

Trust Board meeting (Part 1)		Date:	27 May 2015
Agenda item	Title	Executive Director lead and presenter	Report author(s)
BD/15/038	Chief Executive's Report	Iain Tulley, Chief Executive	Deputy Company Secretary, External Communications Manager
This report is for:			
Decision			
Discussion			
To Note			X
History			
<i>None.</i>			
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			
This report advises the Board on some of the key management and development issues facing our Trust. The Board is asked to note the report.			
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 focused			X

1 National Issues

1.1 Monitor's Well Led framework

Last year the Care Quality Commission (CQC), Monitor and the NHS Trust Development Authority (TDA) set out plans for developing an aligned view of a well-led organisation, meaning that the leadership, management and governance of the organisation ensure the delivery of sustainable high quality person-centred care, support learning and innovation, and promote an open and fair culture. The well-led framework is a tool for all NHS trusts to use to develop and improve their capacity and capability.

On 14 April 2015 Monitor published an update to the framework. The characteristics of a well-led organisation, as defined by CQC, Monitor and TDA, are now identical, with a common understanding of what a good organisation will be able to demonstrate to help all three organisations to be clear when undertaking regulatory activities.

The TDA is currently piloting a new process for undertaking well-led reviews with a small number of NHS trusts.

Although aspirant trusts currently in the foundation trust pipeline who have recently undertaken a BGAF or QGAF assessment are not required to be re-assessed under the new framework, AWP has been proactive in preparing evidence for potential assess. We last externally assessed our arrangements in 2013.

The Trust is in discussion with the TDA to scope out the possibility of establishing a formal peer review process with another NHS Trust, such that the Company Secretary of each organisation reviews the evidence of the other adopting the TDA's methodology.

1.2 Workforce planning in the NHS

The Kings Fund published its report on workforce planning in the NHS in late April 2015, highlighting the current and future pressures on numbers of staff working in the NHS. The report draws together national statistics, key publications and interviews with expert stakeholders, focusing on three

areas – mental health, primary care and community nursing.

Around 70 per cent of recurring NHS provider costs relate to staffing, and within AWP staffing is our biggest cost. We have, and continue to experience, significant pressures on staffing – a risk we have been working to manage throughout the recent past.

The Kings Fund concluded that providers will need to consider a range of sustainable strategies – individually and in partnership with others in their local health economy – to address these challenges. Responsibility lies with individual organisations and their boards to ensure that they learn from best practice, whether on retention, retraining or changing skill-mix.

This acknowledgement of the likely trajectory for growing pressure to sustain our workforce at a level which will enable us to meet demands on the NHS is important for provider organisations and clarifies the importance of developing workforce plans that will support us in the next five years and beyond. Workforce planning and development is a strategic priority area for AWP. We recognise that we need to support and develop our staff to enable us to sustain our workforce and succession plan for the future. We began this work in 2014/15 and, through the annual objectives agreed by the Trust Board at its last meeting, continue this throughout 2015/16.

2 Local issues

2.1 Enterprise Strategy

We are working with our local delivery units to develop our approach to our enterprise strategy, which will encapsulate our approach to the Dalton Review and Five Year Forward View, through defining our organisational and system wide aims for market growth, strategic ambition and business approach. We will be consulting with our service users, carers, local partners, staff, and systems in the development of this key strategy over the next few months.

2.2 Academic Health Science Network (AHSN)

New modernised mental health services in Bristol are now fully underway and there has been significant progress in terms of the relationships across the partnership.

Because of the innovative nature of the whole programme, we have invited the AHSN to undertake a formal evaluation of the system, with the objective of publishing the learning from our experience.

We hope that this could lead to the production of a blueprint for future commissioning and provision of mental health services.

Working locally with the Avon Primary Care Research Consortium an independent evaluation is now in the initial stages.

2.3 Bristol, South Gloucestershire and Wiltshire prison services

Bristol Community Health accepted an invitation to present to Specialised on 12 May in order to satisfy the need for due diligence regarding partnership selection for the anticipated commissioning of healthcare services in Bristol, South Gloucestershire and Wiltshire prisons.

2.4 Bath and North East Somerset (BANES) Carers Group

With Bill Bruce Jones, Liz Richards, Andrea Moorland, and Paul Wilson I attended the BANES Carers Group meeting on 13 May. The meeting that enables people affected by mental health issues to meet and have useful discussions with senior staff from the Trust and commissioning organisations. Current and past service users, carers and supporters, and representatives from BANES teams are encouraged to attend.

2.5 Quality Improvement

As part of our continued commitment to quality improvement we began a process of in-depth reviews of each of our localities. This considers a range of measures to assess quality and performance. A review of all localities has now been completed and will be repeated every six months.

2.6 Role of the Chief Executive

On 21 May I gave a lecture on the role of the chief executive in implementing government policy to final-year nursing students at King's College London as part of their leadership module.

3 Serious Untoward Incidents (SUIs)

3.1 National Serious Incident Framework

April 2015 saw the introduction of the new national Serious Incident Framework. This removes the classification of grades of serious untoward incidents, extends the investigation time to 60 days for all investigations and, significantly, removes a defined list of incidents that meets the classification of serious, preferring instead to set broad descriptors for what could constitute a serious incident and then expecting a case by case judgement to be made. It is expected that this latter change will lead to an increase in serious incidents this year.

3.2 Trust reporting

There were 16 serious untoward incidents reported in April 2015 which is a higher than usual number that cannot fully be explained by the new reporting criteria, however monthly fluctuations do occur as historical data shows.

The serious incidents reported included:

- a patient who absconded from Juniper Ward;
- a ward closure at Amblescroft due to infection outbreak;
- a potential delayed diagnosis for a patient on Hazel Ward;
- two safeguarding allegations against staff, one involving a healthcare professional;
- five cases of self-harm of patients known to South Gloucester Recovery, Imber Ward, Wiltshire Primary Care Liaison, Wiltshire Intensive and Bristol Early Intervention teams; and
- six suspected suicides of patients known to Bristol Central Recovery, Bristol North Recovery, Banes Intensive, Banes Early

Intervention and Swindon Recovery teams.

Investigations have been commissioned in all cases.

4 Trust News

4.1 Board on Tour

Our last Board meeting at our corporate base in Jenner House saw a big improvement in the number of attendees and we are very grateful that people took the time to come and meet us. Being in Bristol for the May Board is a great opportunity to get out and about to hear directly from one of the largest and most diverse communities that our Trust supports.

4.2 Awards

This month, our Swindon Mental Health Liaison team is launching the Pride of Mental Health Awards to help staff at GWH become aware of the mental health needs of patients.

The awards will recognise the work of an individual or team who has gone the extra mile to support patients with mental health needs (including dementia), and understand the impact of mental health on our physical wellbeing.

The winner of the first award was announced on 18 May 2015, which coincided with the start of National Dementia Awareness Week. Congratulations to Patricia Hanlon, who is a nursing auxillary and the ward's Dementia Champion based on Jupiter ward at the Great Western Hospital. Dr Leanne Hayward, Consultant Liaison Psychiatrist says "Patricia sets a shining example. She goes the extra mile to support patients with dementia and physical health problems".

Every quarter, our AWP team will nominate another Pride of Mental Health winner.

This award is part of our wider 'purple star' quality improvement initiative, which began in March 2015. The purple star is the symbol adopted by our Mental Health Liaison team and is worn by members of the team to identify ourselves within GWH. Purple star

magnets are also displayed on ward and patient head boards, with contact details for the Mental Health Liaison team, so staff can directly access the team and the mental health pharmacy for advice and support. The purple star is a great way of showing that the wards are 'mental health aware' and that support is readily available.

The purple star is also used on a new ward-based information folder, containing patient information leaflets on mental health conditions; staff contacts, advocacy support, and information on the Mental Health and Mental Capacity Acts. The folder will help both patients and staff, thereby promoting general awareness.

The AWP Staff Awards 2015 has also been launched. This year's awards ceremony will celebrate the dedication of staff and will recognise the achievements of staff across 12 ward categories.

4.3 Praise

We have received thousands of items of praise and great feedback on our services via the Friends and Family Test.

The test gives people a chance to tell us what they think about the care they receive from our Trust. Over 12,800 surveys have been completed since we started offering them to service users in April 2013. In our first year, just over 4500 surveys were completed. In our second year, the number of responses nearly doubled.

Most people take this as an opportunity to thank staff for the kind and professional care and support they have received. There has been lots of praise for exceptional individuals, which managers across the Trust are sharing with team members.

In January 2015, this survey became compulsory for all mental health trusts. The first set of results show our Trust as having one of the highest levels of participation nationally and above average satisfaction scores.

In community services, 91% said that they would recommend the service, compared to 89% last year. For inpatients, 79% would

recommend the service compared to 77% last year.

Some of the comments we received include:

"I was listened to and treated with dignity and respect. I felt like I was in safe hands. I felt helped."

"You learn a lot... you get back your life and it's the best feeling in the world."

"I found the staff and nurses very caring and helpful, and very understanding."

4.4 NHS Confederation Letter to the Prime Minister

The NHS Confederation is a body that brings together and speaks on behalf all organisations that plan, commission and provide NHS services and their members are drawn from every part of the health and care system.

Following the election, they wrote to the Prime Minister to seek his personal commitment that both the will and the financial backing were in place to deliver a health service that meets the needs of the future.

A key part of the letter is of particular interest to us, as it highlighted the need for mental health to be high on the agenda: "Building on progress during the last Parliament, we need firm plans to make mental health services as available and accessible as those for physical health, with the right investment. Our deep concern over social care funding must be addressed if we are to meet people's needs, never mind the impact that social care has on the ability of the NHS to provide safe, quality and timely treatment to those who need it."

Whatever it means and irrespective of what I think, there are some certainties:

- People will continue to present in need of the services we provide in our Trust
- People will continue to expect those services to be safe and of a high quality
- There will never be enough money to do all the things we would like to do
- We will be expected to become even more efficient

- Recruiting, developing and retaining sufficient numbers of staff to meet the demands of today's NHS will remain hugely challenging.

So, our priorities remain quality; staffing and efficiency.

Continually seeking to improve what we do and creating more time to care by reducing the things that get in the way.

Recruiting, developing and retaining sufficient numbers of staff. Fully engaging our staff in the challenges we face and improving the standard of appraisal of all of our staff.

Encouraging innovation as a means to greater efficiency, and living within our limited means.

Elections and governments will come and go. Based on what people look to our Trust to provide, I have decided to put to one side the outcome of the election and to focus on these three key areas. I encourage our staff, our partners and our local system to do the same.