

'You matter, we care'

Trust Board Meeting Part 1	Date: 28 January 2015
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Title:	Chief Executive's Report
Item:	BD/14/255

Executive Director lead and presenter	Iain Tulley, Chief Executive
Report author(s)	Company Secretary, Head of Communications

History:	N/A
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This report is for:	
Decision	
Discussion	
To Note	x

The following impacts have been identified and assessed in relation to this report:	
Equality	None identified.
Quality	None identified.
Privacy	None identified.

Executive Summary of key issues
<p>The report signposts some of the key management and development issues facing our Trust and draws members' attention to recent NHS and regulatory activity.</p> <p>The Board should note this report.</p>

This report addresses these Strategic Priorities:	
We will deliver the best care	x
We will support and develop our staff	x
We will continually improve what we do	x
We will use our resources wisely	x
We will be future focussed	x

1. Introduction

Since the last Board I have, with locality representatives, attended the Swindon Local Area Safeguarding Board and also attended the Avon and Somerset Chief Executives' Partnership with Avon & Somerset Constabulary. As part of the ongoing dementia consultation in Wiltshire, I attended with CCG colleagues the Trowbridge Area Board.

Together with the chair Tony Gallagher, we met the Swindon CCG Clinical Chair and Operating Officer and we are both scheduled to attend a KPMG Five Year Forward View event with Stephen Dorrell. I have also attended a Bristol Health & Wellbeing Board Seminar on the same report, the implications of which I highlight elsewhere in this report.

I have also attended the Mental Health Network Board and both the TDA Integrated Development Meeting and the TDA South Chief Executives Conference.

I chaired the first meeting of Hillview Project Board; chaired meetings of the BNSSG System Leadership Directors of Finance Group and the BNSSG System Leadership Group.

I have taken part in a walkabout with Wiltshire Early Intervention Team at Green Lane Hospital, was part of the interview panel for a Consultant Liaison Psychiatrist and participated in the team based working programme launch,

I held a performance review with the Swindon Triumvirate and attended a Board sub-group re Dalton Review.

2. Current issues

2.1. Lifting of CQC warning notices

The outstanding efforts by our staff to tackle issues raised by last summer's Chief Inspector of Hospitals inspection was rewarded just before Christmas when we were advised that the four warning notices placed on our Trust would be lifted. Following a re-inspection in December, the inspectors concluded that we had done everything that we could reasonably have been expected to do to tackle the issues.

This is excellent news and I would ask the Board to join me in thanking everyone in our Trust for their tremendous efforts to achieve this initial goal.

Having the warning notices lifted is however just the first step in the pursuit of our goal of delivering services of the highest quality and as a result being rated a 'good' and then 'outstanding' Trust. As some of the issues below show, we must not reduce the intensity of our efforts but instead continue to improve and to focus on delivering high quality, safe and responsive care, ensuring that in doing so we meet the full requirements of the CQC all of the time.

2.2. Quality issues

As the Quality and Performance report indicates there is a number of areas where we are currently performing below target. Our local clinical leaders are aware of the pressures in these areas and some of the underlying causes were discussed at last week's Quality Huddle. Action is being taken to tackle the difficulties which are resulting in under performance in some areas of our Trust.

Our local teams also have robust processes for the work being undertaken to address all the issues raised by CQC inspectors and as improvements are made, we are seeing the benefits of our local approach to tackling these.

I am however concerned that our sickness absence has reached its highest level for 18 months, mainly it would appear as a result of some long term sickness. We are investigating to see whether this is a change in the downward trend of the past 18 months or whether it represents a material problem.

Our out of area placements are higher than we would like. We are making sure on a case by case basis that those who are placed out of area are receiving a higher level of care and support than they would in an alternative closer to home environment.

2.3. Staffing

Difficulties in recruiting permanent qualified staff is resulting in a greater use of agency. Not only does the lack of continuity, which the use of agency staff inevitably creates, raises issues of quality, it also adds to the financial pressures facing our Trust. Further action is being taken across Local Delivery Units to control the use of agency and to ensure robust roster planning.

The importance of the work we are doing to support the wellbeing of our staff was illustrated in a recent Observer report which, using Freedom of Information requests, reported significant increases in the number of nurses taking time off because of stress. We will continue to do all we can to support our staff and many of our recently launched wellbeing initiatives, improved supervision and appraisal is indicative of our commitment to do this.

2.4. Annual objectives

Considerable discussion and consultation has taken place in relation to our annual objectives, which have been developed in the light of our Trust strategy, CQC feedback and the annual staff survey. Once the Board has commented, our intention is to ask Trust members to comment on how they can best be implemented. Our fifth objective, to be future focused, will evolve as national direction evolves, as reflected in paragraph 3.1 below.

3. National issues

3.1. Future change

The challenges which lie ahead for the Trust - and the NHS generally – were captured at the end of the year with the publication of the ‘Dalton Review: Options for Providers of NHS Care’ and NHS England’s planning guidance (‘Everyone Counts: Planning for Patients’) which takes forward the approach set out in the NHS Five Year Forward View’ published in October.

Together, they set out the extent of the transformation that needs to be achieved by the NHS if it is to meet the rapidly growing service demands from within the increasingly challenging financial framework.

The focus for the future is on prevention, innovation, efficiency and increased investment, resulting in the delivery of integrated and more accessible services. ‘One size fits all’ solutions or top down reorganisations are considered inappropriate.

In outlining the tough future for the NHS, quality remains absolutely paramount and required changes signposted include the:

- Need to accelerate the pace of transformational change
- Desire for CQC rated ‘good’ and ‘outstanding’ trusts to expand their reach
- Expansion of prevention and public health campaigns
- Increased engagement with patients and staff

- Expanded influence of and support for carers and volunteers
- Increased use of technology
- Treatment in tandem of physical and mental health
- Pursuit of parity of provision between physical and mental health
- Pursuit of new approaches via greater partnership and joint working across health communities

The reports make challenging reading and reinforce the importance of the steps we have been taking as a Trust to ensure clinical leadership and local delivery, to strengthen the quality of our services, to improve our support for carers, to work with voluntary sector organisations, to focus on the wellbeing of our staff, to make better use of technology and to increase the pace of change within our Trust.

The Trust Development Agency will be encouraged to publish the future trajectory of all trusts which are yet to become foundation trusts and the CQC inspection regime will grade all providers. The importance of our Trust being positively projected by both organisations is vital if we are to build the organisational strength and reputation, essential to forging the partnerships and joint working with other parts of the health and social care community which will help deliver new care models.

3.2. Suicide prevention

Considerable media coverage was focused last week on a speech by Deputy Prime Minister Nick Clegg in which he called for a ‘zero suicide’ ambition for the NHS, calling on mental health services to provide better support to suicidal patients. His speech focused on the achievements of the “Detroit Model” and local UK schemes to build on its successes. I’m sure we would all support this ambition and I am pleased that many aspects of the Detroit model are already reflected in our services. We are working with commissioners and clinical networks to identify all opportunities to prevent suicide within our own patient group and the wider communities.

3.3. CQC rating display

From 1 April, all providers registered with CQC, and who have been awarded a CQC rating, will be required to display it at their premises and on their website. The aim is to make sure that the public, and in particular the people who use services are aware of the Trust’s rating. We anticipate being rated by CQC in the coming months and will of course meet this new obligation as appropriate throughout our Trust estate.

4. Local round-up

4.1. Financial allocations

NHS England has announced the budget allocation clinical commissioning groups (CCGs) will receive in the next financial year. According to NHS England, funding increases to CCGs will match inflation, with those most underfunded or with fast growing populations receiving up to 2.8% extra in their total allocation.

The figures are set out below for those CCGs in the region with whom we work.

	Budget allocation £000	Total growth on prior year %
B&NES	215,589	1.70
Bristol	518,415	1.73
North Somerset	250,149	3.07
South Gloucestershire	678,872	1.70
Swindon	235,906	3.03
Wiltshire	520,902	1.70

Each CCG faces its own financial and service challenges. We will work closely with each of our CCG commissioners to deliver to the communities we support the highest quality of service within the financial resources available.

4.2. North Somerset Public Mental Health Strategy 2015 – 19 Consultation

This describes how AWP is working with N Somerset Council, North Somerset Clinical Commissioning Group and other key partners to develop positive mental health and wellbeing for the North Somerset population. Consultation on a draft of the strategy (<http://tinyurl.com/na4nyjm>) ends on 31 January and feedback via an on line questionnaire ((<http://tinyurl.com/mzk6hsn>)) is sought from service users, carers, providers and other interested parties. The three overarching objectives are to promote mental wellbeing, prevent mental ill health and promote early identification and support.

5. Trust update

5.1. Friends and Family

Eighty three per cent of comments in the December 2014 Friends and Family Test, completed by service users in community and inpatient settings, were positive. Over 500 service users commented with 87% of comments from community settings positive and 65.5% from inpatients. These figures reflect the great work being done by our staff and I would like to thank them for their commitment and dedication. The community figures also mean that the Trust has achieved its CQUIN (Commissioning for Quality and Innovation) target.

5.2. NHS national staff survey

The results of the annual NHS staff survey are published in March and the detail findings are therefore embargoed until then. Initial indications are that eight per cent of scores have improved, 15 per cent have declined with the remaining 77 per cent showing no significant change. These are disappointing figures and understanding and tackling the concerns that the survey findings highlight is a priority for the director team in the coming weeks and months.

5.3. Wellbeing Charter

An independent assessment last month has resulted in the Trust being awarded the wellbeing charter at achievement level in leadership, attendance management, health and safety, mental health and wellbeing, smoking & tobacco, and physical activity. We have received 'commitment level' in healthy eating and in alcohol and substance misuse. The assessment demonstrate the quality of the initiatives that have been undertaken and the way staff throughout our trust has embraced these.

5.4. Team of the month

The outstanding efforts being made by staff across our Trust was illustrated by the quality of the nominations for January's Team of the Month at last week's Quality Huddle and the enthusiastic debate over which team would triumph.

The nominations were so good that any one of the nominees would have been a worthy winner. It was the acute services in Wiltshire that pipped their colleagues at the post for their work in recent weeks in challenging circumstances, supporting service users with complex and demanding needs . Staff in the inpatient, intensive and Section 136 teams were praised for remaining positive and being cheerful, in the face of difficulties including a number of assaults on colleagues by service users.

Other teams nominated were the Memory Services team in Swindon, the IAPT services in B&NES, the Veterans Service in specialised, the quality and performance team in Secure, the Bristol 136 suite staff, Juniper ward in North Somerset and the finance team in Corporate services.