

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: 18 December 2013
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<b>Title:</b>	Chief Executive's Report
<b>Item:</b>	BD/13/270

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

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

<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 Priorities:</b>	
We will deliver the best care	X
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	X
We will be future focussed	X

## 1. Introduction

Since the last Board I have participated in internal interview panels relating to a Salisbury based AWP Consultant Psychiatrist in Liaison Psychiatry and a Trustwide Director of HR. Externally I have participated in panels seeking to recruit the National Institute for Health Research West of England Chief Operating Officer and the Gloucestershire Care Services Chief Executive.

Nationally I have attended a Foundation Trust Network dinner with Sir David Nicholson and a CQC masterclass.

South Gloucestershire provided our first triumvirate management structure review which was productive. I have also attended the West of England Academic Health Science Network Board and met with Thornbury and Yate MP Steve Webb.

## 2. Current issues

### 2.1. Staffing

In my last report I highlighted the Government's response to the Francis enquiry and in particular the requirement under new guidance for trusts to publish ward information. I highlighted a new project which had already been set up to look at staffing and related issues led by Carol Bowes and I am pleased that a report on progress is included on this agenda. Ward and team requirements are being reviewed, a specific activity tool is being developed and the aim is to agree locally figures for all delivery units. Our aim is that the February Board will consider an establishment review which will provide it with the assurance that our staffing levels are appropriate.

### 2.2. Duty of Candour

As a Board we are committed to being as open and transparent as we can in relation to all serious incidents. For some months, all such incidents have been reported in public session to the Board. An important element of this is our 'Being Open' policy. In pursuit of this and set out in the November incident report later on this agenda, are steps being taken in our incident reporting to facilitate the recording of service user and carer engagement and communication following serious untoward incidents. This is an important step forward which I think will assist our staff in supporting carers and relatives when serious incidents take place

### 2.3. Medical Directorate development

I want to highlight to the Board the excellent work being undertaken in this directorate. As indicated in the paper later on this agenda, a wide range of work is underway which is making a real difference in our Trust. In particular I would draw your attention to the quality of the medical education service and R&D we are providing and the reputation we as a Trust are gaining as a result. Significant improvements in medical engagement is also taking place as a result of the medical leadership team and work is underway to ensure much more effective joint working between medical education and learning & development teams.

### 2.4. Clinical intelligence

Development work means that the vast amount of data we gather through different systems is now being used to help identify top performing teams and those which are under pressure and need support. By analysing and triangulating data such as HoNOs (Health of the Nation Outcome Scale) scores, risk screen scores, admission rates, staff sickness levels effective judgements can be made on where teams need support and help.

## 2.5. Whistleblowing

As indicated at the last Board, we have included in the Governance update a review of whistleblowing in the past year. I would like to stress our absolute commitment to both investigating thoroughly any allegation made under whistleblowing and maintaining the confidentiality of any individual raising an issue under these whistleblowing regulations.

## 2.6. Finance

I am sorry to report that as indicated in the Finance paper, the progress made last month in reducing our expenditure has not been maintained meaning that the next three months will be particularly challenging as we seek to maintain quality while achieving the necessary year-end financial position. As indicated, there is a number of reasons for this including the reduction in agency spend being matched by higher bank costs and our inability to date to negotiate payment for some services which we have provided and which are outside contract. The senior management team looked at this at its meeting last week and agreed that the Interim Director of Finance and the Director of Operations would examine the reasons behind the slowdown in financial savings with a view to putting actions in place to achieve the desired outcome.

## 2.7. Leadership conference

Our Leadership Conference took place on 25 November in UWE Conference Centre. The conference brought together over 110 middle to senior managers. It is the first conference of its kind and signals our commitment to develop our leaders in recognition that they determine the culture of the organisation. The timing of the conference was significant as the reorganisation of front line and corporate services draws to a close.

The aims of the conference were to;

- Reflect on the journey we are on as an organisation and recognise the significant change that has taken place over the past 15 months
- Demonstrate that we are purposefully designing an organisation that fosters a positive culture of care and attends to organisational health in its widest sense.
- Encourage leaders to think beyond the AWP boundaries and consider our role in the wider health system.

Professor Steve West, Vice Chancellor of UWE and Chair of the West of England Academic Health Science Network, opened the afternoon session. Steve highlighted the challenges facing public sector organisations and the NHS in particular, urging leaders to innovate, work in partnership and look beyond their boundaries for solutions.

Other presentations included reflections from Dr James Eldred (Clinical Director) on partnership working in Bristol and Emma Roberts (Director of Corporate Affairs/ Company Secretary) described the opportunities of being a membership organisation and the benefits of staff membership in particular. Interactive workshops assessed our responsiveness to Francis, the health of our organisation and mapped partners working in our local communities that play an important role in the provision of mental health support and care.

Feedback was overwhelmingly positive with colleagues welcoming the opportunity to see the big picture and network with colleagues from across the organisation. We will be running a series of leadership development events, the next will be early in the new year and will be targeted at Band 7 leaders within our Trust.

## 2.8. Director of Nursing

Hazel Watson will be leaving the Trust at the end of the year to take up her new role with NHS England. I am pleased to advise the Board that Alan Metherall has agreed to cover on an interim basis. The post has been advertised and interviews are scheduled for early in January.

## 3. Local issues

### 3.1. West of England Academic Health Science Network

I wish to advise the Board that progress has been made in developing governance arrangements for the above and that the Board is taking shape. I have been appointed as a representative of NHS Provider voting members on the above Board, which is chaired by Steven West. James Scott is vice chair and Deborah Evans is managing director. Frank Harset represents acute providers, Heather Mitchell community services and Mary Backhouse and Ian Orpen, CCG voting members, Robert Woolley (Clinical Research network) and Sarah Watson-Fisher (Health Education SW.) complete the Board with representatives to be appointed to represent university voting members and the PPI advisory group.

## 4. National issues

### 4.1. Inspection changes

The Care Quality Commission (CQC) has announced it is putting greater emphasis on inspecting the care that people with mental health problems receive in the community. The changes are set out in *A fresh start for the regulation and inspection of mental health services*.

To date, CQC's inspections have tended to focus on hospitals, but recognising the importance of community services to people's experience of care, including the experience of people on community treatment orders, CQC will inspect more of these services. This new approach will also look at how community mental health services work with other organisations that are important in supporting recovery in mental health.

The main changes to the inspection approach are:

- Including mental health specialists on all inspections of mental health services and bringing together our work under the Mental Health Act and how we regulate mental health services.
- Setting up inspection teams of specialist inspectors, Experts by Experience and professional experts.
- Rating mental health services as either Outstanding, Good, Requires improvement or Inadequate.
- Engaging with people who use services, their carers and families, during inspections and at other times in new ways.
- Making sure we have better information about mental health services and developing our intelligent monitoring system for these services.
- Looking at how people are cared for as they move between services.
- Recognising that mental health treatment and support is part of services in all sectors

## 5. Trust update

### 5.1. Swindon engagement initiative

May I draw to the Board's attention and commend a positive initiative in Swindon to engage more effectively with the town's BME communities.

Through the work of community leaders in Swindon, more than 40 members of the BME population came together to support mental health awareness issues.

The initiative was the joint work of AWP's Swindon clinical director Dr Sammad Hasmi and community leader Mr Arju Miah MBE, who chairs the South Region of the UK's Greater Sylhet Development and Welfare Council. It was supported by our involvement coordinator Ivor Bermingham and attended by a number of groups in the town including Mind and Survivors of Bereavement, as well as AWP staff.

Mr Miah brought together leaders and members from many local Asian and black communities, including the Bengali, Eritrean and Afro-Caribbean communities, many of whom spoke eloquently and movingly of the suffering caused by ignorance about mental health issues to those with mental illnesses.

I am sure that the team in Swindon will build on this initiative which I hope will lead to improved understanding and provision of care to ethnic minority communities in Swindon.

### **5.2. FT staff governors**

As we move towards elections next Spring, we are raising the profile of the role of staff governors internally. A series of festive events are being held across our Trust to enable staff who are interested in becoming a governor an opportunity to find out more and to discuss any concerns they may have.

### **5.3. AWP excels in medical student teaching**

AWP performed fantastically in the recent medical student feedback from the University of Bristol for the first psychiatry unit.

An overwhelming majority of students rated their experience in AWP as either good or excellent (94%) and student satisfaction scores for key indicators have increased across the board compared with last year's average.

### **5.4. Dual diagnosis link worker model recognised internationally**

AWP's nurse consultant for dual diagnosis Richard Edwards presented a paper ('The Development of dual diagnosis link workers in a mental health trust: reflections from clinical practice') at The Third International Congress for Dual Diagnosis in Barcelona. This was part of a symposium and question and answer session with other members of PROGRESS, a national association of Nurse Consultants in Dual Diagnosis. It is encouraging to hear how well regarded our practitioners which is a reflection of the quality of work undertaken by them.

### **5.5. Positive practice awards**

I am sure the Board will join me in congratulating Gareth Sharman and Nathan Wallbank for their success in The National Positive Practice Awards in Mental Health held in Sheffield. Gareth Sharman won the Making a Difference Award and Nathan Wallbank was highly commended in the Mental Health Leader Award. This recognition is a tribute to their individual skills and their contribution to the work of the Trust.

### **5.6. AWP social worker nominated in national awards**

Newly qualified social worker Emma White was shortlisted as a finalist in the Social Worker of the Year Awards 2013. I am sure the Board will join me in congratulating her on this achievement.