

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

<b>Summary Report – Trust Board Meeting (Part 1)</b>	<b>Date: 27 March 2013</b>
<b>Report Title: Chief Executive’s report</b>	
<b>Agenda Item: 08</b>	<b>Enclosures:</b>
<b>Sponsor; Chief Executive</b>	<b>Presenter: Iain Tulley</b>
<b>Report Author: Company Secretary, Head of Communications</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 key issues arising since the last meeting.	Approval	
	Discussion	
	Information	X

<b>Executive Summary of Key Issues</b>
<p>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</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>Recommendations to other committees</b>
<i>n/a</i>

<b>Recommendation/Decision</b>
The Board is recommended to <b>note</b> 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. Regulations on procurement, choice and competition

- 2.1.1. Health minister Norman Lamb told the House of Commons the regulations in relation to Section 75 of the Health and Social Care Act 2012 will be rewritten to remove scope for confusion. He said the re-drafted regulations will be published 'within days' and will be in line with the previous government's policy on tendering of NHS care, but with greater emphasis on integration and without special support for non-NHS providers. The key points of clarification will be: commissioners will not be under a duty to tender all services; Monitor will not force commissioners to competitively tender; and integration and competition are not mutually exclusive – what is in patients' best interests is most important.

#### 2.2. Reconfiguring services

- 2.2.1. Councils will need to provide "more convincing" evidence when they oppose NHS reconfigurations such as hospital closures, according to the health chief in charge of a review on the subject.
- 2.2.2. NHS South of England chief executive Sir Ian Carruthers told councillors at a recent Local Government Association meeting that it was "inadequate" for local authority scrutiny committees to oppose NHS reconfigurations in their area on the grounds that they "don't like it". Sir Ian was asked by NHS chief Sir David Nicholson in the autumn to carry out a review of the NHS reconfiguration process.
- 2.2.3. He said at the meeting he was likely to recommend a new system in which objections to proposed reorganisations had to provide evidence that the plans did not meet "tests" in four areas: safety, patient choice and engagement, clinical evidence, and support from clinical commissioning groups.

#### 2.3. Mortality and mental health

- 2.3.1. The Mental Health Network has highlighted a new set of figures, published for 2010/11 by the Health and Social Care Information Centre (HSCIC), which makes for disturbing reading.
- 2.3.2. The mortality rate among mental health service users aged 19 and over in England was 3.6 times the rate of the general population in 2010/11. The findings are based on extended analysis of linked data from the HSCIC's Mental Health Minimum Data Set (MHMDS) to Office of National Statistics (ONS) deaths data.
- 2.3.3. The mortality rate for mental health service users was 4,008 per 100,000 compared to the general population rate of 1,122 per 100,000.
- 2.3.4. These figures clearly signpost a starting point for future commissioning.

#### 2.4. NHS bureaucracy

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – 27<sup>th</sup> March 2013

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## Chief Executive's Report

Health secretary Jeremy Hunt has appointed NHS Confederation chief executive Mike Farrar will lead work designed to cut bureaucracy in the NHS. He has been asked to report in March so the work can inform the government's response to the Francis report

### 2.5. South west pay consortium

2.5.1. The consortium – which we as a Trust decided not to join - has published its business case to save millions of pounds by urging staff to give up holiday entitlement, earn less for night shifts and work extra hours for free in exchange for keeping their job. The plans are also reported to include lower sickness pay, shorter holidays and locally-set pay rates for some consultants.

### 2.6. Time to change

2.6.1. The charity has launched another round of grant funding with applications for grants to be submitted by 2pm on Tuesday 30 April 2013. Time to change is looking to fund projects that change public attitudes to mental health by bringing people with and without mental health problems together and creating opportunities for them to have meaningful conversations.

## 3. Trust issues

3.1. Director of Operations: I am pleased to report that after a rigorous recruitment process, involving a range of external stakeholders, Kris Dominy, currently service director for SDAS, was appointed to this Board position. The new role of operations director provides an important bridge between the clinical delivery work of medical and nursing colleagues and the enabling work of finance and HR and I look forward to working with Kris in her new role.

3.2. Other appointments have been made to both Clinical Directors and Managing Director posts and we will welcome Julie Hankin, Clinical Director for Wiltshire, and Denise Claydon, Managing Director for Wiltshire – who will be presenting to the Board at this meeting.

3.3. Vision and values consultation: Our first public meeting to discuss this and to update on other issues relating to locality management, quality and engagement took place in Bristol led by area clinical director James Eldred and managing director Malcolm Sinclair. Although numbers were small there was a healthy discussion. So far our proposals have been discussed in a number of meetings and almost 200 people have submitted specific comments.

### 3.4. CNST assessment

3.4.1. The Trust has passed its Clinical Negligence Scheme for Trust (CNST) level one assessment with flying colours, having succeeded in all 50 standards. The quality of information provided by colleagues across the Trust was so high that the assessment was unusually completed in half the normal time, taking just one day.

3.4.2. The assessor was complimentary about our policies, saying that she found our clinical policies and procedures particularly clear. She also said that she loved the medication incident investigation report and was full of praise about the flowcharts used in the HR policies.

## Chief Executive's Report

- 3.4.3. I would like to congratulate head of risk Linda Hutchings who coordinated the work with her team and also thank the wide range of colleagues from across the Trust who contributed.

### 3.5. STEPS open day

- 3.5.1. I'd also like to congratulate the team on the recent open day, ran to highlight the changes made to bring community and inpatient services under one roof. It was a good event, which received widespread positive media attention.

### 3.6. Home Secretary

- 3.6.1. BBC Points West followed up Home Secretary Theresa May's letter to Police and Crime Commissioners and chief constables to make mental health issues a top priority, urging them to work more closely with new local NHS -commissioners. It was an opportunity to comment in a live interview on the steps we are taking to foster partnership working and to strengthen relationships in the local communities of care.