

REPORT TO TRUST BOARD

Enclosure No:4

Date of Meeting:	28 th February 2019		
Title of Report:	CEO Board Report		
Presented by:	Caroline Donovan, Chief Operating Officer		
Author:	Caroline Donovan, Chief Operating Officer		
Executive Lead Name:	Caroline Donovan, Chief Operating officer	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Date:	Document Version No.
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Performance Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Primary Care Integration Programme Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. To enhance service user and carer involvement. <input checked="" type="checkbox"/> 2. To provide the highest quality services <input checked="" type="checkbox"/> 3. Create a learning culture to continually improve. <input checked="" type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input checked="" type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> 6. Attract and inspire the best people to work here. <input checked="" type="checkbox"/> 7. Continually improve our partnership working. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	None		
Resource Implications:	None		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Includes update on Inclusion Council.		
STP Alignment / Implications:	Includes appearance by STP Director at Leadership Academy and NAO Report on NHS financial sustainability, including local partnerships		
Recommendations:	To receive the report for assurance and information		
Version	Name/group	Date issued	
1.0	Caroline Donovan	19 th January	

Chief Executive's Report to the Trust Board 28th February 2019

PURPOSE OF THE REPORT

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LOCAL UPDATE

1. CQC INSPECTION FEEDBACK

Communications regarding the CQC initial feedback has been incredibly positive and it's a real tribute both to the quality and compassion of our care and the fantastic way all of our staff showcased this to the inspectors.

There was particularly strong feedback regarding the compassionate nature of our services and staff, including really clear recognition from service users about how much they value and appreciate the way they are treated and the services they receive. There was also real recognition of the continuing improvements we have made even in the relatively short period since our last inspection. This was consistent across all services inspected as well as the Well Led Inspection, which was particularly thorough and challenging, as we are one of the first Trusts to trial the CQC's new approach

Thanks and congratulations are due to everyone – our staff, service users, carers and partners. Inevitably, there have been a few areas for improvement and the core services have already started to take action to address these issues and action plans are being progressed. We anticipate that the Trust will receive more thorough and formal notification of the CQC findings in their reports which they anticipate getting back to us in early March.

2. OPEN SPACE EVENT 2019

On 30 January, we hosted our Service User and Carer Council Open Space 2019 event. The event is one of our most important annual opportunities to get together with service users to help shape our Quality Priorities for the coming year. Hosted by our Executive Director of Nursing and Quality, Maria Nelligan, there was an amazing turnout of nearly 100 people at Port Vale FC. The centrepiece of the day was a live voting and discussion session on our draft Quality Priorities, showing that our service users attached particular importance to:

- leading and collaborating with health and social care agencies for a system-wide approach to zero suicide
- embedding our Person Centredness framework in collaboration with service users and carers
- transforming our community pathways to promote person centredness
- embedding the use of technology via the CAMHS Digital Exemplar to improve access and be more responsive

We also carried out the official public launch of our Wellbeing Academy, following the internal launch a couple of weeks ago and there was real enthusiasm for the venture.

Congratulations to the patient engagement team for putting on another fantastic event.

3. 'COMBINATIONS' PODCAST LAUNCHED

We're proud of our use of staff, service user and carer stories at our Trust Board and Committees to bring real-life experience to the heart of our decision making. And we're also proud of our reputation as an innovator in communications and engagement – particularly digital and social communications.

That's why we're pleased to launch our Combined Healthcare Podcast – which we're calling 'Combinations'. You can access it for free at <https://soundcloud.com/nhscombinations>.

The first Episode was launched to coincide with national Time to Talk Day and featured our CAMHS team talking about their nationally leading service, involving new investments, new staff, new services, partnership with schools and being a NHS Long Term Plan CAMHS Trailblazer and a NHS Digital Exemplar.

The launch attracted tweets and likes across social media and we've had over 200 listens in just the first week, so it's clear that it's something that is of interest.

We're inviting everyone to submit their ideas for a short film or Podcast via a webform on the Combined public website staff, service users and carers page.

Whether it's an initiative going on across Combined and its partners that people think the wider world would want to hear about, a service that really deserves promotion, or a mental health condition or treatment that they think needs greater understanding or profile, we're inviting everyone to tell us about it!

All ideas will be considered by our Communications Team and, if selected, they will be able to work with the nominators to turn their idea into a film or Podcast

4. AWARDS SUCCESS CONTINUES

Our track record of securing awards nominations for Combined continues unabated and last month we had three pieces of great news.

The first is that our finance team has been shortlisted for 'Finance Team of the Year – Health' in the annual Public Finance Awards. It's been a great year for our Finance Team, as they prepare to deliver our 20th consecutive year of financial balance – which is quite unprecedented and makes us one of the strongest financial performers in the region. The winners will be announced on 1 May.

The second is that we have shortlisted as Provider of the Year in the Leading Healthcare Awards, which will be announced on 6 March. Our entry featured our overall journey towards outstanding and was submitted by our Medical Director, Buki Adeyemo.

Last but not least, the Estates team has been nominated for Best Operational Project in the Partnerships Awards 2019. The project nominated is the Harplands Hospital partnership work during the changeover of the FM provider. The awards ceremony takes place on 9 May.

5. INCLUSION COUNCIL FOCUSES ON INCLUSIVE RECRUITMENT

The latest meeting of our Inclusion Council focused on our track record in recruiting and retaining BAME staff – as well as a fascinating discussion on how to avoid unconscious bias in recruiting practices.

Cherie Cuthbertson – our Recruitment and Retention Lead – presented some very thought-provoking, high-level analysis on how BAME applicants at Combined Healthcare fare at different stages of the recruitment and interview process, which suggests there is work needed to be done at the latter stages of the process, as the percentage of BAME success drops significantly. We will be carrying out some further Deep Dive analysis to understand exactly what lies behind the apparent top-line messages.

The Council also discussed work done by NHS experts on ‘unconscious bias’ in recruitment practices. Unconscious bias is an important cause of discrimination in many aspects of workplace activity. Such bias, or judgments about, and behaviour toward others that we are unaware of, is all around us. It is now well established that it affects how staff are shortlisted, appointed, promoted, paid, disciplined and even bullied at work. It affects all manner of decisions, notably in discrimination where research has extensively documented its impact on women, and ethnic minority staff in particular.

We have begun delivering training for regular recruiting managers in the Trust through Inclusive Recruitment Workshops being delivered for us by Joy Warmington, CEO of BRAP Equality. The first of these took part in January and a second is planned for 18 March.

These are practical and enjoyable learning experiences, designed to give managers an understanding of different types of biases and how they can influence the decisions that we all make. They also give an opportunity for attendees to review their own decision making processes and to examine ‘real’ case studies so that they spot how and where bias occurs. The final part of the workshop helps managers understand and review the effectiveness of interventions that are used to enhance fairness in talent management and recruitment process.

6. CLINICAL RISK SUMMIT

During January, we had 36 of our senior clinicians take part in a Clinical Risk workshop focusing on how we implement ‘Just Culture’ led by our Medical Director, Buki Adeyemo. The workshop was delivered by Mark Riley-Pit, who has worked with Mersey Care in this approach.

There was discussion about how compassion and openness with service users and staff when an error has occurred will encourage learning culture. Evidence has shown that where this approach has been adopted, there is a commensurate decrease in incidents.

This approach will be further developed within the Trust with the new leaders.

7. STP DIRECTOR ATTENDS OUR LEADERSHIP ACADEMY

It was a pleasure to lead our latest Leadership Academy which has now been refocused with the membership being our senior leaders.

Myself and Jonathan O'Brien presented on the NHS Long Term Plan and its boost for mental health, as well as the STP mental health plans (included in last month's Board Report). We also discussed the future direction in the plan about integration.

Both Maria Nelligan, and Dr Buki Adeyemo gave a presentation on our Quality Priorities Linda Holland and Geoff Neild presented on workforce and estates.

Our external speaker was Simon Whitehouse, Director of the Staffordshire STP. Simon's presentation was a thought provoking and frank assessment of the challenges facing our local health and care economy and the need for everyone across the region to work together collaboratively and imaginatively to deliver top-class care for our local populations and communities.

He also was happy to take questions from attendees and was able to respond to one and all with typical good humour and honesty – including accepting where things were difficult as well as progressing well. I know that his willingness to engage in this way was appreciated by all.

8. EXPLORING WAYS TO TRANSFORM OUR SERVICES FOR THE BETTER

Myself and some of the Executive team were asked to attend a last minute system summit due to concerns about the financial position across the STP and the need for us to have a credible plan moving into 2019/20.

We focused on discussing the art of the possible. The conversations really challenged us all to consider how can we really all work better together and take more risks and responsibility for transformation across the system.

The mental health discussions to date have been about investing in mental health; we have now decided that, through the investments that are continually going in, we need to identify how they can release costs wherever possible.

A particular priority is going to be to continue our focus on out-of-area spend where service users are being treated out of area. We have been successful in the last 18 months or so in caring for some service users closer to home, which is much more positive in enabling support from family and friends.

We are also exploring how the project for service users who use services in a repeated way - either in UHNM or our Trusts - could be expanded. Again, providing the right support to people in their home setting can prevent them needing to use emergency services, which reduced expenditure and improves the service user experience.

The final area is exploring how our work with service users accessing UHNM with alcohol-related needs could be better supported - potentially by accessing our in-patient facilities when in a crisis.

We are leading this work through the mental health workstream and I am very grateful to Johnathan O'Brien, as programme director, for his support and that of our teams, MPFT teams and the CCG.

9. NATIONAL PLANNING DRAFTS SUBMITTED

The Trust has submitted a draft Operational Plan, finance plan and workforce plan as per the national planning requirement. The submissions are fully reflective of the national planning guidance and have been shared with Business Development Committee and the Finance, Performance & Digital Committee. There will now follow a national review process carried out jointly between NHSI and NHSE, which is due to be completed by 29 March 2019. A final submission is due on 5 April 2019.

NATIONAL UPDATE

10. HEALTH EDUCATION ENGLAND PUBLISHES “TOPOL” REVIEW

On 11th February, Health Education England published “The Topol Review - Preparing the healthcare workforce to deliver the digital future.” This was an independent review commissioned by the Secretary of State to advise on:

- how technological and other developments (including in genomics, artificial intelligence, digital medicine and robotics) are likely to change the roles and functions of clinical staff in all professions over the next two decades to ensure safer, more productive, more effective and more personal care for patients;
- what the implications of these changes are for the skills required by the professionals filling these roles, identifying professions or sub-specialisms where these may be particularly significant;
- the consequences for the selection, curricula, education, training, development and lifelong learning of current and future National Health Service staff.

The Review proposes three principles to support the deployment of digital healthcare technologies throughout the NHS:

- Patients need to be included as partners and informed about health technologies, with a particular focus on vulnerable/marginalised groups to ensure equitable access.
- The healthcare workforce needs expertise and guidance to evaluate new technologies, using processes grounded in real-world evidence.
- The gift of time: wherever possible the adoption of new technologies should enable staff to gain more time to care, promoting deeper interaction with patients.
- Genomics, digital medicine and AI will have a major impact on patient care in the future. A number of emerging technologies, including low-cost sequencing technology, telemedicine, smartphone apps, biosensors for remote diagnosis and monitoring, speech recognition and automated image interpretation, will be particularly important for the healthcare workforce.

The Review considered a special submission on technology and mental health, which will be published in due course. It also highlighted:

- a speech recognition mental health triage bot that analyses text and voice inputs for emotion and suicidal ideation

- the use of Virtual Reality with benefits in post-traumatic stress disorders, anxiety and phobic disorders;
- computerised CBT for insomnia treatment, as a fully automated, advanced algorithm-driven program or app being used without any support from a human therapist, to offer a solution to the problem of CBT scalability.

The Report states:

“Some areas of the NHS workforce have been early adopters of digital technologies, for example, primary care and intensive care. It is important that other services, such as mental health and acute medicine, should be in the next wave of adoption of these technologies. Digital technologies must be fully integrated into NHS care and prevention pathways; otherwise their introduction will risk fragmentation, duplication and inefficiency of care delivery.”

11. NAO PUBLISHES REPORT ON NHS FINANCIAL SUSTAINABILITY

On 19th January, the NAO published a Report on NHS Financial Sustainability. Its headline finding was “the growth in waiting lists and slippage in waiting times during 2017-18, and the existence of substantial deficits in some parts of the system, offset by surpluses elsewhere do not add up to a picture that we can describe as sustainable...We will be able to judge whether the funding package will be enough to achieve the NHS’ ambitions when we know the level of settlement for other key areas of health spending that emerges from the Spending Review later in the year. This will tell us whether there is enough to deal with the embedded problems from the last few years and move the health system forward.

It also noted:

- The long-term funding settlement does not cover key areas of health spending, such as most capital investment for buildings and equipment, prevention initiatives run by Public Health England and local authorities, and funding for doctors’ and nurses’ training. Spending in these areas could affect the NHS’s ability to deliver the priorities of the long-term plan, especially if funding for these areas reduces
- It is not clear that funding is reaching the right parts of the system.
- Sustainability and Transformation Fund payments have helped most trusts improve their reported performance but encourage short-term gains over long-term sustainability.
- It is difficult to say how much progress has been made by local partnerships across the system. Some local partnerships are clearly making progress in developing a system-level vision, and in planning and delivery, but are still at very different stages of development. Most areas noted that the pace of change was slow in transforming the way services are provided, with few having yet reached the stage where major service reconfiguration had taken place
- Partnership working is vulnerable, given that partnerships are not statutory bodies and face significant challenges. Three-quarters of partnerships have a deficit when the finances of their constituent trusts and CCGs are added together. Even the most advanced partnerships face significant challenges in managing demand within the resources available. The need for organisations to meet their own statutory requirements may hinder partnership working. Partnerships are not statutory bodies supported by a legislative framework, and so require the goodwill of all involved. Continued financial pressure will test this goodwill