

enabling and empowering people to reach their potential and live fulfilling lives

<b>Summary Report – Trust Board Meeting (Part 1)</b>	<b>Date: 31 October 2012</b>
<b>Report Title:</b>	
Report of the Chief Executive	
<b>Agenda Item: 09</b>	<b>Enclosures: none</b>
<b>Sponsor Chief Executive – Paul Miller</b>	<b>Presenter – Paul Miller</b>
<b>Report Author – Emma Roberts Company Secretary</b>	
<b>Report discussed previously at:</b>	<i>n/a</i>

<b>Purpose of the Report and Action required</b>		
To provide the Board with a briefing of the key issues arising since the last Board meeting in September 2012.	Approval	
	Discussion	X
	Information	

<b>Executive Summary of Key Issues</b>
<p>The month of October 2012, has seen the Trust continue on its journey of improvement, focused around our three key areas of focus; namely ensuring the service user is at the heart of all we do; enabling effective clinical engagement, and listening to those with whom we have key relationships, be that carers, service users, commissioners, our employees, and regulators.</p>

<b>Which Strategic Objective does this paper address</b>	
A sustainable value for money business	Y
Excellent service user access and experience	Y
Excellent partnership working with other organisations	Y
Effective engagement and improvement in staff satisfaction	Y

<b>Link to Fit for the Future Implementation Plan</b>	
Objective	None specific

<b>Corporate Impact Assessment</b>	
Quality and Safety implications	None specific
Corporate Risk Register	None specific
FGEB (Trust ALE replacement)	None specific

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IG Toolkit	None specific
Equality Impact Analysis	None specific

<b>Recommendations to other committees</b>
NA

<b>Recommendation/Decision</b>
The Board is recommended to <b>note</b> the report.

## Report of the Chief Executive

### 1. Overview

- 1.1. The month of October 2012, has seen the Trust continue on its journey of improvement, focused around our three key areas of focus; namely ensuring the service user is at the heart of all we do; enabling effective clinical engagement, and listening to those with whom we have key relationships, be that carers, service users, commissioners, our employees, and regulators.
- 1.2. In my role as Interim Chief Executive, and alongside the Chair, Director of Nursing, Compliance, Assurance and Standards, and the FT Programme Director, met with key colleagues at the NHS Trust Provider Development Authority on 2<sup>nd</sup> October. This meet gave us an opportunity to explain the trajectory of improvement within the Trust, and to evidence how we intend to continue to improve in order to meet the quality thresholds required both as a high performing organisation, and then to achieve sustainability as a Foundation Trust.
- 1.3. The Trust has continued to engage with external stakeholders through the month, and by way of example, submitted the Trust's response to the Bristol PCT Consultation in relation to future commissioning of mental health services. What was important about this, was that our clinicians had developed, written, and owned the Consultation responses, and came to the Board at the end of September to present their views. The Board welcomed the opportunity to hear from clinicians what is important for services in Bristol, and endorsed the report.
- 1.4. Alongside the positive aspects of the month, we have also been confronted with some more negative news, as the CQC found that the building which has hosted our 12 bed unit for people with learning disabilities was no longer suitable for service users with complex needs. Having recognised this ourselves for some time, but been unable to find alternative accommodation, we decided we should temporarily vacate the building to allow maintenance work to be undertaken. We have been working with our commissioners, the service users, their carers and families, to find alternative placements which are appropriate and I anticipate that this will have been successfully achieved by the time of the Board. While the maintenance work is taking place we will be working with commissioners to review current learning disability guidance and to determine the most effective ways of meeting the mental health needs of people with learning disabilities.

### 2. Service Redesign

- 2.1. I reported in September that, as a result of service redesign, and increased demand, staffing vacancies remained a challenge in some areas. A taskforce of managers and Non Executive Directors has now met twice to find solutions to this problem. We are working hard to support Strategic Business Units whilst we try hard to fill these gaps as quickly as possible and acknowledge the strain that being unable to fill vacancies puts on colleagues.
- 2.2. As we reach a phase of taking stock in relation to our wider service redesign process; we are beginning the task of 'project implementation review'. This will enable us to learn the lessons of this significant change project, and to ensure that we are doing the right thing as we conclude some of the final changes.

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### 3. Fit for the Future Programme

- 3.1. At its meeting in September, the Board received assurance from our Internal Auditors in relation to progress against the 'short term' actions in our Fit for the Future Plan, which I introduced in my July report. The Board Committees continued to offer assurance to the Board and to monitor the effectiveness of the implementation of the changes, on time, and with the right results. During October, the Executive Team continued to drive the changes required to implement the actions with a deadline of 31 October, and now will turn their focus to the medium and long term actions.
- 3.2. A later report to the Board sets out the progress to date against the programme.

### 4. Quality and Performance

- 4.1. Our Local Area Directors continue to provide an essential link for our local commissioners and are well placed to be able to have effective dialogues about local commissioning needs and expectations now and in the future. With this in mind, we are working to implement a new management structure which will reinforce the importance of locally focused services, able to respond to local needs.
- 4.2. We are pleased we have concluded our discussions with commissioners, to ensure that clinically valid indicators as developed by clinicians and supported by clinicians. We now need to ensure that we reflect the delicate balance between quality and performance, in our communications with our operational and corporate teams so that we can work together to ensure that these indicators represent a means of measuring quality. As we revisit our performance management framework, we will have an opportunity to reinforce this sense of balance.
- 4.3. I reported in September that we had received a draft of the report into data quality concerns in Wiltshire. Since then we have had confirmed the areas of recommendation from the evaluation team. We have started work to plan how we respond to the recommendations, and the required actions will be monitored and implemented alongside our existing programme of change, the Fit for the Future Plan.
- 4.4. At a Board Seminar on 23 October, the Board considered the conclusion of our work over the past couple of months in reviewing and bringing together a consistent framework for the way we assure quality and safety, alongside ensure management accountability. Two reports to the Board at its meeting today deal with these issues, and with the new frameworks in place, we are content that we will be able to evidence the requirements of the Quality Governance Framework, when we are reviewed later in the year.

### 5. Communications and relationship management

- 5.1. October saw the publication of the second edition of Snapshot, the Autumn FT members update and I distributed an all staff email to inform colleagues of some of the key developments highlighted elsewhere in this report
- 5.2. A highlight of the month, was the gala presentation of the 2012 staff awards held at the Assembly Rooms in Bath. I am grateful to both Lee O'Bryan and Alison Paine for joining Julie Thomas and presenting the Awards. Fourteen members of staff/team also received national NHS Heroes awards at the event.

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- 5.3. The series of 'Let's get engaged' events which have taken place over the summer culminated in the 'Moving Forward Together' co production event which involved a wide range of stakeholders.
- 5.4. This month has also seen the launch of the national NHS Staff Survey with a range of efforts being made to maximise the response rate. Our annual drive to encourage staff to have flu vaccinations is also well underway with clinics running until mid November.
- 5.5. As part of the phased introduction of a single switchboard, this trust wide number is now being promoted on a limited basis ahead of a full service being run in the new year. This approach ensures that we can provide a speedy response to callers while expanding the resource to meet expected demand on full launch.
- 5.6. Our BEST in Mental Health Team is shortlisted for one of the HSJ Awards and the AWP psychiatry liaison team at Bristol Royal Infirmary has been shortlisted for the Royal College of Psychiatry's psychiatric team of the year. David Cooper, staff nurse on Kennet Ward, Fromeside, won the University of the West of England's Best Practice Award for supporting nursing students in practice
- 5.7. The communications team continue to deal with media enquiries, provide project support for different teams in the Trust and promote on going messages around, safety, wellbeing and quality.
- 5.8. Significant work is taking place to enhance the search capability on the Trust website in relation to information about locations and I expect that to go live shortly.
- 5.9. A range of meetings took place with key stakeholders as part of the Trust's ongoing relationship management activity and the Bristol office at South Plaza also opened.

## 6. Compliance and Regulation

- 6.1. As I reported in my last report and referred to above, we operate under a license from the Care Quality Commission (CQC) and that we participated in a planned inspection of our Community Services by the CQC. The implementation of the required actions to ensure compliance is being led by the Executive Team and Trustwide Management Group and scrutinised in some depth by our Quality and Safety Board Committee.
- 6.2. As I highlighted in my introduction, we have been alerted by the CQC that they have found wanting our services for 9 service users with learning disabilities, being nursed in a unit on our Blackberry Hill site. This is of serious concern, and the Executive Team has been working tirelessly, firstly to ensure that the environment within the Unit was improved. However, we decided that we could no longer look after these service users in a way which we were happy with, in the context of the environmental challenges, and have been working with our commissioners, the service users, their carers and families, to find alternative placements which are appropriate.
- 6.3. In Swindon, we have been working with the Service Users Network to relocate its listening line from Sandalwood Court to their own building. At the same time, the PCT is undertaking in conjunction with the local authority a third sector review. As a result of this, it is envisaged that MIND's crisis service will ultimately vacate the building. We are working with the PCT and MIND to identify a way in which it can continue to operate from Sandalwood Court pending the conclusion of the third sector review while enabling us to complete our planned move of the rehabilitation unit to Sandalwood Court.

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### 7. Conclusion

7.1. It's continued to be an extremely busy time for me as Interim Chief Executive during the past two months, and I know colleagues have been working as hard. I would like to thank everyone again for their hard work and support, and urge you to continue this so we can demonstrate our 'fitness for the future' and continue to provide improved quality of service for our service users and carers.

### 8. Recommendation

8.1. The Board is asked to note the report.

### 9. Additional Report Contributors

9.1. Emma Roberts – Company Secretary