

Summary Report – Trust Board Meeting (Part 1)	Date: 2 May 2013
Report Title: Chief executive's report	
Agenda Item: 13	Enclosures:
Sponsor; Chief Executive	Presenter: Iain Tulley
Report Author: Head of Communications, Company Secretary	
Report discussed previously at:	<i>n/a</i>

Purpose of the Report and Action required		
To brief the Board on matters of national and local interest and reports on the work of the chief executive.	Approval	
	Discussion	
	Information	X

Executive Summary of Key Issues
The report draws members' attention to recent national and local NHS activity and reports on 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	
<i>Specify objective number</i>	None specific

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

Recommendation/Decision
The Board is recommended to note the report

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1. Introduction

1.1. This report covers the period since the last Board meeting, highlighting national and local NHS activity, as well as reporting on Trust issues not dealt with elsewhere on this agenda.

2. National issues

2.1. Care Quality Commission (CQC) three year plan

The CQC has announced it will expand and increase the expertise of inspection teams and that they will spend longer in hospitals talking to people. The plan describes its role as being firmly on the side of patients and people who use services. It promises to publish better information, helping the public to easily find and understand its reports on care services, including ratings.

The CQC says it will change the way it inspects to make sure it looks at the things that are most important to people: are services safe, effective, caring and well led, and do they respond to people's needs? The plans also include using information and evidence more effectively to predict, identify and respond to services that are failing. This includes listening better to people's views and experience of care and to care staff to hear about their concerns.

2.2. NHS satisfaction

Public satisfaction with the NHS has changed little in the past year according to the British Social Attitudes Survey. Overall satisfaction with the NHS rose from 58% in 2011 to 61% in 2012, but the British Social Attitudes Survey stated this was "not statistically significant".

Feedback from the public and patients on their NHS experience is a crucial test of service quality and our aim should be to ensure that each patient reports full satisfaction with their care. Introducing the Friends and Family test ahead of schedule in our Trust and including the results in our new IQ (Information for Quality System) is an important step in improving service user experience of AWP.

2.3. Future funding of services

According to a King's Fund report in conjunction with Ipsos MORI, the public remain committed to continuing to fund NHS services on the founding principles of access based on need rather than the ability to pay. But the report suggests that the public could support the introduction of charges in some circumstances such as treatments that were not clinically necessary (eg cosmetic surgery); treatment needed as a result of inappropriate lifestyles (eg smoking or obesity); and 'top-ups' for non-clinical aspects of care, such as private rooms. The report, 'How should we pay for healthcare in the future?', is based on two one-day events exploring the public's attitude to paying for healthcare.

2.4. Future service change

A Health Service Journal interview with NHS England policy director Bill McCarthy indicates that the new organisation, formerly the NHS Commissioning Board, is planning to extend the quality, innovation, productivity and prevention savings programme (QIPP) beyond its current April 2015 end date, with the focus switching to

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large-scale service reconfiguration rather than on smaller incremental savings schemes.

2.5. FT timelines

David Flory, chief executive of the NHS Trust Development Agency, has indicated that a consequence of the Francis inquiry is to push back the process of getting all NHS providers to foundation trust status by two years. His comments reflect the need for the safeguards required to ensure organisations were not endangering patient safety in order to attain FT status. While indicating that the process to FT would take longer, he also indicated that he was talking to some trusts about bringing forward their applications, as they were on track to be ready before their planned dates.

2.6. The importance of exercise

Using data from the annual Health Survey for England, a new report by healthcare charity Nuffield Health and the London School of Economics conclude that 70% of adults are failing to hit the target of 150 minutes of exercise a week and shows the positive impact of regular physical activity on many health measures, but importantly on mental health.

2.7. The Department of Health response to Francis

In March the Department of Health published its response to the Francis Inquiry Report. The report set out a series of expectations of NHS organisations, and the Board is sighted on these in the context of its overall planning in response to Francis.

2.8. Trust Development Authority (TDA) Accountability Framework and Monitor Guidance

We are now operating within the parameters of the TDA Accountability Framework, published in the month. Monitor has recently published a new Guide for Applicants, and a guide for Boards, looking at how best to ensure Quality is embedded in organisations. Briefings on both of these documents are being provided to the Board through its development programme.

3. Local issues

3.1. Bristol acute services

The Co-operation and Competition Panel has ruled that plans to centralise some acute services in Bristol could be anti-competitive and must be investigated further by Monitor. The ruling relates to centralisation of provision and management of head and neck services at University Hospitals Bristol Foundation Trust and of breast care and urology at North Bristol Trust took place on 25 March. The review by Monitor is expected to be complete by August.

North Bristol Trust and University Hospitals Bristol Foundation Trust have said the changes have been developed over many years and are designed to significantly improve clinical outcomes for patients and to create the conditions for centres of excellence to develop and grow in Bristol. They say they will demonstrate that the benefits for patients outweigh any adverse impact arising from the loss of choice and or competition.

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3.2. Bristol Health Partners

Bristol Health Partners (BHP) – of which AWP is an active participant - officially launched this month with an event streamed live on the web from Bristol's M Shed in conjunction with the prestigious international TEDMED research and innovation conference.

TEDMEDLive Bristol saw 29 experts exchanging ideas in a dynamic, quick-fire format with talks limited to just 10 minutes including questions. Topics ranged from how quantum computing and robotics could revolutionise medicine to the importance of challenging the 'beauty myth' and how animation can help deliver public health messages. AWP older age psychiatrist Sarah Cullum took part in the evening 'people's choice' session on 'dementia: does everyone want an early diagnosis?'

The link with TEDMED was a major coup for Bristol Health Partners, which aims to generate significant health gain and improvements in service delivery in Bristol by integrating, promoting and developing Bristol's strengths in health services, research, innovation and education.

The partnership operates through Health Integration Teams (HITs) working innovatively across disciplines and organisations to tackle major health priorities. AWP is centrally involved in several major HITs including dementia, improving care pathways for self harm, integration to reduce hospital admissions and developing healthier neighbourhood environments.

On day two of the launch, the BHP Board received presentations from current HITs. This was a useful opportunity for members to develop their understanding of each research area and for HITs to learn from each other. Participants included AWP consultant liaison psychiatrist Lucy Griffin, based at the BRI, who is part of the self-harm HIT.

3.3. Modernising mental health in Bristol

The CCG has announced that it has formally approved a full procurement process for tendering mental health services with an implementation date for new services as the autumn 2014. It has decided not to include inpatient beds in the tender but to work with AWP to "develop improved inpatient services through negotiation."

This is positive news and in addition to agreeing to take this approach we have repeated our desire to work with the CCG to make improvements now and to deliver, where we can, the anticipated tender benefits rather than delay change until the latter part of next year.

The pre bidder meeting scheduled for April was postponed until 23 May so as to allow more time to deal with the significant feedback received by the CCG.

3.4. Healthwatch

The new independent consumer champion for health and social care, replacing Local Involvement Networks (LINKs), are taking shape around the Trust area. The Care Forum is providing Healthwatch in Bristol, B&NES, S Glos and Somerset. Separate organisations are providing the service in Swindon and North Somerset. Healthwatch members have the right to ask for information about our services and to visit sites.

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4. Trust issues

4.1. Mental health contract

I am pleased to report to the Board that we have signed our contract with our new clinical commissioning colleagues.

4.2. Tenders

4.2.1. Bournemouth services: following its successful tender last year, our specialist drug and alcohol service has now started providing specialist prescribing to service users in Bournemouth. An AWP transitional team - a consultant psychiatrist, service managers and corporate services staff - completed the transfer from Dorset University Hospital Foundation Trust with the focus on ensuring that service users remained safe and secure during the changeover and that the provision of the service was not uninterrupted. I would like to thank everyone involved for their contribution

4.2.2. BANES: I'm pleased to report that our LIFT team has won the contract to provide Primary Care Talking Therapies services in BANES from August.

4.3. Locality appointments

4.3.1. I am pleased to formally congratulate the successful candidates who have been appointed to the role of Head of Profession and Practice in each locality, thus almost completing the new triumvirate management structure. They are:

- B&NES - Claire Williamson
- Bristol - Mark Bunker
- North Somerset - Anita Hutson
- South Gloucestershire - Debbie Spaul
- Swindon - Liz Richards
- Wiltshire - Norman Atkinson
- SDAS - Helen Cottee

The head of profession and practice for specialised and secure will be announced shortly.

4.3.2. Applications for the vacant managing director posts in B&NES and Swindon and the role of Head of the Quality Academy closed on 19 April and we hope to make appointments in the near future.

4.4. Francis

I am pleased to report that an internal conference drawing clinicians and other staff together from across the Trust to discuss how we are responding to Francis and to

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identify any other actions that we can take has been fully booked. This takes place on 21 May 2013.

4.5. CQC improvement notices

Thanks to a concerted effort by clinical staff and managers, the formal warning notice to the Trust over staffing levels at Fromeside has been lifted. The changes put into place by AWP have included the employment of 18 full time staff, while ward managers and matrons will spend more time working on the ward. Other improvements have seen the introduction of managers attending regular clinical planning meetings with service users.

4.6. Research and development

The R&D team will be holding its first Research Awareness Week between Monday 20 to Friday 24 May. This coincides with International Clinical Trials Day on 20 May which highlights how research can improve health and well-being for those who use our services. AWP's Research Awareness Week is an great opportunity for those interested in the work of the team to find out more and to find out how to become involved in research project.

4.7. Improving engagement

To ensure clear lines of communication with Overview and Scrutiny Committees/Health and Well Being Boards (or equivalent) and to make sure that all AWP related issues raised at these meetings are appropriately and rapidly dealt with, the current client account managers are to keep a register of all consultation/engagement events run by these bodies in each locality area; monitor all meetings so that wider issues are identified; and ensure appropriate levels of attendance. They will liaise with local clinical and managing directors and enable Board members to be alerted to any issues as appropriate.

4.8. Commissioners thank North Somerset staff

The Board will be pleased to hear that our commissioners in North Somerset – Julie Kell and Dr Mark O'Connor from North Somerset CCG and Claire Leandro from North Somerset Council – wrote to our North Somerset managing director Suzanne Howell to thank staff in North Somerset for their "hard work and achievements in delivering a number of major achievements in 2012/13". Their letter has been shared with staff.

4.9. Back to the floor initiative

4.9.1. A 'Back to the Floor' initiative has been launched within our Trust, encouraging managers in particular to spend time on the front line by working a shift on a ward or in a team. I am particularly keen to encourage clinicians who have moved from the 'frontline' to go 'back to the floor' to gain first hand experience of how the challenges are changing and also to share their knowledge with frontline colleagues.

4.9.2. The 'back to the floor' initiative is entirely voluntary. It is a two way process where if teams want the input, those who have volunteered to get involved will be directed to those teams.

4.9.3. As part of this initiative, I worked as a Health Care Assistant on Aspen Ward in Callington Road last week and found it a rewarding experience.

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Sponsored by Chief Executive		
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