Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

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

Summary Report – Trust Board Meeting (Part 1)	**Date: 27th February 2013**
Report Title: Chief Executive's report	
Agenda Item: 08	**Enclosures:**
Sponsor; Chief Executive	**Presenter: Iain Tulley**
Report Author: Company Secretary, Head of Communications	
Report discussed previously at:	*n/a*

Purpose of the Report and Action required		
To provide the Board with a briefing of key issues arising since the last meeting.	Approval	
	Discussion	X
	Information	

Executive Summary of Key Issues
The report draws members' attention to recent regional national NHS activity and reports the work of the chief executive in the context of leading the organisation

Which Strategic Objective does this paper address	
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

Link to Fit for the Future Implementation Plan	
Specify objective number	None specific

Recommendations to other committees
n/a

Recommendation/Decision
The Board is recommended to **note** the report

Chief Executive's Report

1. Introduction

1.1. This report covers the period since the last Board meeting, highlighting NHS activity and reporting the work of the Chief Executive in the context of leading the organisation. It reports matters not covered elsewhere on the agenda.

2. National issues

2.1. Care Programme Approach

2.1.1. Elsewhere on this agenda, we discuss improvements we are making in relation to our application of the care programme approach (CPA).

2.1.2. The Mental Health Network and NSUN have published a study exploring how effective service users in London find the CPA in promoting recovery and which concludes that significant changes are still needed if the CPA is to be effective in supporting service users with recovery.

2.1.3. Study participants think that significant improvements are needed. They are concerned about differences between service users' and professionals' ideas of recovery; disappointed with the type of service provision on offer and the disadvantages which service users from marginalised communities often face; unhappy with the involvement which service users have in their care plans and in strategic decisions; and with unresolved differences between their concepts of recovery and the compulsory powers of the Mental Health Act 2007.

2.2. Mental Health Act annual report 2011/2012

2.2.1. The CQC published on 30 January its annual report 'Monitoring the Mental Health Act', which revealed that 15 per cent of people receiving care under the Act are not being involved in the decisions made about their care. It details a five percent increase in the number of people being sectioned under the Mental Health Act and a 15% increase in people subject to community treatment orders under the Act. It concludes that too many of those detained are subjected to unnecessary restrictions, get too little help to recover and have limited access to advocacy service.

2.3. Future of Mental Health Services

2.3.1. The Mental Health Foundation has launched an inquiry into the Future of Mental Health Services in the UK. It is exploring what services might look like in 20 – 30 years. As part of this project it is seeking evidence from a range of audiences and has set up an on line survey to capture opinions. It is available from http://www.surveymonkey.com/s/FOMHS_call_for_evidence

2.4. Peer mentors

2.4.1. The Government is supporting the second stage of 'Implementing Recovery through Organisational Change' (ImROC) aimed at changing the way mental health providers work with service users and families, making them partners in care. The objective is to go further than 'just' involvement, creating a culture of working together in partnership in every aspect of an organisation's work. Through ImROC, mental health service providers are recognising that people with direct experience of mental ill health can offer valuable expertise as medics and clinicians.

2.4.2. Our own initiative to involve peer mentors across the Trust is in line with this direction of travel

3. Trust issues

3.1. Locality operational management structure

3.1.1. From 1 February, all areas are operating within this structure with acting area directors taking the lead.

3.1.2. Following feedback, it has been agreed that the specialist and secure service delivery unit and the SDAS delivery unit will each have a clinical director and a head of professions and practice. One managing director will support both delivery units in the triumvirate management structure. These changes reflect the different models of care, quality standards and performance targets in SDAS and specialised and secure and after further reflection it has been agreed that they merit individual clinical leadership, reflecting the different clinical skills-sets and knowledge base for the two service areas.

3.1.3. Current SBU clinical directors are responsible for ensuring quality standards are maintained pending the filling of posts in the new structure.

3.2. Area clinical directors

3.2.1. I am delighted to tell the Board that we have appointed excellent candidates to each of these clinical director roles. These are as follows:

- James Eldred and Will Hall - Bristol
- Sammad Hashmi - Swindon
- Tim Williams - SDAS
- John Owen - S Glos
- Bill Bruce Jones - BANES
- Eva Dietrich - N Somerset

3.2.2. I would like to thank those who participated in the recruitment process from commissioning groups, third sector organisations, carers and service users.

3.2.3. Clinical directors are the senior appointments in each of the area triumvirate management structure, providing clinical leadership, ensuring the delivery of recovery focused, cost-effective services which meet the highest standards of safety and quality and are in line with commissioner expectations.

3.2.4. In Bristol the recruitment panel decided that given the complexity and diversity of Bristol and the significant changes anticipated in the city there should be an additional role of associate clinical director of service development and whose role would focus on focus on strengthening relationships in Bristol, making sure that AWP was fully involved in the city's network of care and developing innovative approaches to service delivery so as to ensure that services can respond to future local needs.

3.3. Risk summit discussions

3.3.1. Representatives of PCTs, CCGs and the CQC were joined from the Trust by executive directors, clinical directors, acting area directors and members of the performance team to discuss issues arising from the Risk Summit on 25 January

and to identify how commissioners and AWP as provider could work together to achieve shared goals.

3.3.2. NHS Commissioning Board's Local Area Team director designate Anthony Farnsworth joined me in chairing the discussion which demonstrated substantial backing for the steps the Trust has been taking to respond to CQC reports and to deliver quality, safe services. This was an opportunity to outline what was being done to address issues raised in recent CQC inspections or in other forums.

3.3.3. The group agreed to meet again to look back on the achievement of matters discussed and to ensure positive partnership working moving forward.

3.4. South West Pay Consortium

3.4.1. I am pleased to tell the Board that following a number of questions on this topic I wrote to all staff reaffirming the Board's decision not to participate in this group. I have received many positive comments from staff, as well as from the JUC.

3.5. 'Top improver' status

3.5.1. AWP has even been named as a 'top improver' by NHS Employers for the number of frontline staff who had received their flu jab by the end of December.

3.5.2. Overall, 1,221 members of staff were vaccinated during the four week programme which ran from mid-October to mid-November. This figure represents 42% of all AWP staff, a significant improvement on the 2011 figure of 35%.

3.5.3. Among staff, doctors saw the greatest increase in uptake, from 23% in 2011 to 52% in 2012. The nurses' group also saw an improvement, from 23% in 2011 to 31% in 2012.

3.6. Awards

3.6.1. I'd like to congratulate the Bristol Vocational Service in being shortlisted for their partnership with Sustainable Travel Solutions in the national Low Carbon Champion award by the Low Carbon Vehicle Partnership.

3.6.2. I'd also like to congratulate Mark Dean and the safeguarding team for winning the "Best of Prevent" award for the NHS in the south west.

3.7. Strategic objectives, vision and values

3.7.1. As the Board is aware, a four week consultation with staff, service users, carers, FT members and others who have contact with the Trust is underway in relation to proposals to refresh our strategic objectives, vision and values. Our aim is to generate a conversation around the proposals and to encourage people to give us their views. Our proposals for discussion are shown at appendix 1 and a report will be made to the March board on the outcome of this initiative

3.7.2. At the same time we are reminding everyone as to changes which have been made in strategic direction since we last consulted in relation to our FT journey and also reaffirming some constitutional issues.

3.7.3. In addition, local meetings will be held in March in each of our areas to enable face to face discussion of these issues as well as updating on changes being made to the way we are managing locally the delivery of services.

3.8. Director for People

3.8.1. Julie Thomas, has accepted an opportunity to join the newly emerging West of England Academic Health Science Network and will leave the Trust at the beginning of March. This is an exciting opportunity to work with partner colleagues to get the network up and running. I would like to thank Julie for the work she has done in our Trust and wish her every success in her new role.

3.8.2. Interim arrangements are to be made and a substantive appointment following in due course.

3.9. Governance matters

3.9.1. The Francis Inquiry

3.9.1.1. The awaited Francis Report was published earlier in the month. The Board received a presentation and briefing in relation to the impact of the Report and its recommendations for the Trust at its February Seminar. The Board formally receives the report at this meeting and the Medical Director will be setting out the way the Trust plans to formally respond as part of this later agenda item.

3.9.2. Monitor Provider Licence

3.9.2.1. Monitor has published its NHS Provider Licence following a consultation exercise in 2012. The new licence reflects the Health and Social Care Act 2012 which changes the way in which NHS service providers are to be regulated.

3.9.2.2. The licence includes "continuity of services" conditions to ensure that services that are deemed to be crucial can continue even if the provider becomes financially distressed. These services are designated as "commissioner requested services" (CRS).

Appendix 1 Strategic objectives, vision and values

Strategic Objectives

Consolidate provides the building blocks on which the success of the Trust rests. 'Being Brilliant at the Basics' will be a frequently heard statement as we review what we do well, identify what needs to be better and deliver more and constantly improving recovery-focused services.

Integrate requires us to work more effectively, internally and externally, connecting fully with the local health communities we serve and forging positive, dynamic relationships with our commissioners, GPs, service users and carers, as well as those in the voluntary sector.

Expand will be fundamental to the viability of the Trust, developing a portfolio of services which meets the needs of commissioners locally and in areas outside our traditional heartland.

Mission Statement

You Matter…We Care' is the approach service users and others recognise in AWP.

Whether service users, staff, GPs, commissioners or third sector groups, you matter to us and we care how we listen and respond to your needs, views and ambitions.

Values

We want all our staff to have **PRIDE** in the way we work together, in the specialist support we provide service users and in the way we work with our partners within the health community. **PRIDE** encapsulates the values which lie at the heart of our organisation.

P	Passion	We do our best, all of the time
R	Respect	We listen, understand and value what you tell us
I	Integrity	We're open, honest, straightforward
D	Diversity	We relate to everyone as an individual
E	Excellence	We provide consistently the highest quality support