are addressing any issues raised by the survey or that we already have them on our radar.

The decline in the recommendation of NHFT as a place to work in the national Staff Survey is something we are already focusing on, and our latest Friends and Family Test results for Q4 of 2016/17 show an improvement in the percentage of staff who would recommend NHFT as a place to work. We hold many listening events in various forums so we stay aware of the challenges staff may be facing and experiences of working at NHFT, so we will continue to take this work forward. I remain committed to working with staff to increase this score for next year.

Overall there were more questions showing an improvement than a decline since last year which I believe is a reflection of our progressive approach within NHFT, a credit to all our staff and our confident attitude to working in the NHS. As always, we must continue to focus on making a positive difference.

Key headlines of our staff survey results are shown below:

TOP FIVE RANKING SCORES Areas we scored more favourably compared to similar Trusts:	BOTTOM FIVE RANKING SCORES Areas we scored less favourably compared to similar Trusts:	THINGS WE ARE PROUD OF Areas we have scored higher than similar Trusts	WHERE STAFF EXPERIENCE HAS IMPROVED	WHERE STAFF EXPERIENCE HAS DETERIORATED
Effective use of patient / service user feedback	Percentage of staff working extra hours	Staff reporting NHFT as a place to work or receive treatment	Staff / colleagues reporting most recent experience of violence - 81% > 91%	Percentage of staff agreeing that their role makes a difference to patients / service users (92% > 89%)
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	Percentage of staff appraised in last 12 months	Our staff motivation	Fairness and effectiveness of procedures for reporting errors, near misses and incidents 3.78 > 3.85*	
Staff motivation at work	Staff satisfaction with resourcing and support	More staff report good communication between senior managers and staff	Staff confidence and security in reporting unsafe clinical practice 3.72 > 3.79*	
Fairness and effectiveness of procedures for reporting errors, near misses and incidents	Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	Quality of our appraisals is recognised	Effective use of patient / service user feedback 3.80 > 3.88*	
Staff confidence and security in reporting unsafe clinical practice	Support from immediate managers	Fairness and effectiveness of our procedures for reporting errors, near misses and incidents	* out of 5	

4.4 *Leadership Matters conference*

On 21st March 2017 leaders across the organisation came together to focus on Diversity and Inclusion at our latest Leadership Matters conference. We welcomed two external speakers: Professor Binna Kondola OBE led a thought-provoking and stimulating session on Unconscious Bias, and Byron Currie from NHS England gave a national perspective on the Workforce Race Equality Standard (WRES) and a local Northamptonshire context. A further highlight of the day was the powerful reflections by some of NHFT's staff of their own diversity and inclusion life experiences.

4.5 *Repetitive transcranial magnetic stimulation (rTMS)*

Repetitive transcranial magnetic stimulation (rTMS) is a form of brain stimulation therapy used to treat depression and anxiety.

On 15 February our rTMS services at Berrywood were shared on local television with interviews from Dr Alex O'Neill-Kerr, Medical Director, Tim Millward, Consultant Psychiatrist, and a service user who explained her journey of depression over 40 years and how rTMS has helped her in a positive way.

4.6 *Armed Forces Covenant*

We have historically had a Silver employee recognition status from the armed services as we support reservists etc. This is being replaced with the armed forces covenant:

“The Armed Forces Covenant is a formal pledge to ensure that those who serve, or have served in the Armed Forces and their families, are treated fairly; this involves the government, local authorities, businesses and charities. Organizations sign the Armed Forces Covenant to confirm publicly that they recognise the value that serving personnel, Regular and Reservists, Veterans and military families contribute to our country. The Covenant encourages businesses to develop a relationship with members of the Armed Forces community who work in their business or access their products or services. “

The Board of Directors has confirmed the organisation's continued commitment to this initiative through its support of the Armed Forces Covenant.

4.7 *Green accreditation awards*

We were very proud to attend the iiE (Investors In the Environment) Awards in February to collect our Green Level Accreditation certificate indicating our commitment to reducing our environmental impact and the continual improvement of environmental performance. Our certificate is proudly on display within the main reception of St Mary's Hospital, Kettering.

4.8 *Staff Awards*

I would like to use this opportunity to congratulate Dr Paul Koranteng and Rose Streeton on being shortlisted for the CRN (Clinical Research Network) East Midlands Research Awards.

- Dr Paul Koranteng, consultant for older people's services is one of the three finalists for the Exemplary Investigator contribution category
- Rose Streeton, research and development manager is one of the three finalists for the NIHR@10 (National Institute for Health Research) special category

Both Paul and Rose have been invited to the awards ceremony on the evening of 12 May at the Leicester Marriott Hotel where the winners will be announced.

I am also pleased to announce that Sarah Wilson, Lead for Inpatient Mental Health Occupational Therapy and Physiotherapy (adult and older peoples' services), has been awarded Associate Fellow status with the Higher Education Academy on the basis of the work she has been doing with the University of Northampton in developing and delivering the OT online learning module for the Vona du Toit Model of Creative Ability (VdT MoCA).

4.9 *Recovery college*

We are thrilled as a Trust to launch our new recovery college. Recovery College NHFT supports individuals with experience of mental health difficulties to live the life they want to lead and become experts in their own self-care. An educational approach is used to improve health and to compliment treatment already offered by the Trust.

The college offers strength based courses designed to contribute towards wellbeing and enable hope, control and opportunity. All courses are co-produced and co-delivered by people with lived experience of mental health difficulties and mental health professionals, providing a shared learning environment where those with lived experience and those who provide their support and NHS staff can learn together.

Courses are open to service users, their carers, friends and family, as well as NHFT staff. To find out more information about enrolling, please contact the recovery college

office at: recovery.college@nhft.nhs.uk or call 01933 235449 (open Monday to Friday 9:30am to 4pm).

4.10 Duncan Selbie, Chief Executive of Public Health England

Duncan Selbie visited the county on Monday 24th April 2017. The visit gave us an opportunity to showcase our reflective work on First for Well-Being which he felt was very innovative and also commended our work.

5. Recommendation

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

Angela Hillery
Chief Executive
27th April 2017