

Trust Board meeting (Part 1)		Date:	24 February 2016
Agenda item	Title	Executive Director lead and presenter	Report author(s)
BD/15/246	Chief Executive's Report	Hayley Richards, Acting Chief Executive	Company Secretary, Trust Paralegal, External Communications Manager Internal Communications Manager
This report is for:			
Decision			
Discussion			
To Note		X	
History			
None.			
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 Carter Report into NHS Productivity

A recent report on NHS productivity, undertaken by the Labour peer Lord Carter of Coles, claimed that hospitals are not making the best use of their income and need to improve urgently if the NHS is going to make the £22bn a year of efficiency savings it has pledged to deliver by 2020-21.

Lord Carter's inquiry - which was ordered by health secretary Jeremy Hunt - is based on a detailed examination of how 136 of England's 156 acute hospital trusts operate.

Tackling "delayed transfers of care", (patients who may be fit to leave an inpatient bed but cannot be released because social care is not in place), would save £900m.

Trusts could also make "significant" savings by reducing the amount of sick leave staff take, which can vary widely from one organisation to another.

In a separate report the National Audit Office warns that the NHS's systems for recruiting doctors, nurses and midwives are "fragmented", inefficient and expensive.

In 2015 the service was short of 50,000 staff, a 6% vacancy rate, and was becoming increasingly reliant on expensive agency staff to plug gaps in rotas.

Although mental health trusts such as our own were not included in the data for the Carter report, we recognise some of the same problems as have been highlighted in acute trusts and are required to make efficiency savings to help the overall position of the NHS.

For our own part, we have been working to improve recruitment, reduce sickness rates and reduce delayed transfers of care. These areas continue to be priorities for AWP.

1.2 The Five Year Forward View for Mental Health

Formed in March 2015, the Mental Health Taskforce brought together health and care leaders, people using services and experts in the field to create a mental health Five Year Forward View for the NHS in England.

The report, published this month, sets out a vision for improving the mental health of children, young people, working-age adults and older people. In addition to recommendations focused on the NHS and associated arm's length bodies (ALBs), the final report also makes a series of wider recommendations aimed more broadly at government and wider partners, including local government.

For the NHS, the taskforce sets out a number of priority areas for action. People facing a crisis should have access to mental health care seven days a week and 24 hours a day, in the same way that they are able to get access to urgent physical health care. The report identifies the need to invest an additional £1 billion in 2020/21, which will generate significant savings. It builds on the £280 million investment each year already committed to drive improvements in children and young people's mental health, and perinatal care.

The executive team has begun to bring the report to the attention of local MPs and commissioners in appropriate forums and will work in partnership to design and deliver the improvements.

1.3 BNSSG Health and Care System Partners

The NHS in England is required to produce place-based Sustainability and Transformation Plans, driving the Five Year Forward View over the period October 2016 to March 2021, for submission to national bodies in June 2016.

Bristol, North Somerset and South Gloucestershire (BNSSG) health and care system partners, of which AWP is a partner organisations, have determined that the appropriate local footprint for strategic planning purposes should be BNSSG and

have agreed to work on the development of an ambitious and realistic five year Sustainability and Transformation Plan (STP) for the area.

AWP is deeply engaged in these forums and we are making active contributions.

SCOPE

BNSSG proposed 5 year plan would be set out to deliver:

- Collaborative system leadership and ownership of the plan;
- An open and iterative process to engage clinicians, patients, carers, citizens and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards;
- Governance arrangements which will effectively manage performance against the plan, system learning and adaptation where necessary;
- Coverage of all areas of CCG and NHS England commissioned activity including specialised services and primary medical care;
- Plans for better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.

2 Trust News

2.1 Bristol Performance

As of 18 February, the number of people in Bristol waiting more than four weeks for assessment has been reduced to 10. Each of those 10 individuals either has an appointment or an appropriate plan in place.

This was achieved by bringing in extra resource to speed up and improve access to specialist services, which we recognise had fallen below standard, and was one of a number of concerns raised following a recent Care Quality Commission (CQC) visit.

We have liaised with patients individually and with referrers and other partners to ensure everyone is dealt with in the most appropriate way. We have also improved

training and administrative and information systems.

Some of this work was undertaken to ensure we were meeting the standards set by the Care Quality Commission (CQC). Other concerns raised which we are actively working to address include:

- Timeliness of care, a lack of safe care and treatment;
- A lack of governance systems;
- Staff with inappropriate experience and competence;
- Staff not taking appropriate safeguarding measures, and unsuitable premises for care.

Since the beginning of January, a dedicated support team has been working in Bristol and, together with the Bristol management team, have already made progress. A new system to monitor referrals has been set up, and there has been a reduction in the numbers of people waiting longer than four weeks for an initial assessment.

The support team are also working to reduce the frequency of non-attendance at appointments, and are implementing a more robust triage system with effective signposting and advice for further help.

We are implementing action plans accordingly, with the support of our local Bristol Mental Health partners.

2.2 Monthly Briefing

The main themes of January's monthly briefing were:

- Chief Executive and other leadership changes
- Agency spend/rostering/Safer Staffing
- Inpatient survey results
- CQC preparation
- IT issues (eg Skype)

The collated feedback from the briefing events had more than 1,200 hits in less than a week when published on Ourspace (our staff intranet) - a new record.

A review of the feedback from the five briefings so far has revealed a number of

themes – [see table ‘Monthly Briefing Themes Jul 2015 – Jan 2016’ in the Board papers].

In addition there were 46 recorded miscellaneous comments/questions. Subjects include caseloads, wider NHS issues, procurement, clinical issues, facilities/estates, quality issues, the status of groups and meetings at the Trust, clinical networks, staff feedback and engagement and the future of AWP.

Detailed analysis shows that over time more queries and comments are coming in above and beyond the themes of the film, suggesting that the briefings are promoting an increase in two way dialogue. We continue to monitor this feedback and explore new ways to maximise its use.

2.3 Ten Tremendous Years of Teign

The team at Teign is celebrating ten years of the women's medium secure service.

Teign, which is part of the Fromeside medium secure service at Blackberry Hill Hospital, was a new service created when our secure services expanded a decade ago. Staff - both past and present - got together with friends and families for a celebration on Wednesday 10 February, organised by Kate Chard, Teign's activities co-ordinator.

Our women's medium secure service has made a huge difference for women and families from across our region. Before Teign was opened there was no women's medium secure service in the West. Women from across the region who needed secure mental health services had to be placed in other parts of the country, usually at a huge distance from their homes and families. In the time since we opened, we've continued to develop our service and we are extremely proud of our work helping women who are often very vulnerable to manage their mental health, overcome harmful behaviours and build positive lives.

2.4 Will There Ever be a Cure for Dementia?

That was the theme of an event we held for our Foundation Trust membership during the month.

The event, which took place in Swindon,

gave nearly 50 of our members the opportunity to listen to the work we have been involved in with dementia research. Attendees were also able to join in a Q&A session and find out how to become involved in dementia research for themselves.

We hope to host further events of this kind for our members in other localities.

2.5 Quality and Performance

This report provides a monthly update on performance against the key indicators included within the Trust's mental health contract.

In the full report - which we will hear about in today's Board - some of the key themes covered include:

- **Monitor Compliance:** Gate-keeping of admissions by crisis services remains below target. The Wiltshire locality continues to show as below target. However December saw further improvement and a trajectory remains in place to move the locality back above 95%. DTOC also remains below target, albeit with improvement in January.
- **Locally agreed indicators:** a number of key indicators remain below target.
- **Improvement:** Plans are in place to deliver improvement where indicators are below target and trajectories are provided below.
- **Bed pressures:** pressure on Trust beds remains high and is the subject of daily bed management strategies and a recent workshop (8/2/16) of senior staff as part of the acute care pathway work programme.

2.6 Clinical Executive Report

Our focus on quality of services continues, and as is reported by Andrew and Tim in the clinical executive report; we have only 57 tasks still outstanding of 641 tasks identified in our CQC pilot inspection. This puts us in a good position ahead of our May 2016 inspection date, and this, coupled with our relentless focus on quality throughout the year will ensure that our services continue to improve.

2.7 Resources Report

We continue to challenge ourselves to achieve further efficiencies at the end of the year as we endeavour to recover financial under-performance. I am talking personally with colleagues in other parts of the health system to recover finances owed to the Trust, and with the NHS Trust Development Authority, as we attempt to mitigate every element of risk. As the opportunities for further efficiencies reduce, our staff are working to come up with innovative ideas to work even more efficiently, and I would like to thank them for their creativity and commitment.

3 Serious Untoward Incidents (SUIs)

3.1 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 8 serious untoward incidents in January 2016.

Investigations in relation to all cases have been commissioned.

3.2 CEO Meetings During February

During this month I have attended a number of important meetings, both within the Trust and with other organisations. These have included:

- Director of Operations Interviews - spoken with a number of potential applicants. Interviews are scheduled for 11 March. Arrangements being made for the day, which will include discussion groups with Members and a cross-section of staff. The TDA will be joining the Interview Panel.
- Held individual meetings with Directors to review Portfolios
- Five Year Forward View for Mental Health

2 February – Attended NHS Providers Chairs and Chief Executives Dinner with Simon Stevens

15 February – with the Chairman, met the Chair and Accountable Officer of Swindon CCG as part of six monthly review

16 February – as part of programme to meet with Acute Chief Executives, met with Nerissa Vaughan, Chief Executive, Great Western Hospitals

17 February – with the Chairman, sat on Interview Panel for Consultant Psychiatrist in General Adult Psychiatry Acute Inpatient Service

18 February – met with Justin Tomlinson, MP for Swindon North

18 February – met with Mark Outhwaite as part of his induction

22 February – will be attending Chief Executives' Partnership Meeting, organised by Avon & Somerset Police Constabulary

25/26 February – will be attending the South West Mental Health Chief Executives Group

4 Recommendation

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