

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

<b>Summary Report – Trust Board Meeting (Part 1)</b>	<b>Date: 19<sup>th</sup> December 2012</b>
<b>Report Title: Chief Executive’s report</b>	
<b>Agenda Item: 8</b>	<b>Enclosures: None</b>
<b>Sponsor: Chief Executive</b>	<b>Presenter: Iain Tulley</b>
<b>Report Author: Assistant Chief Executive</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.	Approval	
	Discussion	X
	Information	

<b>Executive Summary of Key Issues</b>
<p>This report, which covers the period since the last Board meeting, draws members’ attention to recent regional and national NHS events and initiatives, and reports the work of the Chief Executive in the context of leading the organisation.</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>	
<i>Specify objective number</i>	None specific

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

<b>Recommendations to other committees</b>
<i>n/a</i>

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

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# Chief Executive's Report

## 1. Introduction

1.1. This report, which covers the period since the last Board meeting, draws members attention to recent regional and national NHS events and initiatives, and reports on the work of the Chief Executive in the context of leading the organisation.

## 2. Regional and National Issues

### 2.1. NHS Mandate launched

- 2.1.1. The Department of Health has published the first mandate to the NHS Commissioning Board, providing the long-term direction for the NHS. It sets a number of objectives for the NHS and reaffirms the Government's commitment to preserving its founding principles as laid out in the NHS Constitution – a comprehensive service for all, based on clinical need and not ability to pay or background.
- 2.1.2. For the first time, success will be measured by how well the NHS achieves the things important to people. Following consultation with the public, health professionals and organisations across the health system, the final version of the mandate:
- sets a clear vision and long-term agenda for transforming the NHS to improve outcomes;
  - is structured around the domains of the NHS outcomes framework;
  - places a stronger focus on outcomes and sets ambitions to be amongst the best in Europe based on what people say matters to them;
  - is short and simple to make the document clearer and more accessible.

### 2.2. The Social Care Outcomes Framework, covering the loneliness of older people, launched

- 2.2.1. The adult social care outcomes framework has been strengthened with the addition of new measures reflecting White Paper priorities, including tackling loneliness among older people, and quality of life for people with dementia.
- 2.2.2. The framework for 2013/14 will support councils' challenge to deliver these objectives, by providing a clear focus for local priority setting and improvement, and by strengthening the accountability of councils to local people.
- 2.2.3. It has also been further aligned with the NHS and public health outcomes frameworks, through greater use of shared and complementary measures. This will support all parts of the health and care system to work together in helping people live better for longer.

### 2.3. New contractual duty for commissioning contracts to drive a more open NHS culture

- 2.3.1. New rules to toughen transparency in NHS organisations and increase patient confidence were announced on 4 December by the Health Minister Dr Dan Poulter.
- 2.3.2. From April 2013, the NHS Commissioning Board will be required to include a contractual duty of openness in all commissioning contracts.

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- 2.3.3. NHS organisations, such as hospitals, will be required to tell patients if their safety has been compromised, and ensure that lessons are learned to prevent them from being repeated. Whilst all NHS organisations are currently expected to be open about mistakes, there is currently no contractual duty to hold them to account when this does not happen.

### 2.4. Compassionate Care Nursing Agenda launched

- 2.4.1. The new Compassionate Care Agenda, launched on 4 December by Chief Nursing Officer for England, Jane Cummings, identifies '6Cs' – Care, Compassion, Competence, Communication, Courage and Commitment – as the core values that must be embedded in everything nurses do.

## 3. Trust Issues – Internal and External Engagement

### 3.1. Patient Experience

- 3.1.1. **The 3 Rs.** The Chief Executive has initiated and is leading a 'relentless focus' on improving patient experience, and is getting around the Trust to set out three key themes to as many staff as possible: the three Rs:

- **Review:** review our systems and simplify, review where areas of quality need to be addressed and review HQ focus to support greater local delivery
- **Relationships:** rebuild relationships within and around our organisation to ensure we operate in partnership with our staff, commissioners, social care partners and with those who use our services
- **Recovery:** put service user recovery at the heart of what we do and recover our reputation as a high quality provider of mental health services in each of our communities.

- 3.1.2. **Confidential Hotline.** In order to hear about what works, what doesn't and what could be done better, and to capture quality and safety issues, the Chief Executive has set up a confidential hotline (01249 468383) and established a staff feedback email address ([StaffFeedback@awp.nhs.uk](mailto:StaffFeedback@awp.nhs.uk)). All emails and telephone calls will be responded to within 72 hours.

### 3.2. Carers Survey

- 3.2.1. The Trust's biannual Carers Survey has been launched, and is now available to complete on AWP's website.

### 3.3. Clinical Engagement

- 3.3.1. The Chief Executive has met a range of clinicians and many doctors across the Trust in order to obtain a better understanding the issues on the doctors agenda, and to ensure that he has a solid period of engagement with the medics.
- 3.3.2. As a consequence, interviews for the new medical director post are being deferred until 10 January 2013, to enable Chief Executive to gain a better understanding of the views of doctors before an appointment is made.
- 3.3.3. Deferring interviews till January also allows the reshaping of the other executive director roles before the final recruitment decisions are made and enables other candidates who may now be attracted to the role to apply.

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### 3.4. Local Focus

- 3.4.1. The New Ways of Working report, which considered the organisation of operational service delivery, envisaged a managerial structure which is aligned to the new commissioned pathways which will be in place from next April. Services would be organised into two distinct areas – Local Community Mental Health Services, incorporating inpatient facilities and social care, together with a specialist unit, composed of Specialised and Secure, Drug and Alcohol and Criminal Justice services.
- 3.4.2. The seven delivery units, all reporting to the Director of Operations are: Bristol, Swindon, BANES, Wiltshire, South Gloucestershire, North Somerset and Specialist Services. Given the need to improve the Trust's poor level of clinical engagement, each of these seven units will be led and managed by a clinician through a triumvirate management structure, as follows:
- **A Clinical Director**, who will be a clinician carrying out the role on a part-time basis and retaining some clinical practice sessions.
  - **A Head of Professions and Practice**, who will be a nurse or allied health professional and who will be accountable to the CD for the standards of practice in that delivery unit.
  - **A Managing Director**, who will be a manager responsible for the smooth running of the delivery unit including the development and maintenance of strong relationships with commissioners and other stakeholders/partners, information, management of budgets, resources and assets (including local estates issues), performance, administrative support, business development and other support to the unit.

### 3.5. Bristol Tender

- 3.5.1. NHS Bristol has published the results of its consultation into the future of mental health services in the city - which can be found on [NHS Bristol's website](#). Having been an [active participant in the consultation](#), the Chief Executive wishes to ensure that the Trust delivers the anticipated benefits as early as possible.
- 3.5.2. AWP will do this by strengthening relationships with commissioners, the clinical commissioning group, GPs, service users and carers. We will work with partners in the voluntary and other sectors to help deliver better value for money through an effective network of care which enables smaller organisations to provide more local, personalised support.
- 3.5.3. Effective staff involvement, strong clinical leadership and responsive, locally managed services will deliver the quality of services that we would want for our families. The benefits of this approach are being seen in the work done by director Malcolm Sinclair and local clinicians who, for example are starting to work with GPs to simplify and improve referral and access routes within our services.
- 3.5.4. Bristol is very important to AWP, not just because of the services we provide but because of the benefit mental health can bring to the wider system, links we have with the Universities, the opportunities for the professional development for our staff and our desire to build services which are responsive to the diverse needs of the different communities we serve.
- 3.5.5. Our goal is to be a major provider in a whole network of mental health services

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in the city for many years to come.

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