

# Annual General Meeting – 2012/13

11 September 2013

## Today's AGM

Review of the year

Tony Gallagher, Chair

Financial review

Paul Miller, Director of Finance

Quality: our first priority

Dr Hayley Richards, Medical Director

Moving forward

Iain Tulley, Chief Executive

Questions

## 2011/12 – ‘Fit for the Future’

- Focus on five elements:
  - Our new leadership team
  - Service users and carers
  - Decentralising control
  - Clinical leadership
  - Openness and transparency

## Changing leadership team

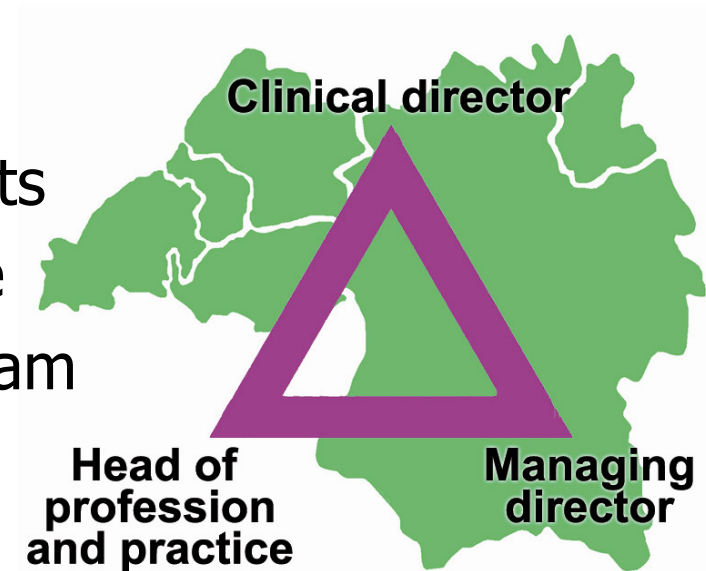
- New chair
- Chief executive - Iain Tulley
- Medical director - Hayley Richards
- Operations director - Kristin Dominy
- Locality leadership teams – clinical director, managing director and head of profession and practice
- Board strengthened via appointment of Ruth Brunt, former chief executive of North Bristol NHS Trust, as Associate non executive director

## Service users and carers

- Transformed our approach
  - Independent NSUNS (National Survivor User Network) report
  - Co-production 'Let's get engaged' events
  - New engagement and involvement strategy developed
  - Peer mentors
  - Involvement coordinators

## Decentralising control

- Switch from strategic business units
- Decisions made closer to front line
- Clinically led local management team
- Local teams empowered to play active part in local communities of care
- Closer links with third sector groups
- Local service user involvement



## Clinical leadership

- Stronger role for clinical leadership group, professional council
- New clinician engagement strategy
- Quality academy established
- Significant clinical input into:
  - New information for quality system (IQ)
  - RiO clinical record system
  - Policy and strategy development

## Openness and transparency

- External engagement: commissioners, service users, carers – the local communities of care
- Internal engagement: greater transparency, chief executive hotline, good and bad news shared
- Most Board business taken in open session
- Board area rotation and public questions



**Just a start..**

Much more to do...

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# Financial review

**Paul Miller**

Executive Director of Finance

## Key facts 2012/13

- £184.9m spent on mental health and social care
  - Operational area 2,200 square miles
  - Population 1.6 million people
  - 3,215 whole time equivalent staff
- Service user contact
  - 36,852 referrals
  - 36,659 individuals seen
  - Over 445,000 contacts

## Year ending 31 March 2013

	£k
• Operating revenue	194,609
• Operating expenses	(184,900)
• Other financing costs	(9,061)
• Retained surplus for the year	648
• Non cash releasing adjustments	
– Impairments exc IFRIC12	901
– IFRIC 12	1,387
• Adjusted surplus	2,936

## Performance 2012/13

- Monitor metrics
  - EBITDA margin score - 4 out of 5
  - Net Return after financing score - 3 out of 5
  - Liquidity Ratio of score - 4 out of 5
  - Overall Monitor Metric score - 4 out of 5
- Break even duty
  - Successful break even duty achieved
  - Cumulative historical surpluses now at £10.895m

## 2012/13: where the money came from

### Income £194,609 k

PCTs	82%
Local authorities	14%
Other income	4%

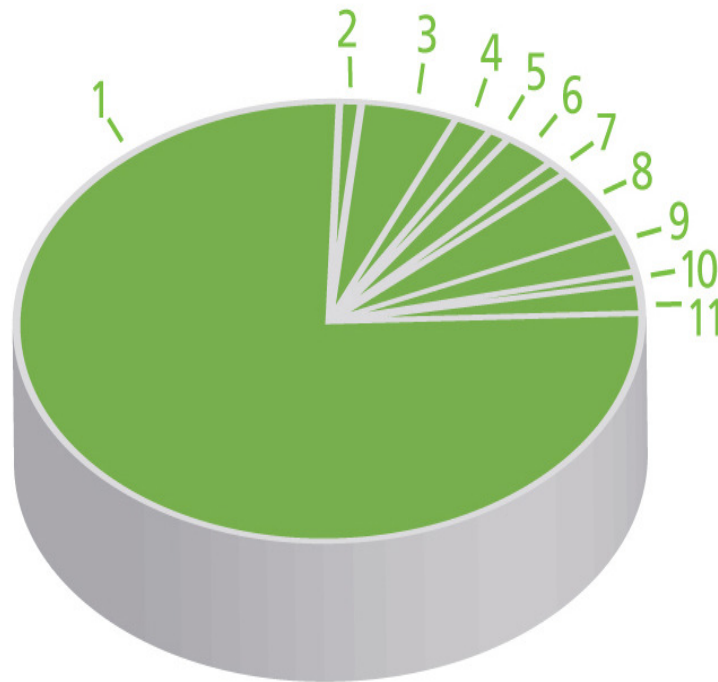
### PCT income £159,715 k

Banes	9%
Bristol	46%
North Somerset	11%
South Glos	12%
Wiltshire	22%

Note: £16.2m (8%) Swindon PCT income comes via Swindon Borough Council so is shown as local authority income

## 2012/13: where the money was spent

Operating expenditure: £184,900



1. Staff costs 76%
2. Services from all NHS 1%
3. Clinical supplies 5%
4. General supplies 1%
5. Consultancy 1%
6. Establishment 3%
7. Transport 1%
8. Premises 6%
9. Depreciation 3%
10. Research 1%
11. Other 2%

## Operating expenditure by service

	£k	%
Adults	48,160	26
Older people (including IAPT)	36,772	20
Drug and alcohol services	10,835	6
Secure services	30,742	17
<b>Total strategic business units</b>	<b>26,509</b>	<b>68</b>
Estates	18,841	10
Central services and compliance	39,550	21
<b>Total operational expenditure</b>	<b>184,900</b>	<b>100</b>



## 2013/14 and beyond

- Deliver consistently safe, effective, quality services
- Compete for existing and new contracts within an open market for mental health service providers
- Continue the implementation of Mental Health Payments by Results (PbR)
- Implement new locality budgets and reporting from April 2013 onwards
- Continue to deliver Cost Improvement Plan savings in line with government and commissioner efficiency targets

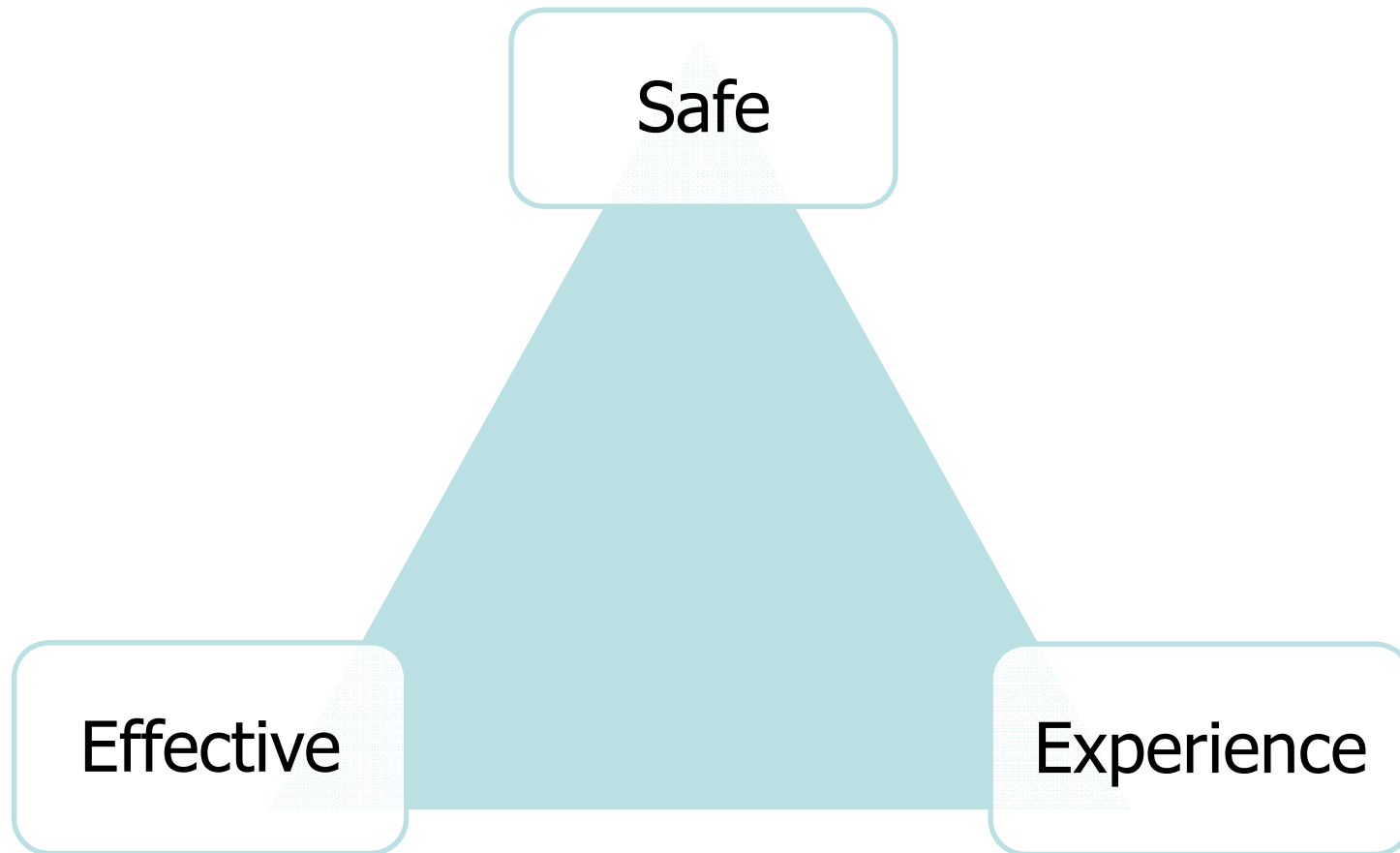
# Quality: our first priority

Dr Hayley Richards  
11 September 2013

## Commitment to change 2012

- Consistent service improvement
- Service users and carers at the heart of what we do
- Making performance management more effective
- Staff support and engagement

# Quality Services



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## Quality in context: Berwick

Four guiding principles:

- Place the quality and safety of patient care above all other aims for the NHS
- Engage, empower, and hear patients and carers
- Foster wholeheartedly the growth and development of all staff
- Insist upon unequivocal transparency, in the service of accountability, trust, and the growth of knowledge

## Quality in context: Keogh

Common barriers to delivering high quality care include failure to:

- Listen to patients and staff
- Ensure Board capability to use data to promote quality
- Challenge isolation: geographical, academic, professional
- Value frontline (innovative) staff
- Ensure transparency is used for support & improvement, not accountability & blame

## Quality in action: Listening

In AWP this means we will:

- Actively seek & respond to feedback on our performance
- Actively seek views & involvement of our staff
- Embed voices of service users & carers throughout our Trust

## Quality in action: Learning

- Quality Academy
  - Design, assure, support, improve
  - Bring together audit, clinical information, patient & public involvement & volunteer management
  - Skills in experience based design, research & evaluation
- A commitment to learn, extending to
  - Individuals
  - Networks
  - Partners



## Quality in action: monitoring

- Using data to drive up the quality of services
- Information for Quality
- Simplified, relevant indicators
- Collaboration with staff & commissioners
- Visible to staff and commissioners (& public)
- Overview of all services
- Live data



## Quality: our strategy

- We will deliver the best care
- We will support and develop our staff
- We will continually improve what we do
- We will use our resources wisely
- We will be future focused

# Moving forward – our strategy 2013-18

Iain Tulley  
Chief Executive

## Four components

- Our **purpose** – what we are here to do
- Our **values** – guide the way we do things
- Our **vision** – where we want to be in five years
- Our **priorities** – what we care about and what will focus our time, energy and resources to achieve our vision

## Our purpose

- We provide the highest quality mental healthcare that promotes recovery and hope

## Our values

- P Passion Doing our best, all of the time
- R Respect listening, understanding and valuing what you tell us
- I Integrity Being open, honest, straight forward and reliable
- D Diversity Relating to everyone as an individual
- E Excellence Striving to provide the highest quality support

## Our vision

- We will be first choice for service users
- We will be widely recognised as the best mental healthcare employer in the country
- We will be an established learning, teaching and research organisation
- We will be rated as 'excellent' by regulators and described as excellent by commissioners
- We will be a strong partner and a system leader that ensures best quality, best value and coherence across complex pathways of care
- We plan to grow – consolidate, integrate and expand

## Our strategic priorities

- We will deliver the best care
- We will support and develop our staff
- We will continually improve what we do
- We will use our resources wisely
- We will be future focused



## You matter, we care...

### We care...

#### ...about delivering the best care

- Clinically led services
- Locally delivered services
- Expert specialist services
- 7 quality indicators (IQ)
- Involvement Workers and Peer Mentors

#### ...about our staff

- Staff support and recognition
- Regular and meaningful supervision and appraisal
- Active talent management process
- Education, learning and development
- Workforce planning

#### ...about continually improving what we do

- Service user and Carer networks
- Quality Academy
- Research and Development
- BEST in Mental Health Service
- Academic partnerships

#### ...about using our resources wisely and sustainably

- Rebalancing resources to frontline services
- Cost Improvement Plans
- Enabling technology
- Flexible estate, responsive facilities
- Improving productivity

#### ...about the future

- Support local communities
- Develop services
- Strategic partnerships
- Tackle stigma and inequalities
- Whole system development

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