

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 28 November 2014
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Title:	Chief Executive's Report
Item:	BD/14/209

Executive Director lead and presenter	Iain Tulley, Chief Executive
Report author(s)	Company Secretary, Head of Communications

History:	N/A
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This report is for:	
Decision	
Discussion	
To Note	X

The following impacts have been identified and assessed in relation to this report:	
Equality	<i>None identified.</i>
Quality	<i>None identified.</i>
Privacy	<i>None identified.</i>

Executive Summary of key issues	
<p>The report signposts some of the key management and development issues facing our Trust and draws members' attention to recent national and local NHS and regulatory activity.</p> <p>The Board should note this 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. Introduction

Since the last Board I have visited the primary care liaison team in Devizes; attended the R&D conference, chaired the Nursing Staffing Levels and Skill Mix In Mental Health conference, made a quality improvement visit to the North Somerset complex intervention team and visited the recruitment team in Bath.

Both the chair and I participated in the Trust's strategy summit which was attended by the Executive Team, representatives of all delivery units and heads/leads of different corporate services. It provided an opportunity to challenge different delivery unit plans, identify common issues and identify areas where greater focus is required. A number of non-executive directors also participated.

With the chair, I have met with both Bristol and S Glos Clinical Commissioning Groups (CCGs) and are scheduled to meet the North Somerset CCG.

I have also chaired the BNSSG Directors of Finance Group, attended the FTN Mental Health Group Main Meeting and the Annual Conference and Exhibition 2014 and am scheduled to attend the Wiltshire Health and Wellbeing Board and the South West Leadership Awards.

I also met this week with clinical and executive directors to review the next stage in the development of our organisation and to discuss how clinical directors can have a greater input into the strategic direction of our Trust. As well as reviewing accountability and behaviour issues, we also reviewed the important role of leaders in organisational development. I am grateful to Christina Quinn, Director of Leadership Development at the South West Leadership Academy for her contribution and for facilitating several sessions at the event.

2. Current issues

2.1. Chief Inspector of Hospitals re-inspection

We have been advised that we will be re-inspected before the end of the year in relation to the areas where we were given warning notices and where we submitted detailed plans on the actions we were taken. I am optimistic that in the context of the work that has been done, the re-inspection will result in the lifting of these notices.

2.2. Quality Academy

Reference is made in the Clinical Executive, Nursing & Quality Update elsewhere in this agenda about a review of the work of the Quality Academy and key areas which have been identified for strengthening its role in continuing to improve what we do. Part of this has been reviewing the Head of Professions and Practice role and this will shortly be replaced by a 'Locality Head of Quality'. I am pleased that the Acting Director of Nursing will be progressing a formal review of the Nursing Directorate to enable changes to be made to support the establishment of a dedicated patient safety team; a Quality Board and the other outcomes of the Academy review.

2.3. Improving quality

The Quality and Performance report paints an encouraging picture, reflecting the substantial work that has been undertaken on a range of issues.

All staffing indicators (supervision, appraisal and sickness) above target this month; the Friends and family results remain positive; and the clinical record quality, reported via Records Management, is also good.

Pressure on beds remains but some improvement has been achieved as a result of increased and focused activity by the localities in collaboration with commissioners and local authority partners.

Recruitment of trained mental health staff also continues to pose major challenges, as it does throughout the county. The problems are exacerbated by the depletion of our bank staff. Increased use of agency staff in the short term represents both a financial and quality risk which will be managed appropriately.

2.4. Staff Friends and Family

I am pleased to report that the response rate in the most recent survey has increased from 19 to 26 per cent. The increased response rate perhaps indicates higher levels of engagement and that while the other scores have decreased, this may represent a more accurate reflection of staff opinion. The percentage of staff agreeing that care quality is the organisation's top priority has decreased from 70 in Q 1 to 56; the percentage of staff that would recommend the service their team provides to family and friends has decreased from 72 in Q1 to 63; and the percentage of staff that would recommend AWP as a place to work has decreased from 52 in Q1 to 42. We should not underestimate the impact of the CQC inspection on staff opinion.

3. National issues

3.1. Fundamental standards

The government has recently published the fundamental standards regulations. They include two regulations – the duty of candour and the fit and proper person requirement for directors – which will come into force on 27 November for NHS trusts. The remaining fundamental standards will come into force from April 2015.

The duty of candour and the fit and proper requirement regulations are designed to help ensure that providers have robust systems in place to be open and honest when things go wrong and to hold directors to account when care fails people.

3.2. Local authority mental health spending

Through FOI requests, the charity MIND has identified that mental health spending accounts for less than 1.5% of councils' public health budget with some councils spending nothing in this area. In total, local authorities have allocated less than £40m to mental health in 2014-15, as opposed to £108m on obesity, £160m on smoking and £671m on sexual health. Councils took over responsibility for preventing physical and mental health problems in their communities from primary care trusts in 2013 but MIND found that some did not even know they were responsible for the latter. These findings indicate the significant steps required to ensure equivalent funding.

3.3. Parliamentary NHS Ombudsman

The way complaints are investigated is has received some attention in recent weeks.

The Local Government Ombudsman, Healthwatch and the Parliamentary and Health Service Ombudsman have published '*My expectations for raising concerns and complaints*' which describes what good looks like from the perspective of individuals who wish to raise a concern or make a complaint about health and social care services. The report is available at <http://www.ombudsman.org.uk/myexpectations>

Their work has been supported by the Care Quality Commission which has incorporated the expectations into its inspections handbook and NHS England, Monitor, the Trust Development Authority, and Foundation Trust Network have embraced it.

This work has been informed by consultation with over 100 patients and service users and over 40 organisations and it describes people's expectations for good complaint handling.

This is an important contribution in that earlier this month, the Patients Association published a report saying there was no point complaining to the NHS Ombudsman on the basis they say that it constantly fails to investigate cases properly.

From our perspective we have redoubled all efforts to make sure that all complaints are thoroughly investigated as quickly as possible and that we fully engage with those raising concerns, whatever they may be.

3.4. Intelligent Monitoring

The CQC has launched Intelligent Monitoring for mental health trusts as a key part of their new operating model.

Reports provide detailed information on a set of indicators that set out the Trust's performance in relation to whether services are safe, effective, caring, responsive and well led. The information published draws on 59 different sources of evidence, ranging from concerns raised by healthcare staff, bed occupancy rates, to staff and patient surveys

CQC will use this analysis to guide its inspections from April. CQC can only judge the performance of a mental health NHS trusts once it has carried out an inspection of whether its services are safe, caring, effective, responsive to people's needs and well-led.

As we have recently been inspected we are not currently banded based on the risk rating contained in these reports but are placed in a separate band 'recently inspected'.

The Executive Team and the Quality & Standards Committee will be receiving the Intelligent Monitoring Report on a routine quarterly basis as it is updated by the CQC.

3.5. Foundation Trust Network (FTN)

At its conference last week, the FTN announced that from 1 December, it will change its name to NHS Providers, the association of foundation trusts and trusts. The change follows consultation and reflects the FTN's evolution into more than a network but rather an independent membership organisation and trade association, representing both NHS foundation trusts and trusts.

4. Local round-up

4.1. Royal United Hospital Bath

I would ask the board to join me congratulating the RUH on its successful bid to become a foundation trust.

4.2. Regional NHS Leadership Recognition Awards

I am delighted to advise the Board that two of our nominations for these prestigious regional awards were successful in winning their categories while two other nominations also made the final shortlist.

At the Awards Ceremony last week, B&NES Clinical Director Dr Bill Bruce-Jones and Consultant Nurse Anthony Harrison won the NHS Innovator of the Year award for their work in designing, implementing and evaluating a number of service and practice developments to reduce the likelihood of self-harm and suicide within the local population.

Manager and Occupational Therapist Lynda Hughes won the Patient Champion of the Year award for her work at the Forget Me Not Centre, supporting people with early onset dementia to reclaim and maintain satisfying, productive and enjoyable lives.

Congratulations are also due to Clinical Team Leader in the eating disorders team Angie Jacobowska and for North Somerset Clinical Director Dr Eva Dietrich who were both shortlisted in the Inspirational Leader of the year category.

I am sure the Board will also join me in congratulating the Chair of the South West Leadership Academy, Edward Colgan (and chief executive of Somerset Partnership NHS Foundation Trust) who received the NHS Fellowship Award for his ongoing contribution to leadership development in the South West.

5. Trust update

5.1. New interim managing director for Bristol

Sarah Branton has taken up the position of interim managing director in Bristol for a period of six months. Sarah, who has been service manager with Positive Step in North Somerset for the past five years, has wide experience of working in Bristol, including managing the crisis service. Prior to that she was specialist in family work for psychosis and was a social worker and approved social worker in the city. I would like to thank Sarah for agreeing to fulfil this role and also to thank Joi Demery for her contribution over recent months in the interim role.

5.2. Swindon

The local leadership team in Swindon is currently consulting with service users, carers, staff, GPs, our FT members and local residents over what needs to be changed to ensure that people in the town can more easily access services. There is a growing view that creating a single point of access is likely to be the best solution but before discussing proposals with the Clinical Commissioning Group in December, the local team want to capture a broad range of views so as to avoid repeating past mistakes and to find a solution which meets the day to day clinical and operational challenges.

5.3. National recognition

Manager of the Court Assessment and Referral Service (CARS) Richard Evans, who is one of the contributing authors of a new textbook called 'Nursing in Criminal Justice Services'. The book covers a range of issues facing nurses from initial contact with patients in police stations, to nursing care in courts, through prison nursing services and finally into the work of the multi-disciplinary team in the community, where nurses work alongside the probation services. Richard covers the topic 'Nursing care in courts' and his contribution shows again the calibre of practitioners we are lucky to have in AWP and we congratulate him on this achievement.

5.4. European Congress of Psychotherapy

Colleagues from North Somerset recently attended the first ever European Congress of Psychotherapy held in Lithuania, organised by the European Association for Psychotherapy (EAP) Delegates attended from 17 European countries and AWP was well represented by 11 delegates from North Somerset area who not only attended the conference but facilitated a number of workshops and lectures. Consultant Dr Kristina Gintalaite gave a talk about Mentalization Based Treatment for Borderline Personality Disorder and also talked about the first MBT service provided in the Trust. She also

facilitated seminars on MBT for professionals in Lithuania as MBT is not as widely used in many other European countries as it is in the UK.

5.5. NHS Staff Survey

I am sorry to report that to date we have had a disappointing response rate to this important indicator of staff opinion. All staff were invited to take part in the survey but we have been advised by The Picker Institute which runs the survey on behalf of the NHS that only 32 per cent of staff have so far responded. We are redoubling our efforts to persuade staff to complete the survey before the December closing date.

5.6. Team of the Month

Secure services' Bradley Brook multi-disciplinary team is the November team of the month after topping the voting at the Quality Huddle.

Created following a redesign of services, the team operated at full capacity, managing a complex and challenging group of service users while also coping with staffing shortages and sickness arising from industrial injury. In spite of this, the team has very quickly formed and pulled together to ensure the provision of high quality care at a very challenging time.

Other teams nominated were the ADHD team in specialised services, the Bristol Early Intervention Team, the CIT Team in North Somerset, the Wiltshire modern matrons and the R&D team in corporate services.