

‘You matter, we care’

<b>Summary Report – Trust Board Meeting (Part 1)</b>	<b>Date: 28<sup>th</sup> August 2013</b>
<b>Report Title: Chief Executive’s Board report</b>	
<b>Agenda Item: BD/13/140</b>	<b>Enclosures:</b>
<b>Sponsor; Chief Executive</b>	<b>Presenter: Chief Executive</b>
<b>Report Author: Head of Communications, Company Secretary</b>	
<b>Report discussed previously at:</b>	<i>n/a</i>

<b>Purpose of the Report and Action required</b>		
To highlight key issues facing our Trust and to brief the Board on matters of national and local interest	Approval	
	Discussion	
	Information	X

<b>Executive Summary of Key Issues</b>
The report signposts some of the key management and development issues facing our Trust and draws members’ attention to recent national and local NHS activity.

<b>Which Strategic Objective does this paper address</b>	
Consolidate	Y
Integrate	Y
Expand	Y

<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

This paper covers the period since the last Board. It summarises some of the key management and development issues facing our Trust, some of which are included on this Board agenda. It also draws Board members' attention to national and local issues with which the Trust needs to be familiar and highlights some current Trust activities.

## 2. Issues of the month

- 2.1. Considerable progress continues to be made in the way our local management teams are working with our CCG colleagues to ensure services meet local needs. I have asked the Director of Operations to bring forward proposals for a more structured approach to ensuring we capture and respond to local intelligence so as to make sure that we continue to improve relationships with our local health communities.
- 2.2. An internal consultation is taking place with operational staff in relation to the management structure which will support the clinical leadership in each area. The Board I am sure will join me in praising the positive work being undertaken in each of our core localities, as well as the efforts our staff are making day by day to support those who need our help.
- 2.3. Following my last report, I can confirm that we submitted a response to Bristol CCG's pre-qualification questionnaire. We expect to hear on 22 August whether we will be invited to submit a tender response. Substantial work has been undertaken by our clinical colleagues in Bristol in shaping this response and on the basis of partnership working, identifying what our contribution should be.

I have asked the Bristol leadership team to report to the Board next month on what success would look like for AWP. We remain committed to providing mental health services in Bristol and to working in partnership with others as we strive to support the CCG in delivering its 'Modernising Mental Health in Bristol' agenda.

- 2.4. The finance report identifies the Trust £119k behind its finance plan target surplus as at the 31<sup>st</sup> July 2013 (month 4). Based on this position, the Trust has produced a year-end financial forecast that identifies a significant challenge between now and 31 March 2014. This financial position and forecast was discussed at the Finance and Planning Committee on 20 August 2013 and the Senior Management Team (SMT) on 21 August 2013 and the management actions and processes for mitigating the financial forecast were agreed. The Trust is confident that the year-end target surplus of £600k will be achieved.
- 2.5. There would appear to be across the NHS pressure on beds and our Trust is no different in facing this issue. Later on this agenda, is a paper looking at how we manage our beds within our new devolved management structure. Ensuring we minimise 'out of area placements' and ensuring we have sufficient bed capacity to deal with those who need to be admitted to inpatient units is fundamental to our approach.
- 2.6. As mentioned in my last report, Prof Sir Mike Richards, CQC's Chief Inspector of Hospitals, has announced significant changes to the way the CQC inspect hospitals to bring that work more in line with the approach undertaken by Sir Bruce Keogh in his recent report into mortality rates. There is some suggestion that aspirant FT within the

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acute sector, will not be able to progress through the FT pipeline until they have been inspected within the new inspection regime. It is not clear whether this approach will apply to other aspirant FT in sectors such as our own but if it was to do so, it would delay our progress. We are currently working closely with colleagues in the NHS Trust Development Authority (NTDA) to establish the likely position. In the meantime we will continue to work within the current time frames and will resubmit our application to NTDA at the beginning of October.

- 2.7. The Director of HR is currently working with operational colleagues to streamline the recruitment process so as to accelerate the pace at which new staff can join our Trust. This is just one of a number of initiatives to help us to achieve our goal of not recruiting temporary agency staff.
- 2.8. The importance of achieving and maintaining the highest quality in all aspects of what our Trust does is reflected in the update on our quality strategy later in this Board agenda. The clinical executive, and in particular the Medical and Nursing Directors, are working to ensure that in implementing this strategy, we take full account of the recently published Berwick report (see paragraph 3.2) and that our IQ system continues to be refined to ensure we continue to capture quality relevant data.

In September, a new quality 'huddle' will bring together clinical directors, executive directors and others in looking at and discussing live quality data, what it indicates about our Trust and the actions required to tackle any weaknesses. . We will begin to make that information available publicly in our Trust, beginning in Jenner House.

- 2.9. As the Board is aware significant work has been undertaken, led by the Company Secretary, to ensure we have a framework that provides members with the assurance they need as to the work of our Trust. This includes restructuring our risk registers and ensuring that they do reflect the main risks facing the organisation as well as identifying the action being taken to mitigate them.
- 2.10. Our Trust has a good record of sound financial management and in delivering our CQUINS ('Commissioning for Quality and Innovation' payments). As the financial and quality challenges become greater, we are introducing a more disciplined approach to planning and delivering our cost improvement programmes and undertaking quality impact assessments. This approach is being led by the Director of Business development.
- 2.11. In line with our commitment to deliver high performance via a focus on quality, we want to maximise the resources we allocate to front line services, Consultations are taking place internally in relation to our People and Finance directorates over how these can best support our services. This will result in an outcomes paper which will shape the future structure of these services.
- 2.12. Information governance breach.: I am sorry to report to the Board that some patient information was sent to an out of date address. We have apologised to the service user involved and the circumstances will be reviewed by our Information Management Governance group to see if any lessons can be learned. In the meantime we are reporting this as a level 2 incident to the Information Commissioner. This is the first incidence of a level 2 reportable event within the Trust under the new reporting requirements.

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### 3. National matters

- 3.1. **Mental wellbeing should be public health priority.** A national report published by charities Mind and the Mental Health Foundations has called on councils to put mental health at the heart of their public health strategies. 'Building Resilient Communities', highlights the importance of creating parity of esteem between mental and physical health. The Report says public health teams should help residents reduce stress and anxiety. It brings together research and best practice of resilient services to help councils to prevent the development of mental health problems and to measure their impact.
- 3.2. **The Berwick Report:** Professor Berwick's patient safety report called for a new criminal offence to be created, so that those who deliberately or carelessly inflict patient harm could be punished. Professor Berwick said the use of criminal sanctions should be extremely rare and staff would not be punished for genuine errors. The report encouraged NHS trusts to review staffing levels and called for a review of the regulatory system by 2017 and a new culture of transparency to learn from mistakes. Our Medical Director and our Heads of Profession and Practice will be taking forward the recommendations in so far as they impact on our Trust.

The history of our Trust over the past year has been to focus attention on safety and to change the culture to one of openness. Our new IQ (information for quality system) is designed to support this by enabling everyone in our Trust to see how successful we are in embedding quality into the organisation. Our clinical executive continues to lead this activity.

- 3.3. **New procurement strategy.** The government has launched its strategy to cut more than £1 billion from the NHS's procurement bill. As part of the plans, ministers want to cut spending on temporary staff. The government is planning to negotiate new deals with some NHS suppliers for some of the more commonplace items in the health service. It also plans to introduce a market comparison site, by mandating in the NHS contract that hospitals must publish what they pay for contracts, supplies, goods and services.

Within our budget this year, we are aiming to make savings of £400,000 through more robust procurement processes and I am pleased to say that we have already achieved £250,000 of savings.

- 3.4. **Mental health safeguards.** The Health Select Committee has highlighted threats to older patients with dementia due to what MPs felt were inadequate deprivation of liberty safeguards. The committee's report found that in some cases psychiatrists were ordering that a patient be sectioned simply because it meant they were more likely to be found a bed in a psychiatric ward. Our Medical Director will be looking at any lessons for our Trust from the Committee's report.

Board members should be reassured that within our Trust considerable efforts are made to ensure that the pattern of behaviour highlighted by the select committee does not recur and recent CQC inspections on these issues have not highlighted any such problems.. The work we are doing with our social care colleagues and with clinical commissioning groups, led by our Nursing Director and Heads of Profession and Practice, is tackling the issue of ensuring that mental health beds are only used for people who need them and not as a substitute for alternative accommodation.

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3.5. **NHS England consultation.** In my last report to the Board, I highlighted the publication by the Department of Health of 'The NHS belongs to the people: The Call to Action'. This set out the challenge of proving high quality care now and for future generations. NHS England is engaging with local communities, clinicians and stakeholders, about the best possible way to develop general practice for the future and comments are invited in a consultation that will close on 30 September.

### 4. Local update

4.1. **South West Clinical Senate.** Applications for membership from professional groups are being invited. The Senate will provide strategic, independent advice to commissioners and work alongside Strategic Clinical Networks, Academic Health Science Networks and the Local Education and Training Boards to support quality improvement across the South West. As well as clinicians of all professional groups, the senate would welcome applications from healthcare scientists, public health representatives, adult and children's social care professionals. Those interested should email [southwest.strategicclinicalnetwork@nhs.net](mailto:southwest.strategicclinicalnetwork@nhs.net).

I am the chief executive member on the strategic clinical network and Bristol's Dr Sarah Oke is an adviser in relation to urgent care.

### 5. Trust development

5.1. **Lift.** Two positive developments to report in relation to our LIFT psychology services. BaNES Clinical Commissioning Group (CCG) has appointed the team to provide community-based psychological therapies. And national figures show that the results of our LIFT psychology service in Swindon are ten times better than the national average.

5.2. **Positive Step.** Our primary care psychological therapies service in North Somerset (provided in partnership with Second Step and Atos Healthcare), has launched a new service specifically for people living in the area who support relatives or friends.

5.3. **MPs.** I continue to meet with local MPs to discuss their views on the changes taking place in our Trust and to hear from them their views on how mental health services can be improved. Most recently I met with the MP for Bristol East, Kerry McCarthy.

5.4. **Back to the floor.** I continue to spend time with staff, working shifts on the front line. I continue to be impressed by the commitment of our staff and the outstanding work they do. A report on the first three months of this initiative will be presented to our September Board meeting.

5.5. **Celebration events.** September will see each of our six core localities holding local events to showcase some of the work that is taking place in that area and to outline some of the initiatives being taken to improve local services. The format will vary from area to area and staff, service users, carers, commissioners, FT members and all those with an interest in the work of our Trust are welcome to attend.

5.6. **Trust AGM.** Our Trust AGM will be held at 2pm on Wednesday 11 September at Jenner House, Chippenham. This year's AGM will include short presentations reviewing the past year, financial and quality issues and looking forward to what we hope to achieve in the current financial year and beyond.

5.7. **FT Governors.** Meetings have been arranged in October in each of our local areas for

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those FT members interested in standing for election as a governor or our Trust. The events are being held between 1 -9 October and will run from 3-5pm. Details are on our Trust website.

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