

'You matter, we care'

Trust Board Meeting Part 1	Date: 30 th October 2013
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Title:	Chief Executive's Report
Item:	BD/13/208

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

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

Executive Summary of key issues

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.

This report addresses these Strategic Objectives:

Consolidate	X
Integrate	X
Expand	

This report addresses these Values:

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

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.

In addition to those activities highlighted in this paper, I would like to thank the staff on Teign Ward, Cove/Dune Ward and the mother and baby unit at Southmead who made me so welcome when I joined them to work a shift as part of the back to the floor initiative. It was reassuring to see at first hand the quality of the work they undertake. I also attended the pharmacy team away day which was also an enjoyable and informative event and it was good to see how the team is adapting to new ways of working.

I have met with MP John Penrose (Weston Super Mare) and by the Board will have met with MPs Charlotte Leslie (Bristol North), Robert Buckland (South Swindon) and Justin Tomlinson (North Swindon). I have also attended a mental health network meeting and a North Somerset event for World Mental Health Day.

2. Issues

2.1. Foundation Trust progress

Our Trust has entered the NHS Trust Development Agency (TDA) evaluation and assessment phase which marks an important milestone in the continuation of our FT journey. The move coincided with a positive assessment by the TDA which in its summer report gave AWP the lowest risk rating it could in an assessment of those trusts seeking to achieve FT status. The TDA looked at the quality of care provided, the ability to deliver against key standards and financial stability and AWP was one of 18 trusts to be given an escalation risk category of one out of five which is 'no identifiable concerns'. A review of key metrics compared AWP well with other trusts. The TDA will in the upcoming months conduct a rigorous assessment of all aspects of Trust activity to see whether we are 'fit' to be passed to Monitor whose decision it is on whether AWP can become an FT.

2.2. Balancing quality and money

There is substantial discussion nationally about the ability of the NHS to meet its year on year efficiency targets without radical change.

As a Trust, we need to live within our means, meet the annual requirement on the NHS to do more with less, achieve 5% efficiency saving and respond to evolving commissioner requirements. To do this, it is clear that we need to review where we are and change the way in which we provide and manage our services. To avoid the stop start budgetary process of the past, I have decided to pause discretionary spend to allow a full examination of how we are spending our money. Part of this review is to ensure that we are investing as much as we can in clinical services and in a way that is most effective.

This is less about sorting out the short term and more about trying to ensure that we anticipate the pressures that will be placed upon us, in order that we can deal with them early. Our local clinical directors are supporting this approach and have asked for much greater clarity and transparency over how and where we invest our funds.

The efficiency requirements placed on us, equate to the cost of around 200 staff each year. We currently have over 300 vacancies in our Trust, so it seems to me, both sensible and prudent to pause and to look at all of these vacancies to determine which ones are essential to maintain clinical quality both in this year and next. This approach makes sense from a cost point of view, but more importantly, it will assist in reducing the risk of our having to make staff redundant in order to make the savings required of us.

We are also establishing robust cost improvement programmes which will look into future years so we can be confident that we can meet both our quality and financial obligations.

One of the challenges faced by our Trust and our clinical directors is ensuring that we provide high quality care within a shrinking budget. While service change and improvements may assist with this, there may come a point where we need to make a decision about the volume of service we offer, if we are unable to afford the level of staffing required to meet demands at a quality we would expect for our family.

2.3. Learning from experience

Elsewhere on our agenda, the range of ways in which we seek to learn lessons from things that go well and not so well in our Trust are discussed. It is essential that we learn lessons from our diverse experiences as swiftly as possible so that this can contribute to improving the quality of our services. Especially important is learning from serious untoward incidents which are set out in the incident report elsewhere on this agenda. While it is not always possible, we should be looking to identify where we might have done things differently and better and then speedily implementing any improvements identified. We need also share good practice so that across our Trust we are constantly seeking to raise standards. An important element of this is being open and transparent with service users, carers and relatives in discussing issues around the care we provide and listening and responding to any concerns raised.

2.4. Performance and quality management

The Board is asked elsewhere on this agenda to approve our Trust's Performance & Quality Management Strategy 2013-14. This draws information from a variety of sources to provide a triangulated view of service quality. A Contract and Performance Management Meeting (PaCMAN) has been established to 'hold the ring' on monitoring delivery against all key contractual quality and performance requirements and includes representation from each LDU.

PaCMAN will support the creation and monitoring of action plans where areas of under-performance are identified and will provide assurance to the Senior Management Team, Board Committees and this Board that reported performance is accurate and that issues identified are being addressed. PaCMAN will also be responsible for ensuring that quality/performance standards are met in all parts of the Trust, even when under-performance in a single area does not impact on the Trust's position as a whole.

2.5. Bristol tender

I am sure the Board will join with me in thanking all staff who were involved in the preparation of our response for the Bristol CCG tender. A huge amount of creative thought, energy and commitment was put into the tender by a wide range of people and I am grateful for their contributions.

In particular significant efforts have been made to create a strong collaboration of LOCAL partners committed to working together to ensure a coherent and comprehensive approach to mental health in the city.

Both our partners and staff have worked hard to respond to the challenges and deliver the benefits of the Modernising Mental Health in Bristol. Whatever the outcome of the 'Modernising Mental Health' tender process, I am sure that all participants share the common aim of wanting an outcome which will deliver significant benefits to the people of Bristol.

2.6. Flu vaccinations

I advised the Board last month that we were embarking on our annual internal flu vaccination campaign. I'm pleased to say that we are running 38 clinics across the Trust in 14 different locations in an effort to make it easy for staff to take advantage of the opportunity to be flu free. In addition, if more than 10 staff in any location want to have a flu clinic, the team will seek to make it happen. In addition we have developed a jab-o-meter to monitor and promote the uptake internally.

2.7. Director changes

The Board is aware that Deputy Chief Executive and Director of Finance Paul Miller has advised the Trust of his intention to retire at the end of the financial year. I am sure the Board will join me in thanking Paul for his considerable contribution to the work of our Trust.

Over the coming six months, Paul is committed to supporting our Trust and helping to achieve a smooth transition to the establishment of the new Resources Directorate which is scheduled to be established from the beginning of the next financial year and which will bring the management of our enabling teams under one director. Paul will remain as Deputy Chief Executive, playing a full part in the work of our Board and the Executive Team.

From 1 November, Paul will take responsibility for business development for the remainder of this year and will also be the executive director responsible for Estates, IM&T, HR and Communications. He will also focus on helping our Trust to cut bureaucracy and freeing up our enabling departments to support front line services.

Subject to the approval of the appointments committee, Sue Hall will take over the role of Director of Finance on an interim basis and will continue to be responsible for the programme management office (PMO), business planning, contracting and performance monitoring.

Paul and Sue will work closely together and with other executive colleagues to ensure a smooth transition to the new resources structure as well as ensuring that our finance and business development functions operate effectively during the remainder of this year.

3. National

3.1. Implementing Keogh

The chief executives of the Care Quality Commission, NHS Health Education England, Monitor, the NHS Trust Development Agency and NHS England have set out how they will work together to deliver the quality of care we all seek, in the light of the Keogh review.

They have set out the roles, responsibilities and accountability of each of the organisations that are expected to play a part in enabling improvements in the hospitals involved in the Keogh Review and more broadly sets a blueprint for how the wider NHS system should respond to future challenges where the quality of care comes under the spotlight.

In doing so the five organisations have identified five key principles which should underpin the implementation of work on quality across the system including:

- **Clarity:** clarity about quality for all those responsible for the provision of patient care and treatment;
- **Alignment:** if we are to be effective in maintaining and improving the quality of care and treatment it is vital that all the NHS bodies involved are aligned in their approach;
- **Co-ordination:** there needs to be a co-ordinated approach to setting standards, providing support, reviewing progress to improve quality and follow up actions;
- **Accountability:** roles and responsibilities for monitoring and holding to account for actions to improve quality need to be clear to ensure effective delivery of improvements and reduce wasted effort; and,
- **A shared view of success:** a single definition of success will enable the alignment of effort and a shared view of progress against the key quality standards.

3.2. Pay

NHS pay review bodies have been asked by the Department of Health to tie any pay rise in 2014 to changes in national pay contracts for staff covered by the Agenda for Change pay framework. The department wants to amend staff contracts in order to make them more affordable. A major strand of our organisational development programme is to shape a renewed compact with our staff and to implement a rewards and recognition structure which is over and above standard pay terms. I am keen to find a way to recognise and reward exceptional performance and proposals will come to the Board in due course.

3.3. Bridging the gap

The centre for mental health has in partnership with the Royal College of Psychiatrists published a report, 'Bridging the Gap' which looks at rebalancing health and care resources. It concludes that under-investment in mental health services and a lack of integration with physical health services have created a bottleneck in health care improvement. The report highlights mental health support for people with long-term conditions, medically unexplained symptoms and dementia to show how this rebalancing could both radically improve patient outcomes and make the NHS more efficient. The report states that every hospital should have a comprehensive liaison psychiatry service as well improved dementia care.

3.4. Discrimination

The mental health charity Rethink has produced a report highlighting that the life expectancy for those with serious mental illness is 20 years below that of the general population. It says a third of the 100,000 'avoidable deaths' each year involve someone with mental health problems. It highlights:

- People with serious mental illness have double the risk of diabetes and treble the risk of dying from coronary heart disease, compared to the general population.

- Only 29 per cent of those suffering from schizophrenia were found to have had the annual physical health checks contained within NICE guidelines

The links between some medication and weight gain have resulted in people with serious mental illness being at greater risk of developing obesity. Concerns are expressed around insufficient priority being afforded to physical health needs and the lack of information offered to service users regarding potential side-effects of medicine.

Rethink calls for providers and commissioners to clarify primary and secondary care responsibilities for the treatment of people with mental and physical health problems and for there to be clear information about the risks and benefits of antipsychotic drugs.

The Board will be aware of the importance we put on physical wellbeing. Earlier this year we updated our policy to ensure that physical health care checks required for all service users under the care of AWP are undertaken in line with the physical examination record form and adhere to best practice. In addition one of our CQUINS this year relates to all inpatient admissions receiving a comprehensive physical health check which includes screening for smoking and alcohol and substance misuse and for care plans to reflect identified needs.

4. Trust development

4.1. Staff awards

We marked world mental health day in our Trust by holding our annual staff awards on the same date. It was a vibrant and enjoyable occasion where we were able to recognise some of the outstanding work which colleagues across our Trust undertake. We heard on the same day that two of the finalists - Nathan Wallbank and Gareth Sharman, has also made it to the finals of the national Positive Practice in Mental Health Awards.

4.2. Quality huddle

We launched this month the new Quality Huddle, which will meet fortnightly and which will soon be rolled out by video conference across our Trust.

Its purpose is to identify in real time, issues that affect quality and to compare quality data from IQ across our Trust with a view to identifying improvements which can be made and monitoring the implementation and impact of such changes. The Huddle brings together clinical directors, managing directors, executive directors and heads of enabling services to identify what is working well, what could be better and what can be done to fix anything that is getting in the way of improvement. Any member of staff interested in the work of the Trust can join the huddle and when rolled out later this year, we will engage with a wider range of staff in discussions around quality.

4.3. Social workers forum

Wickham Unit based social worker, Natalie Melling, was the impetus behind a Low Secure Social Workers Forum attended by social workers from Cornwall, Devon, Somerset, Bristol and South Wales. The aim was to bring social workers who work within low secure settings together to share best practice, build professional networks and discuss issues specifically pertinent to social workers. The plan is now for the forum to meet at least twice a year.

In addition a new social work strategy has been developed within our Trust. The development has involved representatives from local service user and carer organisations, local authorities and universities, the College of Social Work and BASW

which all took part in the debate along with over 90 social workers and social work students. Formal consultation with service users also took place. This wide consultation was distilled into a Social Work Strategy with has five strategic goals.

- An increased focus on “social work Interventions
- Social workers to increase influence within the organisation
- AWP to fully implement the “Standards for Employers of Social Workers
- Social workers to assist AWP to become a centre for Research and Teaching
- Social workers to support the partnership arrangements between AWP and the six local Authorities.

4.4. Media coverage

In addition to the normal coverage of our Trust, I would like to draw the Board’s attention to a number of successful initiatives. A BBC Inside Out West feature on the work of our ACER unit in alcohol detoxification. The programme followed a service user through his time at ACER and was a positive reflection of the work of the team. The programme was also trailed by Points West as part of a wider discussion which featured SDAS clinical director Tim Williams on the availability of beds for alcohol detox in te area.

Ujima Radio, which has a unique reach into inner city communities in Bristol, carried an hour long programme on World mental health Day which involved some of our team (Cristobel Reed, Paul Davies, Marvin Rees, Lisa Catling and Malcolm Sinclair) and three partner agencies, as well as the new Mental Health Boxfit leads.

The work that two of our teams have being undertaking in dementia has been published in national health journals. An article by members of the Bristol Care Home Liaison Team, entitled ‘Promoting positive practice in mental health liaison’ was published in the September/October 2013 issue of the Journal of Dementia Care. Marion Dixon, consultant clinical psychologist, and Liz Curtis, clinical psychologist, have their article ‘Knowing and telling about dementia: supporting couples to go on together following diagnosis’ published in the October edition of Clinical Psychology Forum.

4.5. NHS mail

Our Trust switched to NHS mail as its primary email system on 7 October. For most people in the Trust, this will represent a simplification of our systems as they will only need to use one email system where in the past they have used two. I would like to thank our Information Systems and Technology for the work they have done in bringing about this significant change to our Trust systems