

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: 27 <sup>th</sup> November 2013
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<b>Title:</b>	Chief Executive's Report
<b>Item:</b>	BD/13/241

<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.</p>

<b>This report addresses these Strategic Objectives:</b>	
Consolidate	
Integrate	X
Expand	X

**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. Introduction

This paper covers the period since the last Board. It highlights some 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 normal monthly activity (such as attending new staff induction) I undertook a range of activity including for example, attending the FTN (Foundation Trust Network) Chairs and Chief Executives conference in London; participating in a Bristol Health Partners Board meeting, attending the Health Futures Board in Bristol, attending the LIFT Swindon and Wiltshire 20<sup>th</sup> anniversary party; and taking part in a quality improvement visit to Imber Ward, Green Lane Hospital.

I attended a session of our recently launched box fit programme run by Bristol Active Life Project (BALP) and Bristol Boxing Gym, which has now 11 people benefiting from the sessions. It was attended by boxing legend Frank Bruno, Bristol North West MP Charlotte Leslie and a number of Bristol staff. It was great to see that the programme was already building confidence among participants to the extent that many were able to 'spar' with Frank Bruno.

I also had the pleasure of attending our Trust's R&D Conference earlier this month, an event attended by more than 150 clinical staff from across AWP, members of the public, academics from partner universities and other NHS organisations. Collective enthusiasm and commitment to making research part of everyday practice was very much in evidence and if this event is an indicator, we are well on our way to making AWP renowned as a teaching, learning and research organisation.

Finally, many people across the Trust have supported 'Movember' and grown moustaches to raise awareness and funds for male health issues. I would hope that having put ourselves through the anguish of looking ridiculous, many people will make appropriate donations.

## 2. Current issues

### 2.1. Nursing and Quality Directorate

The important role played by our clinical executive is highlighted elsewhere on this agenda where the role of the restructured Nursing and Quality Directorate is summarised and priorities highlighted. As part of our clinical delivery executive, the new streamlined directorate is having the impact on raising standards which we anticipated. Directorate focus is on supporting services to maintain statutory and best practice requirements in the context of the new accountability framework in the Trust, and the increasing expectations from internal and external stakeholders

### 2.2. Quality and safety

We continue to maintain our focus on improving quality within the Trust and ensuring that services we provide are safe. Actions being taken are set out in our Trust's consolidated and integrated quality and safety plan elsewhere on this agenda. There are some key actions still to be completed but I am pleased with the progress being made and I am sure the Board will join me in thanking all our staff for the efforts they make to deliver high quality, safe services.

In addition, by encouraging discussion at the Quality Huddle of the indicators used by our IQ system, we are identifying shared issues, learning from the experiences of different locations and understanding why there can be wide disparities between the

level of achievement of different localities. This is helping us to identify steps which can be taken to deliver improvements and which have been shown to work in another locality. The Quality Huddle takes place on the first and third Wednesday of the month in Jenner House reception and is open to anyone who wishes to attend. Non-executive colleagues are also invited to join the discussion.

### **2.3. RCA training**

Root cause analysis reporting is an essential requirement of learning lessons from incidents. To improve our ability to do so and as indicated elsewhere on this agenda, we have recently developed our own in-house training package with the inaugural course held earlier this month and run by the Clinical Risk Manager and the Consultant Nurse for Suicide Prevention. It utilised real life case studies and focused on both theoretical knowledge and practical application of skills. Initial evaluation and feedback is positive and each attendee is now assigned a mentor to help them as they conduct their first investigations. Clinical Directors have welcomed this new programme as an opportunity to ensure the right staff are trained and as a mechanism to help embed ownership and learning at all levels.

### **2.4. Bristol tender**

I am pleased to formally advise the Board that our partnership with nine Bristol voluntary groups is one of five shortlisted by Bristol Clinical Commissioning Group to be invited to submit detailed proposals to provide new community based adult mental health services.

We believe our Bristol focused partnership – consisting of Second Step, Missing Link, Brunelcare, Off the Record, SARI, Nilaari, Wellspring, Knowle West Health Park and Southmead Development Trust - responds to consultation process and to the needs of the tender specification which is seeking a Bristol focused partnership.

It is of course great to get to this stage but our goal is to win the tender and we face stiff competition from the other shortlisted partnerships which are led by non Bristol organisations:

- 2gether NHS Foundation Trust with Big White Wall, Elim Housing and Volunteers Bristol
- The Priory Group with Surrey and Borders NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust, with Tavistock and Portman NHS Foundation Trust and Beacon UK
- United Health UK with Berkshire Healthcare NHS Foundation Trust, Richmond Fellowship and Care UK

We are participating in the month long “dialogue” stage of the process, when details of our proposals are discussed with the CCG. Shortlisted groups must then submit detailed bids in January 2014. The successful bidder will be awarded the contract by May 2014 and it is intended the new services will be implemented from autumn 2014.

We firmly believe that the best outcome for the people of Bristol will be for our Bristol focused partnership to be successful because it provides a local, integrated and high quality service

### **2.5. Finance**

As indicated at previous Boards, the NHS faces challenging times, seeking to balance quality and finance. Significant efforts have been made to achieve this twin aim within our Trust. Elsewhere on this agenda is a finance paper which updates on the actions

that we have been taking to deal with these challenges and I am pleased to report a marked improvement in financial performance.

Having paused recruitment, training and other activity to enable us to ensure that resources were being spent in the areas of most clinical need, I am pleased to advise the Board that posts which fit in with our priorities are being filled, statutory training and other high priority needs are being run as will training development needs identified through appraisals.

## **2.6. Independent investigation report**

Last month's Board saw members of the public raising questions about a 2012 report into allegations that data in patient records had been fabricated. The issues that were investigated related to data entries and in questioning were inappropriately linked to issues of clinical judgement set out in patient records.

The Board will be aware of the discussions which took place at the time but to ensure complete transparency the Director of Corporate Affairs and Company Secretary has produced a report which sets out the investigation stages, indicates where concerns were raised and summarises the action taken.

No one should be in any doubt that any practice which results in an inappropriate change to a patient or any other record for the purpose of achieving performance targets is completely unacceptable and actions were taken at the time of the investigation to ensure that any inappropriate practices did not continue.

## **2.7. Information Commissioner's Office investigation**

In recent Board meetings I have reported incidents where data has been lost, stolen or incorrectly posted and which we have reported to the Information Commissioner. His Office is now investigating these incidents and the penalties for such incidents can be severe.

Having undertaken thorough investigations into each incident, there is no common system issue and each resulted from human error. We have discussed the incidents with the individuals involved to ensure they understood how the breaches had occurred and how to prevent any repetition.

We have strengthened our procedures by introducing a centralised PO Box for all teams, wards and departments to use so that any wrongly addressed mail can be returned to us without opening. A service user affected by the one of the breaches has agreed to speak at our new staff induction sessions to increase understanding of the negative impact that such incidents can have on service users.

We will of course work with Commissioner to ensure that any additional action identified by his investigations is implemented speedily.

## **2.8. Changing roles**

As the Board is aware AWP's Director of Nursing **Hazel Watson** will leave our Trust in the new year to become the first Head of Mental Health and Learning Disability for NHS England. In her new role, Hazel will help shape how mental health and disability services are commissioned, evaluated and delivered. We are currently advertising for the role of Director of Nursing and I am pleased to say that Hazel has agreed to continue to support and advise our Trust. She will play an important role in helping to appoint her successor and ensuring a seamless transition by providing a detailed handover.

I would also like to highlight a number of changes in our locality and specialist management structure.

Wiltshire clinical director **Dr Julie Hankin** is being seconded to the CQC to help establish the new approach to inspecting mental health trusts as part of the new regime established by Chief Inspector of Hospitals professor Mike Richards. She will be co-leading the first wave of inspections announced last month by the CQC following the Keogh report.

I am pleased to report that **Dr Ian Ellison-Wright** has agreed to fulfil the clinical director role on an interim basis. He has significant experience and local knowledge and I am sure that he will make a significant contribution to improving services in Wiltshire.

As a Board we are committed to increasing resources on the front line and want to be confident that AWP staffing levels are sufficient to deliver the high quality standard of care we all want to see. Nationally new guidance is expected to be announced shortly, given the link between staffing levels, safety and quality which has been highlighted in recent national reports into different aspects of the NHS. The HSJ recently indicated that Boards would be required to review and publish nurse staffing levels at least twice a year as part of the government's full response to the Francis report.

I am therefore pleased to report that Specialised and Secure clinical director **Carol Bowes** has agreed to lead a major project in our Trust to examine our practices, looking at numbers, rostering and taking account of the national recommendations and the new guidance when published. Carol will join the nursing directorate to lead this project

Consultant Forensic Psychiatrist **Pete Wood** has agreed to fulfil the secure services clinical director role on an interim basis over the next three months.

## 2.9. Flu vaccination

Our annual seasonal flu campaign ends this week and I am pleased to say that as I write this report, it is anticipated that number of staff being vaccinated will be 300 more than last year.

## 2.10. NHS staff survey

The Board will recall that this year our Trust agreed to survey all staff rather than the traditional nationally required sample. The survey closes in early December and at the time of writing, roughly a third of staff had responded. Reminders to those who haven't returned the survey have gone out and I hope that as we approach the deadline more people will respond. We want to achieve the highest possible response so we get a better picture of staff views and I would urge everyone in our Trust who has still to do so to complete the survey.

## 3. National issues

### 3.1. Government response to Francis

The headlines surrounding the government response to Francis focused on publication of staffing data on a ward by ward basis but other important elements include quarterly reporting on complaints, a legal duty of candour on organisations to be open and honest about mistakes, the introduction of a criminal offence of wilful neglect to hold staff to account, a "fit and proper person's test" so managers who have failed in past will be barred from taking up posts and a care certificate to ensure healthcare assistants and social care workers have the right skills and training.

As part of the Government's response to Francis, The National Quality Board sponsored by Jane Cummings, Chief Nursing Officer in England, has published a guide to establishing nursing, midwifery and care staffing capacity and capability which aims to support providers and commissioners in making the right decisions about nursing, midwifery and care staffing capacity and capability.

Our IQ system is highlighted in relation to expectation 7, as a case study in support of openness and transparency and the importance of regular board reporting and involvement.

This is an important report by the Chief Nursing Officer and the case study reference to IQ I by inference recognises the progress we as a Trust has made and also the positive way in which our IQ system and its objectives are perceived.

The spirit of many of the proposals announced by the Government have already been embraced by our Trust and in the coming weeks we will review the Government announcements so that we can adapt our approach to ensure it dovetails with these as soon as practical.

### **3.2. NHS Mandate**

This document sets out the ambitions for the health service for April 2014 to March 2015. It is structured around five main areas where the government expects NHS England to make improvements: preventing people from dying prematurely; enhancing quality of life for people with long-term conditions; helping people to recover from episodes of ill health or following injury; ensuring that people have a positive experience of care; treating and caring for people in a safe environment and protecting them from avoidable harm. Priorities relating to mental health are:

- Treating mental and physical health conditions with equal priority, closing the health gap between people with mental health problems and the population as a whole.
- Making rapid progress to parity of esteem through the delivery of accessible crisis services of a quality of other health emergency services.
- Ensuring adequate liaison psychiatry services and for every community to have plans to ensure no one in crisis will be turned away
- Developing for implementing from April 2015, a range of costed options relating to new access and/or waiting time standards so as to overcome the longer access and waiting times faced by those accessing mental health services.
- Identifying those groups known to be at higher risk of suicide than the general population and ensuring that providers of mental health services take all reasonable steps to reduce the number of suicides and incidents of serious self-harm or harm to others.

In response to this I wish to promote and develop Active Life and to strengthen and substantiate its work across the Trust. We will place additional emphasis and focus on physical health checks, particularly in inpatient units and I propose to commission a review on our current policy on smoking in relation to our wards.

### **3.3. Complaints**

The Board will be aware that the Government last month published the Clwyd-Hart report on NHS complaints. The report positions complaints as a warning sign of problems and makes recommendations, which aim to improve the quality of care,

address the causes of complaints, improve access and responsiveness of the complaints system and ensure that hospitals adopt an entirely new attitude to complaints. Simplifying and speeding up the process, greater openness and transparency and increased Board and chief executive accountability are themes of the report.

We are looking at how else we can simplify and streamline our processes so as to ensure any complaint is handled in the most responsive, effective and timely way. The team is working with localities to further improve our processes so as to ensure that the responses we give to complaints are speedy, meaningful and of a standard we would wish to receive ourselves.

All complaints will be treated as feedback and an opportunity to learn and improve. The key purpose of our complaints handling process should be to identify what if anything went wrong, apologise where appropriate, describe the learning from the investigation and set out clearly the action we have taken to minimise the risk of recurrence.

### **3.4. Criticism of hospital doctors**

In a recent interview with the Times, CQC chairman David Priors criticised some hospital doctors for complaining about management without seeking change or speaking up about poor care. He was concerned that if doctors did not speak up when things are going wrong, tackling quality issues is impossible. He was also concerned about a cultural divide where doctors moving into management lose credibility with their colleagues, something he described as 'ludicrous', given that doctors in management can have an effect on far more patients.

This is a vitally important issue for our Trust and I believe that through our clinician engagement strategy, our appointment of locality and specialist clinical directors and increased clinical involvement in management we are tackling the underlying issues which left doctors feeling disenfranchised in the past. I believe our clinicians have made a vital contribution to the turnaround in our Trust and I am pleased that increasingly doctors are speaking with one voice when discussing the positive changes which have been made and the opportunities they have.

We will continue to promote medical engagement and leadership for every team in particular through job planning, appraisal and revalidation. In January 2014, Medical Director Hayley Richards will be running the 'Medical Engagement Scale' which provides a national approach of benchmarking doctor engagement.

## **4. Trust update**

### **4.1. Imber Ward Devizes**

A good example of local partnership working is currently taking place in Imber ward where thanks to funding from the Devizes Rotary Club and help from Wiltshire Wildlife, the ward garden is being significantly improved.

Currently overlooked by a local playing field, Wiltshire Wildlife are giving their time and expertise to help create a more private space for service users. The project is also looking at ways to improve the therapeutic nature of the garden by introducing a sensory garden area for service users. A conservation area will also be created by installing bird and bee habitats and growing a deciduous hedgerow.

### **4.2. Criminal Justice Liaison Services go to the House of Lords**

Two of AWP's learning disability practitioners were invited to an event at the House of Lords to promote the use of 'easy read' information within the criminal justice service.

Lynda Teagle from the Mental Health Team at HMP Bristol and Pip Hodge from the Cars Team were invited to this event in recognition of the work they have done on easy read' in AWP. Easy read uses simple words and pictures to make written information more accessible to those who require it.

#### **4.3. UWE Award**

Jonathan Newman, specialist practitioner at Chatsworth house, has won the UWE Best Practice Award for Supporting Health Care Students in Practice. This award is for an outstanding contribution made to the support of a student or students and covers criteria such as showing the qualities of an effective role model and making fair and just decisions in regard to a student's practice. I am sure the Board will join me in congratulating Jonathan.