

‘You matter, we care’

Summary Report – Trust Board Meeting (Part 1)	Date: 31 July 2013
Report Title: Chief Executive’s report	
Agenda Item: BD/13/105	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
<p>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.</p>

Which Strategic Objective does this paper address	
Consolidate	
Integrate	
Expand	

Link to Fit for the Future Implementation Plan	
<i>Specify objective number</i>	None specific

Recommendations to other committees
n/a

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

Chief Executive's report

1. Introduction

1.1. This report covers the period since the last Board, highlighting national and local NHS activity, as well as reporting on Trust issues.

1.2. On 5 July, the NHS celebrated its 65th birthday. At a time when the NHS faces widespread scrutiny and challenge, it is good to remind ourselves of the NHS's track record of achievement and to acknowledge and praise the outstanding work undertaken by staff both in the past and at present.

2. National

2.1. Refreshing the NHS mandate

The government is consulting until 27 September on refreshing the Mandate to NHS England for 2014 to 2015. The Mandate sets the government's ambitions for the NHS and is required to be published annually.

The main proposed changes reflect actions being taken by NHS England in response to the Francis Report, work to develop a vulnerable older people plan and the need for the NHS to make better use of resources in light of the challenging financial climate.

The document also highlights the need to ensure mental health is given the same priority as physical health and the government states that it expects to see improvements in the full range of mental health services. It is proposing an additional objective by asking NHS England to:

- ensure acute and emergency care for people in mental health crisis is as accessible and high-quality as for physical health emergencies. This will include close cooperation with A&E services as well as working with the police and other key partners to ensure people get the care they need in the most appropriate setting;
- ensure that there is adequate liaison psychiatry services to support effective crisis care.

2.2. NHS England discussion paper: Review of incentives, rewards and sanctions

A discussion document has been published inviting feedback from stakeholders on possible changes to the regime of incentives, rewards and sanctions in the NHS business rules for 2014/15 and beyond.

NHS England acknowledges that the current system of incentives, rewards and sanctions are often not used as intended. Examples it says include: commissioners setting targets that cannot be achieved in order to avoid paying CQUIN monies; individual sanctions not being implemented in the event of performance failures; the impact of all incentives and sanctions being guaranteed through commissioners and providers agreeing block (or cap and collar) arrangements.

The paper indicates that NHS England is considering whether it would be desirable and feasible to switch from the current contract regime of sanctions and CQUIN incentives, to a new consistent pay-for-performance regime. It is suggested that providers would receive a core payment for a given quantum of service provision, with this potentially flexing up and down in line with activity levels. The deadline for responses is 2 August.

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – 31 July 2013		
Part 1		
Sponsored by		
Agenda Item:	Serial:	Page

Chief Executive's report

2.3. CQC inspections

Following publication of the Keogh report into mortality rates, Prof Sir Mike Richards, CQC's Chief Inspector of Hospitals has announced significant changes to the way the CQC inspect hospitals. A mixture of announced and unannounced inspections of hospitals by larger teams will be carried out. The teams include a senior NHS clinician or executive, professional and clinical staff, experts by experience, patients, carers and other experts. 18 hospitals will be inspected under this new approach. It is not clear whether the same approach will be applied to mental health services.

2.4. NHS England - a call to action

NHS England has set out a call to action to staff, public and politicians to help the NHS meet future demand and tackle the funding gap through 'honest and realistic' debate. It wants the public, NHS staff and politicians to debate the future shape of the NHS to meet rising demand, introduce new technology and meet the expectations of its patients against a backdrop of flat funding.

A new publication, 'The NHS belongs to the people: a call to action' sets out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remains flat and rising expectation of the quality of care. The document says clearly that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.

The report also sets out an engagement programme aimed to expand the audience for the debate across NHS staff, patients and the public, and commissioners, to inform a new NHS strategy.

2.5. Funding gap warnings

Both NHS England and Monitor have in the past month highlighted the financial pressures which will face the NHS in the coming decade.

In an interview with HSJ, NHS England director of strategy Robert Harris said that the predicted deficit of £30bn doubles when the timeframe is extended to 2025. This assumes health service funding remains flat in real terms until 2025 and takes into account rising demand for services resulting from demographic pressures.

Monitor chief executive David Bennett said in a speech Healthcare Financial Management Association members that even if the NHS made all the savings the regulator could conceive of, it would still have a minimum funding gap of £2.5bn in eight years' time. David Bennett said Monitor estimated the health service needs total savings of between £28bn and £44bn between 2010-11 and 2021-22 to protect its finances and maintain care quality.

2.6. Standardised training for HCAs

The Cavendish Report, published earlier this month proposes that all healthcare

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – 31 July 2013		
Part 1		
Sponsored by		
Agenda Item:	Serial:	Page

Chief Executive's report

assistants and social care support workers should undergo the same basic training, based on the best practice that already exists in the system, and must get a standard 'certificate of fundamental care' before they can care for people unsupervised.

2.7. Improving corporate accountability in health and social care

The Department of Health has published a consultation, which closes on 6 September, which seeks views on proposals to hold providers of health and social care to account where there are serious failures in care.

It proposes that all directors of providers registered with the Care Quality Commission (CQC) – NHS hospitals, private hospitals and care homes – must meet a new fit and proper person test. The CQC will be able to insist on the removal of directors that fail this test. In cases where providers fail in the care that they provide, the CQC will be able to consider the role of the board and individual directors in that failure – with the power to prosecute in the case of serious failure.

3. Local

3.1. Modernising Mental Health in Bristol

Bristol CCG has sent pre-qualification questionnaires (PQQs) to all organisations that expressed interest in the procurement. Our local team is working with a number of local organisations to ensure a strong partnership which can meet the service provision aspects of the tender in the most comprehensive manner. A process is in place to determine whether a strategic partner would enhance our service offering. The outcome of this will be reported in due course.

3.2. Survey suggests bullying

Research carried out by Durham University and published in the British Medical Journal, indicates that one in five of 3,000 NHS staff surveyed nationally, reported they had been bullied in the workplace.

In our most recent quarterly staff on line survey, a small number of AWP staff indicated that they felt they were not treated with dignity and respect and had been bullied. We have reminded all staff that such behaviour is unacceptable, reminded staff of how to report such incidents and sought to assure all staff that anyone coming forward will be supported.

3.3. First step

In partnership with the University of Bristol Students' Health Service, our Trust has launched First Step, a primary care eating disorders service. It will act as a gateway to the Trust's eating disorders care pathway, delivering evidence-based treatments in GP surgeries across Bristol. The new service follows a successful pilot and is based on treating people effectively before their condition requires specialist help.

3.4. Tender success in Bristol

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – 31 July 2013		
Part 1		
Sponsored by		
Agenda Item:	Serial:	Page

Chief Executive's report

I'm delighted to advise the Board that our Specialist Drug and Alcohol Service (SDAS) has been successful in tendering to deliver a new integrated service in Bristol. In partnership with Bristol Drugs Project and St Mungo's, The team has successfully bid for three elements of the new drug and alcohol service tendered by Safer Bristol of Bristol City Council. SDAS, Bdp and St Mungo's will focus on Engagement (St Mungo's), Change (SDAS) and Completion (Bdp) while the other two elements, housing and support, will be delivered respectively by Addiction Recovery Agency and Developing Health and Independence (DHI).

3.5. Expanding prison services

I'm pleased also to report that our ability to deploy an experienced, integrated, multi-disciplinary team at short notice meant that we have also expanded our criminal justice portfolio by adding South Gloucestershire's Ashfield prison. The team designed and delivered a completely new and innovative service in less than six weeks, covering mental health, learning disabilities, substance misuse, psychosocial interventions as well as clinical prescribing. We expect the service to be competitively tendered in 2014.

3.6. Nurse mentoring conference.

I was pleased to attend AWP's second Annual Nurse Mentoring Conference which had the theme 'Celebrating Best Practice in Student Mentoring'. It was an inspiring event and once again highlighted the important role that mentors can fulfil within our Trust.

3.7. National recognition

AWP's work on making services accessible for people with learning disabilities has been highlighted as an example of good practice in a national guide on commissioning mental health services. The guide – which was published earlier this month by the Joint Commissioning Panel for Mental Health (JCPMH) – draws on current best practice and policy to describe what good mental health services for people with learning disabilities should look like.

It cites AWP's work on implementing the 'Getting it Right' charter in all hospital wards as an example of good practice and highlights as part of this work the hospital passports that have been issued to people with learning disabilities who are admitted to the service, the provision of a learning disability link person on each ward who can help advice on reasonable adjustments, and the staff survey and focus groups which help identify the issues that need tackling.

3.8. IQ system

As part of encouraging staff to embrace our new IQ information for quality system, we have experimented by producing a short film to explain the importance of the new system and the role it will play within the organisation. I am grateful for the help given to us by one of our peer mentors, John Thomson, to produce the film. Depending on feedback, we may use this approach increasingly as we seek to improve internal communications.

Chief Executive's report

3.9. Medium and secure services

Concerns have been raised by specialist commissioning colleagues regarding our medium and low secure services following a number of recent incidents (previously reported to the Board). There has also been two anonymous letters sent to me and a number of other people highlighting concerns on a number of levels.

Immediate action has been taken to ensure the safety of patients and staff. A detailed plan has been developed and discussed with commissioners and an Impact Team identified to support relevant improvements within the service.

It should be noted that considerable progress and improvement has already taken place within these services. However, in the light of the recent events, this initiative is designed to fully understand the challenges within the service and to ensure these are addressed quickly and proportionately. The process will be led by Clinical Director Carol Bowes, with appropriate support and will be subject to open reporting to commissioners and other stakeholders.

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – 31 July 2013		
Part 1		
Sponsored by		
Agenda Item:	Serial:	Page