

**'You matter, we care'**

Trust Board Meeting (Part 1 or Part 2)	Date: 25 September 2013
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<b>Title:</b>	Chief Executive's Report
<b>Item:</b>	BD/13/168

<b>Executive Director lead and presenter</b>	Chief Executive
<b>Report author(s)</b>	Head of Communications, Company Secretary

<b>History:</b>	N/A
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<b>This report is for:</b>	
Decision	
Discussion	X
To Note	X

<b>Executive summary of key issues:</b>
<p>The report signposts some of the key management and development issues facing our Trust and draws members' attention to recent national and local NHS and regulatory activity. An appendix updates the Board on the 'back to the floor' initiative.</p>

This report addresses these Strategic Objectives:		
Consolidate		X
Integrate		X
Expand		

This report addresses these Values:		
<b>Passion</b>	Doing our best, all of the time	X
<b>Respect</b>	Listening, understanding and valuing what you tell us	X
<b>Integrity</b>	Being open, honest, straightforward and reliable	X
<b>Diversity</b>	Relating to everyone as an individual	X
<b>Excellence</b>	Striving to provide the highest quality support	X

## 1. Issues

### 1.1. CQC report

The board will recall that in June 2012, the CQC issued compliance actions in four outcome areas after an inspection of our community services. They re-inspected these services in May and their report was published last month. The CQC notes the progress that has been made but wants to see further improvements in relation to two outcome areas - in staffing and in the care and welfare of service users. In both instances, the CQC judge these to be having a 'minor impact'. I would like to thank staff for their efforts over the past year to improve our community services and I am confident that with an updated action plan agreed and in place, we will continue to make the progress we all want to see and deliver community services of the highest quality.

### 1.2. Community Survey

The results of the bi-annual national community survey have been published. The response rate was disappointingly low with only 28 per cent of those receiving support in the survey period (between 01 July and 30 September 2012.) responding. The figures show little change from previous surveys. I would anticipate that with greater local engagement, joint planning with commissioners as well as better engagement with our staff that we will see positive improvements when the survey is next repeated.

### 1.3. Bristol tender

Significant work is being undertaken by colleagues in Bristol to prepare our tender submission and to identify how best we can meet the opportunities presented by the tender process. I am grateful for the efforts they are making to maintain and improve current services in Bristol, while also engaging with other parts of the health community and preparing our tender response.

### 1.4. Strategy 2013-18

Over recent months, the Board has been reviewing its priorities for the strategic direction of our Trust over the next five years. These were outlined at our recent AGM and together with the work done earlier this year in relation to our values and our motto provide a clear direction of travel which will be reflected in our integrated business plan.

The outcomes of this work are summarised below.

**Our purpose:** We provide the highest quality mental healthcare to support hope and recovery'

**Our vision** for our Trust in five years is summarised as:

- We will be the first choice for service users.
- We will be widely recognised as the best mental healthcare employer in the country.
- We will be a highly established learning, teaching and research organisation.
- We will be rated as 'excellent' by regulators and described as excellent by commissioners
- We will be a strong partner and a system leader that ensures best quality, best value and coherence across complex pathways of care.
- We plan to grow – consolidate, integrate and expand

Our **strategic priorities** are agreed as:

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**Our values: PRIDE – passion, respect, integrity, diversity, excellence**

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- We will deliver the best care
- We will support and develop our staff
- We will continually improve what we do
- We will use our resources wisely
- We will be future focused

Our **motto** captures the core elements of our purpose, vision and values and is 'You matter, we care'.

Behind our motto lie the **values** of our Trust which guide the way we do things, influence our behaviours, conduct and conversations and are:

- P Passion - Doing our best, all of the time
- R Respect - Listening, understanding and valuing what you tell us
- I Integrity - Being open, honest, straightforward and reliable
- D Diversity - Relating to everyone as an individual
- E Excellence - Striving to provide the highest quality support

Supporting strategies are also being put in place, as indicated by the estates and IM&T (information management and technology) strategies which are elsewhere in this agenda.

All these elements are not only designed to support our journey to become a foundation trust but to ensure that as an organisation we are planning ahead to deliver the range and quality of services sought by service users and our commissioners.

### 1.5. Data loss

I drew to your attention last month the fact that we reported a level 2 incident to the Information Commissioner and that our Information Governance Management Governance (IMIG) group had been asked to see if any lessons could be learned from the incident. I am sorry to have to report a further two incidents to the Board. Relevant staff have had their IG training refreshed and all relevant staff have been performance managed. Teams have been asked to ensure IG training is up to date. A red top alert is to be issued across the organisation drawing attention to these issues and a Trust wide PO Box Number is being purchased so that any wrongly addressed post can be returned without being opened to identify the sender.

### 1.6. Back to the Floor

Attached as an appendix to this report is a summary of this initiative highlighting how we are looking to improve the way it is working.

## 2. National

### 2.1. NHS Confederation

Mike Farrar has announced he is to stand down as chief executive of the NHS Confederation on September 30. Mike has made a significant contribution in his role and I am sure you will join me in wishing him well in his future career.

## 3. Trust development

### 3.1. Pharmacy Hub

Medicine safety has been a priority for our Trust and a range of work has been undertaken in the recent 18 months to improve the quality of our service. Following the

successful opening of the Callington Road pharmacy last year, the Board brought forward plans to establish a pharmacy hub in the east of the region. I am delighted that in opening its East Pharmacy Hub earlier this month, we have streamlined services, drawing on the experience of the Callington Road hub. As a result all medicines for inpatient units are provided by the AWP pharmacy thus removing the need for external suppliers. The new hub will provide clinical supplies to wards and teams based in Wiltshire, B&NES, and Swindon. I'm sure the Board will join me in congratulating both our pharmacy and estates team for the work they have done in bringing this project to fruition. I am confident that the new approach will result in a more responsive and effective pharmacy supply service.

### **3.1. Programme office**

There is an ongoing requirement in our Trust to ensure effective management of major projects. There is in particular a need for strong discipline in relation to our cost improvement plans(CIP), not least to ensure that the quality impact of any is properly evaluated and assessed. To ensure a disciplined process applies across our Trust, I am pleased to advise that we have set up a programme management office (PMO) under the leadership of Fee Bell and reporting to the Director of Business Development. The PMO will assist with the development of appropriately robust delivery plans and will monitor and assure the Board of the on-going implementation and delivery of these plans. A priority for Fee is providing an overview and assessment of the Trust CIP programme and will concurrently be making recommendations for the establishment and delivery of the PMO function.

### **3.2. Medical Education**

The Board will join me in welcoming Dr Steve Arnott as Director of Medical Education at our Trust. He takes over the role which has been vacant since Dr Hayley Richards became our medical director. Dr Arnott has wide experience, having successfully fulfilled a similar role with 2gether NHS Foundation Trust. Some early discussions are already taking place over how our learning and development and medical education teams can be brought closer together to provide a more comprehensive and integrated service.

### **3.3. Locality meetings and AGM**

As the Board is aware, we decided this year not to use the formal requirement for an AGM as an opportunity to showcase some of the good practice taking place across our Trust. Instead each locality is holding this month a local engagement event which provides opportunities for the local leadership teams to talk about the work in their locality and to answer questions from local people. Initial events have been well attended, consisting of a mixture of presentations and workshops, and the events have been well received. More than 30 people attended the AGM held in Chippenham.

### **3.4. NHS mail**

October 7 is the date when our Trust will adopt NHS mail as its primary email account. For clinicians in particular this will remove the need to use two email accounts and will streamline electronic communications. Some internal administrative systems will continue to operate on our old email system. Those in regular contact will be advised of updated email addresses by their contacts ahead of the changeover.

### **3.5. Staff Awards**

October 10 is the date of when the winners of our Trust's annual staff awards will be announced. I'm pleased to report to the Board that we achieved our highest level of

nominations, 280 for the seven categories and I would like to thank the judges for their efforts in agreeing a shortlist and to all those who were nominated, whether they have made the shortlist or not.

### **3.6. Flu vaccinations**

Looking after the wellbeing of our staff is really important and so our Trust will be launching its annual staff seasonal flu vaccination in the coming weeks. Our aim is to encourage staff to take advantage of the vaccination and so not only reduce the risk to themselves of catching flu but also reduce the risk of spreading the virus to service users, colleagues, friends and family. A range of local drop in and booked clinics will be available to staff as we seek to make it easier for them to be vaccinated. Our goal is to improve on last year's achievements and do better than the government's target. I am sure that the Board will join me in encouraging all staff to take advantage of being vaccinated.

### **3.7. NHS national staff survey**

The national NHS staff survey is an important way of benchmarking staff attitudes. In the past, only a small sample of our staff have been surveyed but this year in an effort to secure a better understanding of staff views, all staff will have the opportunity to complete the survey in hard copy or electronically. The structure of the survey will also enable us to report by locality and by staff group.

## **4. The wider picture**

In this section I seek to bring to the Board's attention to matters of a national political or regulatory nature which are key to the Board's horizon scanning. Many of these issues are debated by the Board through its seminar programme.

### **4.1. Closing the regulatory gap**

In response to what Robert Francis QC, in the Mid Staffs Inquiry, referred to as a "regulatory gap", where serious patient safety incidents did not result in enforcement action being taken, the government is consulting on proposals to strengthen board accountability and close this regulatory gap. The current Department of Health consultation 'Strengthening corporate accountability in health and social care' and the CQC consultation 'A new start' make it clear that the intention is to 'close the gap' not only for corporate bodies but also for individual directors, and as a Board we will be reviewing how we can respond and be ready for this.

### **4.2. Building Resilient Communities**

The mental health strategic partnership has published a report which calls on every Council to prioritise mental health within their public health strategy. It brings together the evidence base and people's experiences about what makes resilient people and communities. We will continue to work with our local authority partners to support them to prioritise mental health in this way.

### **4.3. Urgent and emergency services.**

As part of our role in the wider health system, we have been looking at the findings of the Commons Health Committee's review of urgent and emergency care services in England that was designed to determine how emergency care can be restructured in order to meet the demands of societal and demographic change. The report suggests a range of factors, with bed management amongst them. The Board will recall that at its last meeting it approved an innovative approach to the management of Trust inpatient

beds. Alongside this, the report *'Urgent and emergency care: a prescription for the future'* sets out ten priorities for action to address the challenges faced by urgent and emergency care services. The challenges discussed in this report include: rising demand; ageing population; complex discharge issues; handover and flow; and recruitment into urgent and emergency care services. With winter pressures ahead, we will continue to work as part of the wider health system to plan for the emerging challenges.

## Appendix – Back to the Floor

1. 'Back to the floor' was established as an informal way of back office staff spending time with clinical colleagues and gaining a greater understanding of the pressures faced by frontline staff. It was particularly aimed at encouraging clinicians who had moved from the 'frontline' to go 'back to the floor' to gain first hand experience of how challenges are changing and growing but also to share their knowledge and skills with frontline colleagues.
2. The scheme was promoted via the Trust's intranet and new pages were established enabling wards and teams to offer to host people on a 'back to the floor' shift and for individuals to indicate their desire to take part in this initiative. A feedback section was also added so comments could be made but this has not been well used.
3. At the beginning of this month, there were via Ourspace, 13 wards and teams offering shifts and 18 individuals indicating their desire to do them. Other staff have used their connections and knowledge to contact wards and teams directly to arrange shifts.
4. Wards and teams offering/hosting shifts include Amblescroft, Aspen Ward, Bradley Brook, Lime Unit, North Wiltshire CITT Team, South Glos Recovery Team, St Martins, Ward 4, Swindon Recovery, Sycamore, Whittucks Road.
5. Those working a shift have included the spectrum of staff from directors, senior clinical and non clinical managers and back office staff.
6. Feedback from those who have done shifts has been wholly positive. Wards and teams have made individuals feel welcome, have organised their shift to provide an insight to the work of that unit/team and some units have hosted a number of people.
7. Feedback from staff undertaking shifts has been enthusiastic, praising the work of the wards/teams, indicating their desire to do more shifts and highlighting the benefits of understanding what front line colleagues manage. Staff undertaking shifts have indicated that their awareness of patient care and clinical staff issues have increased and that it has increased mutual understanding.
8. Disappointingly, offers have been made by both wards/teams and staff which have not been taken up.
9. I'm sure the Board will join me in congratulating those who have participated in the scheme and our pleasure that they feel they have benefitted from it. From a personal perspective I have found the shifts I have undertaken to have been enjoyable and informative, increasing further my understanding of the pressures staff face on the frontline.
10. We are now looking at how we broaden the impact of the scheme. Ideas being considered are:
11. Establishing a more formal structure to improve the connections between those offering and those seeking to work a shift so as to ensure a spread of shifts across the Trust.
12. Introducing working a shift into appraisals and personal development plans
13. Improving how we capture and share feedback from the experiences of those taking part.
14. In looking to extend the benefits of the scheme, we will liaise with those who have already participated so we can draw on their experience.

