EXECUTIVE SUMMARY

1 Purpose and Key Issues
The purpose of this paper is to present the Chief Executive’s Report for July 2015. The Report summarises key aspects of the Board’s business since the last Trust Board meeting.

2 Supporting Information
The report is attached.

3 Controls and Assurance
The Chief Executive’s Report highlights risks and opportunities to the business of the Trust and provides an update of local and national issues that may have an impact on the organisation. It enables the Board to identify the key risks the Trust faces in implementing its strategy and to determine its approach to providing effective oversight of those risks and ensures that prudent controls are in place to assist in managing risk.

4 Legal and Regulatory Implications
The legal and regulatory implications have been considered and none have been identified.

5 Equality and Diversity Implications
The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. No adverse or positive impacts have been identified from this report.

6 Patient, Public and Staff Engagement
The Trust ensures that patients, the public and staff are involved in the decision-making process when appropriate.

7 Cost Implications
There are no cost implications.
8 Potential Risk to the Organisation
None identified.

9 Committee Prompts
- Have Board members had an opportunity to raise questions or concerns with the Chief Executive?

10 Recommendations
The Board is asked to RECEIVE the Chief Executive’s Report for July 2015.

11 References

12 Strategic Objectives
The Trust's strategic objectives are reviewed by the Board on an annual basis. This paper supports the achievement of the following strategic objectives:

| X | Highest quality | X | Flexible & multi-skilled workforce |
| X | Sustainable services | X | Efficient & effective |
| X | Integrated health & social care | X | Local provider of choice |

13 Principal Risks
The Trust's principal risks have been identified through the Trust's risk management processes. They are updated as they are identified by the Risk Management Committee. This paper supports the mitigation of the following principal risks:

| X | Financial planning & management | X | Clinical records management |
| X | Strategic & business planning | X | Leadership & management |
| X | Workforce numbers | | Unsafe behaviour |
| X | Workforce skills | X | External demands |
| | Procedural management | X | Partnership arrangements |
| | Equipment & facilities arrangements | X | Communication |
1. **Staff Roadshows**
   During June a series of Staff Roadshows hosted by members of the Board took place which were to share with staff amongst other issues, the successes over the last year and the Trust’s vision of the future.

2. **Success Regime**
   The Chief Executive of NHS England announced in early June that Northern, Eastern and Western Devon has been selected as one of three areas in the country to receive additional support under a new programme called the Success Regime. The aim of the regime is to protect and improve health and care services for patients in localities that are struggling with financial or quality problems or both. As Devon as a whole is one of the most financially challenged economies in the country, the area is one of the first three to be targeted. The Success Regime will look at the whole health and care economy in Northern, Eastern and Western Devon including Trusts, the Commissioners and possibly stakeholders, such as the County Council.
   
   The programme aims to secure improvement in three main areas:
   
   a. Short-term improvement against agreed quality, performance and financial metrics.
   b. Medium and longer-term transformation, including the application of new care models where appropriate.
   c. Developing leadership capacity and capability across the health system.
   
   A Programme Director will be appointed to lead the process in each area which will be tailored to local circumstances but will follow a common process.

3. **Monitor Provisional Findings**
   Monitor, the sector regulator of NHS-funded healthcare services, published its provisional findings into the Trust’s complaint about the way the Northern, Eastern and Western Devon Clinical Commissioning Group had run the procurement process to select a provider of Eastern Community Services. The Trust’s had lodged its complaint as it was felt that the it had not been sufficiently proven that the procurement exercise would deliver the best outcomes for patients, for staff or the wider healthcare system in Devon.
   
   Monitor found that the Clinical Commissioning Group had not done enough work to outline the scope of the services to be provided, to understand how the providers would deliver them and to outline the cost of the services. Monitor has invited responses to its provisional findings from all interested stakeholders and will publish all submissions received. The Trust is awaiting the date Monitor will publish its final report.

4. **Care Closer to Home Consultation**
   The Trust launched a three month consultation on the future configuration of community hospital services in Northern Devon which followed on from the substantial consultation by the Northern, Eastern and Western Devon Clinical Commissioning Group on its vision for community services in Northern Devon, called Care Closer to Home. The Clinical Commissioning Group had decided at its Northern Locality Board meeting in May 2015 that the total number of community hospital beds across Northern Devon would be reduced as
part of its aim to care for more patients at home. This is in line with the Trust’s vision of providing joined-up services as close to home as possible which support the health and wellbeing of patients and carers.

The Trust will engage with stakeholders and the wider community to discuss with them how community hospital services will be configured in line with both the Trust’s and Clinical Commissioning Group’s vision of the future within the financial envelope available.

5. Health Service Journal Best Places to Work Awards
A team from the Trust proudly attended the Health Service Journal Best Places to Work Awards ceremony at the Patient Safety Congress in Birmingham. It was a huge accolade for the Trust to be placed in the top 100 places to work in the NHS which included five categories:
- Acute Trusts
- Community Trusts
- Mental Health Trusts
- Specialist Providers
- Clinical Commissioning Groups

This has been recognised and endorsed by the NHS Confederation and NHS Providers.

6. Director of Nursing Post
Following the recent unsuccessful recruitment process, the Trust has been working with the NHS Trust Development Authority to look at appropriate candidates for a long-term interim role to create some stability. There are interviews taking place next week. It was decided to gain stability by this approach in view of the impending departure of the current interim Director of Nursing to a post in Wales. The Trust is hoping to ensure there is a handover period. I wish Debbie Bennion every success in her new position.

7. Project Search Graduation
A second year of interns have successfully graduated from their rotational work experience. It was wonderful to hear how much they had grown in confidence over the time. Already many have gained permanent positions or work trials – proving the success of this international scheme. I was really heartened to hear presentations from some of their mentors expressing how rewarding this work is and how much the interns give back to the teams.

8. Care Quality Commission Action Plan
I am pleased to report that this has now been completed ahead of schedule. The Trust is now moving to a preparation phase for reassessment. Ongoing monitoring of standards is reported via the Safer Care Delivery Committee to the Quality Assurance Committee.

9. Update on Ilfracombe Community Hospital
An immense amount of work has been undertaken since the Trust held three engagement events at Ilfracombe. I would like to thank the people of Ilfracombe for the huge amount of ideas that were generated whilst the inpatients remain temporarily closed. A paper went to
the Clinical Services Executive meeting this month identifying the priority areas to work on. This is now being taken forward with the community group.