

Trust Board meeting (Part 1)		Date:	4 August 2015
Agenda item	Title	Executive Director lead and presenter	Report author(s)
BD/15/104	Chief Executive's Report	Iain Tulley, Chief Executive	Deputy Company Secretary, External Communications Manager
This report is for:			
Decision			
Discussion			
To Note			X
History			
None.			
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			
<p>This report advises the Board on some of the key management and development issues facing our Trust, considering internal and external influences.</p> <p>The Board is asked to note the 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 National issues

1.1 Single leadership of Trust Development Authority (TDA) and Monitor

In my last Chief Executive's report to the June meeting of the Trust Board I highlighted the announcement by the Secretary of State that Monitor and the Trust Development Authority (TDA) will be brought under the leadership of a single chief executive.

This may have a significant impact on our Trust as an aspirant Foundation Trust and the implications of this merger of leadership must be considered by AWP.

1.2 Jeremy Hunt's vision of the NHS

"From bureaucratic to patient-centred"

Health Secretary Jeremy Hunt recently unveiled his view of the future of the NHS which, despite running to over 4,000 words, neglected to mention mental health.

His focus was on the move "from [an] bureaucratic to patient-centred" NHS, which is something nobody can disagree with. The Mid Staffs crisis was a starting point for him, and something that provided an example of the problems of moving too far from a quality-led agenda to a target-driven culture.

Mr Hunt looks to a future where it is not the manager in charge, nor – perhaps controversially – the doctor, but the patient.

He quotes the author Steve Hilton who said that "patients have become outputs, their health outcomes, products; our hospitals, factories".

I was delighted to see that he also references the Family and Friends test – an area in which our own Trust has seen helpful and positive results – as this is a real test of NHS services. The question that every one of us must ask before we provide a service is: "Would I be happy if the person I was treating was someone I loved?" So in that area, Jeremy Hunt is completely correct to highlight what we often refer to as "the basics" but which are, in fact, the absolute essence of quality-led healthcare.

There are some areas of the vision that some of us may find worrying, especially so in mental health care. For instance, how would some of our service users or carers feel about the plans to print on prescriptions the cost of the medication that may make the difference between an independent life and one that leads to frequent inpatient or crisis care?

But if this vision is about leaving the metrics behind in order to deliver quality services, offered in safe and regulated environments to the forefront then I think we would all be in agreement. We will no doubt differ on how we deliver them but highlighting the needs of the person – not the "end-user", patient or even service user – is something that our own staff and many others across the NHS have been coming into work to deliver every day.

2 Local issues and Trust news

2.1 Swindon team involved in new internationally recognised drug

The Kingshill Research Centre based at the Victoria Centre in Swindon has been involved in the new dementia delay drug which has taken the media by storm recently.

Kingshill specialises in dementia drugs and has been trialling the new drug, which may cut the rate of the dementia's progression in a third of people with early onset Alzheimer's disease.

The External Comms Team have promoted this regionally to ensure the Trust receives maximum credit and acknowledgment.

2.2 Director of Operations

On 22 July a panel interviewed candidates for our Executive Director of Operations post. Unfortunately we were unable to make an appointment.

2.3 Goodbye to Resilience Manager

After seven years in AWP, our Resilience Manager Chris Williams is moving on to an exciting new role heading up the Resilience Team at University Hospitals Bristol.

Chris joined the Trust in 2008 and since then has developed his role and, as well as ensuring our preparedness for a range of emergencies and business continuity issues, he formed a valuable part of the leadership team helping out with all manner of priorities.

I wish Chris the best of luck in his new role.

2.4 Team of the Month

This month's Team of the Month is the Ward 4 team from St Martins Hospital.

The team were declared the Team of the Month because of their excellent flexible work and for effectively providing a diverse range of services and functions to the local community.

They were nominated by BaNES Managing Director Liz Richards who said, "Ward 4 has an excellent track record and have frequent praise around their compassionate care and falls management from the CCG. We are delighted that they have been recognised with this award."

2.5 Chief Executive diary

On 1 July I met with the Chair and the Accountable Officer of Wiltshire CCG for our six monthly review meeting. We discussed recent performance and challenges facing provision of care in Wiltshire.

I attended the South West Mental Health Chief Executives meeting which took place on 3 July, and also attended the Mental Health Network Board on 15 July, maintaining our role in local area networks.

On 16 July I went to the NHS Providers Mental Health Group which was attended by the new Minister of State for Community and Social Care. The group discussed the continuity of the Government's focus on achieving parity of esteem for mental health over this Parliament, with the discussion led by the Rt Hon. Alistair Burt MP, North East Bedfordshire). The group also received an update on current strategic and policy issues from Saffron Cordery, Director of Policy and Strategy for NHS Providers.

Andrew Dean, Director of Nursing and Quality, Hayley Richards, Medical Director,

and I met with Karen Bennett-Wilson and Tony Fletcher from the Care Quality Commission (CQC) on 17 July. We discussed timescales for a repeat inspection of the Trust and will continue to maintain an open dialogue with the CQC moving forward.

The inaugural meeting of Wiltshire Strategic Health Forum was held on 21 July with Chief Executive's and Finance Directors meeting on an informal basis to provide a forum for support and ideas on the challenges faced collectively for our Wiltshire population. Attendees were invited from all of our larger commissioned services and we have also extended an invitation to Maggie Rae at Wiltshire Council. We have also invited the three Clinical Chairs from our three groups and Dr Peter Jenkins as our new Chair, to bring a clinical perspective to the discussion.

On 23 July I met with re-elected Labour MP for Bristol East, Kerry McCarthy.

On 24 July I met with John Hoskinson, Chief Executive of the Milestones Trust, an organisation which provides support to people with learning disabilities, mental health needs and dementia in the Bristol area.

3 Serious Untoward Incidents (SUIs)

There were 20 serious untoward incidents reported in June 2015, which is the highest number of serious untoward incidents reported in a month for 3 years (the previous highest number being 18). One incident was reported as a suspected homicide, however, was subsequently determined not to be an incident, bringing the total of actual incidents to 19 and one of these occurred in a non-AWP in-patient setting.

Notwithstanding that historical data shows us that the number of serious untoward incidents fluctuates considerably by month, the Critical Incident Overview Group will be undertaking a detailed review at its August meeting to explore the apparent increase.

Suspected suicides account for half of the incidents reported and there are 4 incidents

of serious self-inflicted injuries. The incidents are distributed across the Trust's geography. A patient did not return from planned leave on Lime Ward and attempted to self-harm, however was safely recovered. There were 3 incidents related to physical health care. There was a grade 3 pressure sore reported for a patient on Hodson Ward, a slip resulting in a fracture for a patient on Dune Ward and a fall from a height for a patient known to North Somerset CIT team.

Initial themes identified include quality of risk assessment, cross agency working, staff turnover and access to tissue viability specialist nursing advice.

4 Staff Survey 2014 – areas of greatest focus

The Trust Board agreed three areas of greatest focus which it would maintain an oversight of during 2015-16, driving improvement for our staff. A detailed report on these areas was received by the Board on 27 May 2015.

The Board should note information included in the Quality and Performance report, Finance and Resources report and Clinical Executive report provided to the meeting in addition to the below.

4.1 Bullying and Harassment

Annual Staff Survey results described concerning feedback from staff who reported experiencing harassment, bullying or abuse from a colleague (27%) and/or physical violence from a colleague (5%). Board were understandably concerned and determined to maintain direct oversight for actions to address this feedback.

All staff (including bank staff) received a letter asking them to help us understand survey feedback in more depth and as a result determine appropriate actions. An independent consultant undertook an anonymous survey and carried out 1:1 meetings with members of staff (in person or by phone) to hear about their experiences. This listening exercise is now complete. Key findings are summarised

below and will be the subject of a Board Seminar in September.

- 55 people completed the anonymous survey
- 49 people spoke with the independent consultant
- No member of staff reported physical assault from a colleague
- There is no evidence to support a widespread bullying culture
- 3 'hot spots' were identified where the independent consultant determined there was sufficient concern to merit further investigation
- Manager on staff bullying was the dominant theme.
- Incidents were largely unreported and the investigatory process requires improvement.

Immediate action was taken to address identified 'hot spots' and other recommendations concerning management style and improving investigatory processes are planned.

Those who came forward to participate in the listening exercise will receive a letter, a summary of findings and details of immediate and planned action. Findings will also be communicated with the wider workforce.

4.2 Appraisal quality

Initial appraisal training was delivered to an invited audience. Further training dates will be integrated into the locality workforce programme.

4.3 Staff engagement

Quality walkarounds

During June 2015 5 Executive Directors and 2 Non-Executive Directors undertook a total of 7 walkarounds of:

- Primary Care Liaison Service, Hillview Lodge;
- Intensive Team, Long Fox Unit;
- Early Intervention Team, Blackberry Hill Hospital;

- Hazel Ward (PICU), Callington Road Hospital;
- Acute & GWH Accident and Emergency Acute Liaison, Victoria Centre;
- Recovery team, Chatsworth House, Swindon; and
- Specialist Therapies South, Fountain Way, Salisbury.

Staff Awards

424 nominations for the Staff Awards were received in total at the closing date. Each Executive Director will each be a head judge of at least one of the categories selecting the winners.

AWP Coaching Register

I am pleased to inform Board that a coaching network has been established in our Trust. The network comprises 24 individuals trained to the internationally recognised standard of the Institute of Leadership and Management (ILM) level 5 and 7. Coaching is a widely used method of development. Coaching encourages staff to find their own solutions to challenges through effective questioning.

	ILM 7	ILM 5
Qualified	3	3
Training	7	11
Deferred	1	3

Coaching will support staff that are:

- Undertaking a leadership and management development programme to embed learning in practice
- Stepping into a new management or leadership position to make a supported transition
- Identified as a potential leader to prepare for their next step
- An existing leader that would benefit from time and space to understand their goals and address any blocks to success

In the first instance, coaching is being made available to participants in leadership and development programmes such as the ILM5 Leadership and Management Programme

delivered in collaboration with the University of the West of England.

5 Recommendation

The Trust Board should **note** the report.