

Trust Board meeting (Part 1)		Date:	27 January 2016
Agenda item	Title	Executive Director lead and presenter	Report author(s)
BD/15/216	Chief Executive's Report	Hayley Richards, Acting Chief Executive	Company Secretary, Trust Paralegal, External Communications Manager
This report is for:			
Decision			
Discussion			
To Note		X	
History			
<i>None.</i>			
The following impacts have been identified and assessed within this report			
Equality	None identified		
Quality	None identified		
Privacy	None identified		
Executive summary of key issues			
<p>This report advises the Board on some of the key management and development issues facing our Trust, considering internal and external influences.</p> <p>The Board is asked to note the 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 Trust issues - national

1.1 Junior doctors' strike

Junior doctors in England took industrial action on 12 January after talks between the BMA, NHS Employers and the Department of Health around the junior doctors' contract dispute ended without an agreement.

The Trust operated a 'Christmas day service' meaning that emergency care only was provided by junior doctors. This means that typically, a junior doctor scheduled to work 'on call' or with other 'emergency' duties that would take place on Christmas day, worked as scheduled.

Services which needed to be postponed were once staff and service users involved had been informed.

1.2 Sustainability and Transformation Plans

NHS England and NHS Improvement (the new body which will bring together Monitor and the NHS Trust Development Authority) have jointly published NHS planning guidance for the period 2016/17 to 2020/21.

The guidance requires that NHS organisations work on two separate, but interconnected plans:

- A one year Annual Operating Plan for each individual NHS Trust, which is separate to, but consistent with;
- A five year "Sustainability and Transformation Plan" for each local health and care system, co-ordinated by CCGs, with input from local NHS Trusts and Local Authorities. The plan must set out how health and care systems will meet nationally mandated targets, make progress with regard to the NHS Five Year Forward View and achieve financial. We are collaborating with CCGs who are drawing up the STPs and attend meetings with them to this end.

1.3 Legislation and Guidance Update

1.3.1 Mazars – independent review – Southern Health NHS Foundation Trust

NHS England has published an independent report into the deaths of people with a

learning disability or mental health problem at Southern Health NHS Foundation Trust, and highlighted the need for a system-wide response.

A report has also been published by the Parliamentary and Health Service Ombudsman which states NHS Trusts are often not identifying failings, or if they are, not finding out why the failings happened in the first place. The findings of the report cast a question mark over the current ability of NHS organisations to conduct effective investigations where it is alleged that someone may have been harmed, or died, avoidably.

The Clinical Executive has considered AWP's position with regard to the findings of the Mazar's report. An analysis, plus action plan to address any areas for improvement will be presented to Quality & Standards committee in February.

1.4 Deprivation of liberty safeguards 2014/2015

The CQC have published their sixth annual monitoring report on how hospitals and care homes in England are using the Deprivation of Liberty Safeguards. The Monitoring the Deprivation of Liberty Safeguards report shows the need for greater efforts to protect vulnerable adults. The key findings are:

- There has been a tenfold rise in Deprivation of Liberty Safeguards applications in 2014/15;
- Providers' use of the Deprivation of Liberty Safeguards is variable; and
- Improvement is needed across the health and social care sector.

The Trust has seen an increase in line with the findings of this review, and this has led to some problems with DoLS assessments being undertaken in the required timescales by local authorities; however the Trust has worked with local authorities to ensure that cases are prioritised to reduce risks of breaches of rights for individuals.

The changes to the criteria for DoLS and the raised numbers of DoLS has raised the potential risks of non-compliance in this area, this risk is set out in the Trust Clinical

Executive risk register, and actions to address these risks and to enhance the system to manage applications are set out in the Trust Safeguarding Adult and DoLS work plan 2015/2016.

2 Trust news

2.1 Bus tour makes West the best

The West of England has the most dementia research volunteers in the country after a regional bus tour to recruit volunteers exceeded all targets.

The aim of the week-long bus tour was to gain 1000 local registrations to 'Join Dementia Research' by Christmas - that target was smashed, with the local total now standing at 1250. This makes the West the leading region nationwide for people signing up to the service, which currently has almost 15,000 people registered nationwide.

Backed by the National Institute for Health Research (NIHR) Clinical Research Network (CRN): West of England and local partners, the tour was supported by AWP, Alzheimer's Research UK and the Alzheimer's Society.

2.2 Alder Unit accredited as excellent

Alder Unit at Callington Road Hospital has been accredited as 'excellent' by the Accreditation for Inpatient Mental Health Services (AIMS), a quality based initiative of the Royal College of Psychiatrists.

Alder Unit provides rehabilitation for people who have long-term mental health problems combined with other complex needs such as personality disorders or problems carrying out activities of day-to-day living.

2.3 Learning Disability Conference

Our first ever Learning Disability Conference for staff will be held in Keynsham on Friday 26 February 2016. The aim of the conference is to highlight the work undertaken by staff to support our service users with learning disabilities and look at ways the service can be developed.

The conference programme includes presentations from Dr Manash Chattopadhyay, the Trust's Learning Disability Medical Lead, families, carers,

community and inpatient services. There will also be information stands from other organisations who work alongside the Trust.

3 Trust Board business

Today's meeting of the Trust Board will review information about the operation of the Trust in order to make key decisions about the work we do.

3.1 Quality and Performance

The Quality and Performance report updates the Board on how we are currently performing against targets we have been set and those we set ourselves in order to measure the quality of the services we deliver. A current significant challenge relates to the CQC concerns regarding Bristol community service provision. The Clinical Executive report shows how we are responding and how effective our actions are.

During December we have seen performance against our local indicators remain below target, and we have plans in place to deliver improvement where indicators are below target and trajectories are provided below.

Pressure on Trust beds remains high and is the subject of daily bed management strategies.

3.2 Clinical Executive Report

Our Clinical Executive is made up of our Medical and Nursing directorates. This report summarises the work of these directorates to deliver high quality care.

This month's report highlights:

- Continued work on Safer Staffing and our commitment to achieving safe staffing levels across all our wards
- High levels of compliance assessed through weekly audits for Drug Prescription and Administration Records (DPAR)
- An internal working group will urgently consider the current issues and risks regarding s136 provision in the Trust, and develop a Trust strategy in relation its delivery of commissioned s136 provision for adults and children

- 95%, (36/38), wards have now commenced implementation of Safewards, an initiative to reduce use of restrictive practices
- The initial results of the 2015 mental health inpatient survey are an improvement on last years' inpatient survey results in many areas.

3.2.1 Warning Notice received in Bristol

An unannounced Care Quality Commission inspection of the Bristol Crisis service, and the three Assessment and Recovery Teams was conducted 7 and 8 December 2015.

The CQC found evidence that healthcare provision required significant improvement.

A Section 29A Warning Notice requiring significant improvement to be made in the above areas was served 31 December 2015.

A support team for Bristol has been appointed to work with the Bristol management team to address the immediate concerns. The triumvirate is developing plans to address longer term issues of culture, engagement and sustainability.

There is currently an audit taking place in order to understand the position of all LDU's against report from Bristol CQC visit.

The Trust is driving a robust and swift response to the Warning Notice and is working with the CQC to make improvements across Bristol.

3.2.2 Rating for the Trust

We are expecting a full CQC inspection commencing 23 May 2015. One of the primary functions of the Care Quality Commission (CQC) is to monitor, inspect and regulate care services. When the CQC inspects the Trust in May, they will ask five key questions, which form key lines of enquiry and help identify what should be focused on.

The questions the CQC will ask of us and our services are:

- Are they effective?
- Are they safe?

- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

3.3 Resources Report

The Resources Report presents a challenging picture for the Trust. The Trust's focus has been on maintaining quality, minimising the use of agency and reducing our costs to ensure we can achieve our planned surplus and control total agreed by our Board and the TDA.

The trust, like others, has been maintaining close management of a challenging financial position throughout the year.

The Finance and Planning Committee provides assurance to the Board that continued efforts by all parts of the Trust to maintain the reduced forecast spend are going to plan, and referred to data which demonstrated significant achievements month on month in this area. The Executive Team will continue to drive these efforts and maintain close oversight of the position for the remainder of the year. Nevertheless, the report will invite the Board to discuss the financial forecast in detail.

3.4 Risk Report

A new database for managing risk registers is being rolled out across the Trust (RiskWeb by Ulysses). Feedback from localities has been very good with senior managers and directors recognising the potential for significant improvements to the way we manage risk.

Across its three Executive risk registers the Trust has six red risks and six amber risks. Controls are in place and reported through the Risk Report.

4 Serious Untoward Incidents (SUIs)

4.1 Summary of incidents in month

Each month I bring you a snapshot of the most serious incidents reported in month. This keeps the board apprised of the issues we are reviewing, investigating and learning from as they are occurring. These incidents

are subject to investigation, and reporting through our usual quality governance routes and subject to scrutiny by the Quality and Standards Committee in due course.

There were 11 serious untoward incidents in December 2015. Four were suspected suicides; one of a patient known to services in Wiltshire and two of patients known to services in North Somerset. Four incidents related to unexpected deaths of community service users, and one to the death of an inpatient in our Secure services. One incident was the result of a fall of a patient in our Wiltshire locality, and one incident was a quality issue reported in our Swindon locality.

Investigations in relation to all cases have been commissioned.

5 Recommendation

The Board is asked to **note** the report.