

'You matter, we care'

Trust Board Meeting (Part 1 or Part 2)	Date: 29 January 2014
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Title:	Chief Executive's Report
Item:	BD/13/298

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

History:	<i>(name and date of any previous Exec/Board/Committee meeting external meeting or consultation)</i>
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This report is for:	
Decision	
Discussion	X
To Note	

Executive Summary of key issues
<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>

This report addresses these Strategic Priorities:	
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 held review meetings with Swindon CCG; with the chair of Bristol City Council's Health and Wellbeing Board and the Council's mental health champion, Councillor Barbara Janke; and I am scheduled to meet with the Council's City Director Nicola Yates and the Strategic Director for People John Readman.

I have held a triumvirate review with SDAS and have similar meetings scheduled with North Somerset and Swindon. These involve our medical, operations and nurse directors and consider quality, performance, finance, workforce and forward planning.

In addition to being on interview panels for the Director of Nursing, Director of Resources and a consultant (General Hospital Liaison, Swindon), I have attended the NHS England Mental Health Network, the Bristol Health Partners Board and the NHS Confederation. I have held my regular meeting with the Care Quality Commission and attended an FTN (Foundation Trust Network) dinner with Monitor's chief executive David Bennett.

I have also undertaken half day shifts with both the South Wiltshire Recovery Team and the North Wilts CITT (Complex Intervention & Treatment Team) and visited Lime Ward on Callington Road.

2. Current issues

2.1. Bristol tender and procurement

While an onerous process, there is no doubt that the tender has catalysed a great deal of creative thinking and innovation. The ambitions set out in Modernising Mental Health in Bristol will mean that the Clinical Commissioning Group (CCG) will secure for its citizens a much more comprehensive and tailored service for service users. It will be essential to ensure that, as the inpatient beds are not part of the tender, steps are taken to ensure there is no dislocation between services and that the whole care pathway remains intact.

A huge amount of work has been undertaken by Bristol staff in relation to our response to the tender and I would like to thank everyone who has been involved for their efforts to produce a high quality, competitive local tender. We have worked with our third sector partners to provide a Bristol bid for Bristol services and to frame proposals which would improve outcomes for service users. Our aim has been to ensure that our proposals provide a coherent, quality and safe service across care pathways.

It was interesting to read media coverage nationally about the percentage of contracts being tendered which have been won by the private sector. From a small sample of contracts (57) tendered between April and December 2013, 70 per cent were awarded to the private sector. There will be different views as to whether this trend is something to be welcomed or not and whether the private sector can deliver better quality services.

At the end of the tender process in Bristol it would be good to review the cost of such processes so as to ensure that the time and money invested by all participants delivered the intended outcomes.

Perhaps with the cost of tendering in mind, new rules for a more "light touch" public sector procurement which will affect the NHS, education and social care contracts were ratified by the European Union, and should lead to the way to a more streamlined purchasing process.

Elsewhere on this agenda, another aspect of contract bidding is discussed in the risk management deep dive and in particular the processes and approaches we have put in

place to ensure that in tendering for any new work we fully understand the financial and capacity issues involved in the contract and the importance of not undertaking work which is not properly funded to enable us to deliver the essential quality of service.

2.2. Clinical quality – foundation trust

Clinical quality and board leadership and governance will be key in achieving foundation trust status. This on-going focus on quality is welcomed and adds further impetus to this priority within our Trust. Three significant events have occurred in relation to our FT journey. The NHS Trust Development Agency (TDA) during December and January has completed:

- A desk top review of clinical quality
- A Board to Board meeting
- Clinical quality visits in Swindon, Bristol and North Somerset.

All three events were broadly positive and our trajectory towards FT remains on track. A fuller briefing on the clinical quality visits will be provided at the board and a response to the formal feedback presented to the quality and standards committee.

Key messages from these visits were that the locality management structure is highly valued by staff, that there is high confidence and high levels of reporting of incidents and that staff are confident when speaking out when they have concerns. Some excellent practice in medicines safety and our IQ system were commended and we were encouraged to build on these. The TDA also highlighted the 'exemplar' golden hour practice of the team at Elmham Way in relation to pre-weekend handovers. The ADHD's team processes for capturing patient experience were also praised.

The TDA team suggested we could improve how we close the circle on reporting incidents and near misses to ensure the outcome of these was fed back to the staff who reported concerns.

Criticism was made of our ligature risk assessments and the lack of staff being 'bare below the elbows' in relation to infection control best practice, even though they recognised that we did not have an infection control problem in our Trust.

Some questions were also raised about the time staff have to spend with service users.

2.1. Quality compliance

Later on this agenda is the quality and performance report prepared by the Director of Operations. The Board will note the positive feedback from the friends and family test, improvements in sickness absence, supervision and appraisal rates although we have some distance to go before achieving our goals. Some good assurance work is being undertaken in relation to the metrics monitored by IQ in terms of peer review and audit.

2.2. Finance

The Finance report highlights the continued pressures in this year. We continue to maintain a downward pressure on non-essential expenditure, but this is subject to on-going quality impact assessments. We have continued to prioritise clinical over non clinical appointments. This has resulted in some posts being withdrawn, including the post of HR Director. Interim arrangements have been put in place, pending a review by the Director of Resources.

2.3. Senior recruitment

Director of Resources

Interim director of finance Sue Hall has been appointed as our Trust's first director of resources following an interview process involving staff, service users, carers and stakeholders; psychometric testing and interview by a panel consisting of Chair Tony Gallagher, Non –executive director Lee O'Bryan, NHS Trust Development Agency representative Neil Chapman, service user Sally Shovelton and me. Sue was appointed despite strong competition from four external candidates and I am sure she will make a positive contribution in her new role.

Director of Nursing and Quality

Having interviewed a number of candidates, the recruitment panel decided that while each offered some expertise, none fully met our requirements and as a result we have decided not to make an appointment. It is a difficult recruitment market at present for high calibre directors of nursing and we are discussing with the TDA and recruitment agencies to see how best to attract the calibre of candidate needed to successfully fulfil the role.

I would like to thank Alan Metherall for agreeing to continue to fulfil the role as acting director pending an appointment being made.

2.4. Implementing Francis and national reports

As indicated by the action plan in the paper on responding to Francis, significant work has been undertaken to draw together the themes of the various national reports published over recent months. Given the synergies between recommendations from the six national reports and AWP's programme of transformation, much of the work in the action plan is already underway as part of the Board's own improvement programme.

3. Local issues

3.1. Better Care Fund

The single pooled budget to support health and social care services to work more closely together in local areas is now being named the Better Care Fund. A number of localities are in discussions with their local authority colleagues in relation to how the funds can be deployed to achieve the best impact.

3.2. Physical and mental health

South Swindon MP Robert Buckland tabled a Ten Minute Rule Bill in the House of Commons to draw attention to the gap in care offered to mental and physical health patients. Robert is a strong supporter of mental health issues and by the Board I will have attended a meeting in Swindon with Robert to discuss these issues.

4. National issues

4.1. Mental health nurses in police stations and courts

AWP is part of a national pilot scheme where mental health nurses are posted in police stations. The aim is for nurses to be able to help police and courts staff to identify people with suspected mental health problems, learning disabilities and other impairments, with a view to completing assessments and making sure their needs are met.

Board members may be aware of the significant media coverage this national initiative was given at the turn of the year and I am grateful to Jane Anderson, service manager for AWP's Courts Assessment Referral Service, for the range of media interviews she gave about the new assessment and advice service for detainees in custody.

4.2. Tariff reduction

The decision by Monitor and NHS England to reduce the tariff prices for acute providers by 1.5 per cent and 1.8 per cent for non-acute trusts has attracted criticism nationally. HSJ has reported allegations by the newly appointed NHS Confederation chief executive Rob Webster that they have shown “institutional bias” against mental health and community services. The two bodies said the differences reflected the costs of implementing Francis and Keogh.

Mr Webster said it was not sustainable to expect mental health and community providers to continue saving money and to do more without “fair resources”. The FTN and the Mental Health Network say they are writing to Monitor to challenge its assumptions.

Given the government’s intention to achieve “parity of esteem” between mental and physical health, this is disappointing news which we have highlighted to our commissioners.

However, Care Services minister Norman Lamb has since indicated that he may ask NHS England to reconsider its funding decisions if mental health’s finances were suffering “unduly” as a result of the tariff differential.

The Department of Health also published on 20 January its priorities for bridging the gap between its long-term ambitions for mental health and shorter-term actions in a report which identified 25 areas for improvement but which did not promise any more funding.

4.3. Apologising for mistakes

The NHS Litigation Authority has produced a leaflet which aims to support health service staff to “own up” to errors and apologise for mistakes. The leaflet, ‘Saying sorry’, recommends that staff should apologise face-to-face to patients as soon as an error is identified, and that this should be followed up with a written apology “which clearly states the health care organisation is sorry for suffering and distress resulting from the incident”. This and recent statements by Health Secretary Jeremy Hunt reflect our own ‘Being Open’ policy and our encouragement to all staff to report incidents and to apologise for any mistakes.

4.4. NHS criticisms

Leaders of 10 NHS organisations, co-ordinated by the FTN, have published an open letter calling for “a more measured view of how the NHS is performing”. This reflects concern that the criticism of the past 12 months is undermining staff morale and presenting a too negative picture of the quality of service provided by NHS organisations. The organisations want to focus on making the NHS fit for the future rather than simply repeating past criticisms.

It is important that we as a Trust must maintain our unremitting focus on improving quality and we should recognise the outstanding work that our staff deliver and the fact that there are thousands of service users who benefit from their dedication and commitment.

4.5. Planning guidance 2014/15 – 2018/19

The NHS Trust Development Authority's (TDA) planning guidance, designed to help Trust Boards plan for the long term delivery of services, has been published.

It highlights the increased productivity of recent years in terms of treating more patients with less money but points out the significant challenges of the rising patient expectations within a tight financial environment. It calls on Trust Boards to have an even sharper focus on the long-term to ensure they can deliver sustainable, high quality services.

The guidance reflects some of the steps we have already taken in terms of our future direction and in particular our focus on quality, staffing and money.

4.6. Board effectiveness

Monitor published a consultation document on Board Effectiveness Reviews last week. In the Monitor Risk assessment framework the expectation that NHS foundation trusts carry out an external review of their governance every three years is set out. Our Trust has taken on board this recommendation in its recent independent board evaluation. The Trust shall be responding to the Monitor consultation offering our own experience and seeking to ensure that the approach Monitor requires is proportionate.

5. Trust update

5.1. Medicines optimisation

A major initiative is underway in our Trust to improve medicines management and to help staff to work smarter to ensure the right patients get the right choice of medicine, the right dose at the right time and as a result improve patient safety.

By focusing on patients and their experiences, the goal is to help patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety.

The importance of this initiative is reflected in its multi-disciplinary leadership team which consists of Medical Director Hayley Richards, Deputy Medical Director Harvey Rees, Chief Pharmacist Bina Mistry, Head of Nursing, Liz Bessant and Interim Director of Nursing Alan Metherall. New pages with information and a discussion board have been established on our Trust intranet Ourspace and a new e-learning course will shortly be available to staff.

5.2. National accreditation for Bristol team

I will write on behalf of the Board to congratulate the Crisis Resolution and Home Treatment Team in Bristol for being accredited by the Royal College of Psychiatrists' Special Committee for Professional Practice and Ethics under its Home Treatment Accreditation Scheme. This is a significant achievement for the team and a reflection of the standards under which they operate.

5.3. Looking after mum

I would like to highlight the contribution two young carers - 16 year old Naz and 20 year old Carina – has made to a film made by the Trust called 'Looking after Mum'. Its aim is to draw attention to the efforts made by young carers and the support that is available to help them.

5.4. Wiltshire Clinical Director

Julie Hankin has resumed her role as clinical director in Wiltshire, having spent the past couple of months working full time at the Care Quality Commission (CQC) on the implementation of its new inspection regime, established by chief inspector of hospitals Professor Mike Richards. I'm sure her experience at the CQC will make an important contribution to the quality improvement work being undertaken both in Wiltshire and across our Trust. I would like to formally thank Dr Ian Ellison-Wright for standing in as clinical director while Julie was at the CQC and for the contribution he has made to the continued development of the locality.

5.5. National social work appointment

Phil Wilshire, our interim head of social work, has been elected to the mental health faculty steering group of the College of Social Work and I congratulate him on this achievement.

5.6. First novel award

The debut novel of Staff nurse Nathan Filer about mental illness, death and grief - The Shock of the Fall – has been successful in the 2013 Costa First Novel award. Nathan's book was named as one of five category winners for the Costa Book Awards and will now compete for the overall Book of the Year prize which will be announced at an awards ceremony in London later this month.