

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: 26 February 2014
------------------------------	------------------------

Title:	Chief Executive's Report
Item:	BD/13/332

Executive Director lead and presenter	Iain Tulley, Chief Executive
Report author(s)	Ray Chalmers, Head of Communications and Emma Roberts, Director of Corporate Affairs and Company Secretary

History:	N/A
----------	-----

This report is for:	
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 meeting I have held six monthly reviews with both Wiltshire and South Gloucestershire Clinical Commissioning Groups (CCG), met with the Chair and Chief Executive of North Bristol NHS Trust and also with the Mayor of Bristol.

I have participated in Avon & Somerset Constabulary's Chief Executives partnership and attended the opening of our new S136 suite at Southmead Hospital.

As part of meeting our local MPs on a regular basis, I have met with Bristol West MP Stephen Williams. It was good to hear from both him and his staff of the changed impression of our Bristol team and the increasing responsiveness of it.

Together with our Medical, Operations and Nursing Directors, I have held a triumvirate review with our BANES leadership team in which we looked at quality, performance, finance, workforce and forward planning. Before the Board a similar review of Specialist and Secure Services is diarised.

Nationally I participated in a NHS Trust Development Agency event with Chief Executive David Flory regarding key issues/challenges set out in Planning Guidance and I am scheduled to attend the NHS Leadership Recognition Awards.

By the Board meeting, I anticipate attending Bristol CCG Leadership meeting, BANES CCG, chairing the Partnership Group for the NINR Clinical Research Network for the West of England and meeting with Chief Officer Team of Avon & Somerset Constabulary.

The West of England AHSN's (Academic Health Science Network) is hosting a visit by Sir Bruce Keogh in order to exemplify activities in Year 1 and future potential.

## 2. Current issues

### 2.1. Carers Charter

Later on this agenda the Board is asked to approve a Carer's Charter. This is an important step forward for our Trust and was initiated through staff and carers working together. There has been substantial discussion on its content at the Trust-wide Carers' Forum, Trust-wide Engagement Group and at Quality & Standards Committee. The Board has also heard from KS2 at its previous two meetings.

The aim of the Charter is to help improve partnership working with carers and to clarify some of the areas which cause concern to staff and carers. It is an important step forward in putting carers alongside service users at the heart of our activity and we shall be communicating the charter throughout the organisation to ensure it governs our actions and behaviours.

### 2.2. Incident report and complaints

As part of our desire to be open and transparent, we have reported to the Board on a monthly basis, details of incidents involving service users. The Board has wanted to expand this to include complaints and I am pleased to say that we have now done this.

By publishing monthly details of incidents and complaints, I hope we provide reassurance that all incidents and all complaints are treated seriously within our Trust and appropriately investigated so any lessons can be learned which might prevent any repeat of similar issues in future.

Further work is in hand to complete a more detailed analysis of complaints and incidents, to synthesise the information and identify any trends, to address any issues which emerge and to share the learning.

### 2.3. Quality

Our continued focus on quality is having a continuing impact and would like to thank staff for the efforts they are making. This is reflected for example in improved response rates for both inpatient and community services in the friends and family test as well as improvements in supervision and appraisal rates. We continue to assess feedback in other areas of our IQ framework to maximise assurance by seeking to minimise any subjective assessments in areas such as records and CQC compliance. Information which is used for the basis of our Quality Huddle discussion is now permanently displayed in the reception area of Jenner House so staff and visitors see the data.

### 2.4. Staff Survey

Our national Staff Survey results confirm that we have a lot of work to do to repair the damage of the past, to achieve a fully engaged and committed workforce and to achieve our vision of being the best mental health employer. In the context of the pressures on the NHS, the restructuring of the past year and the uncertainty felt by our staff in relation to tenders, it is perhaps not surprising that we have not achieved the hoped for improvements.

Our Enabling Excellence programme is underway and we are redoubling our efforts to tackle the underlying issues which concern our staff. Through improving the quality and regularity of supervision and appraisal, increasing wellbeing activity and focusing on staff engagement, I expect to see improvements in the coming months.

For the first time our Trust gave all staff an opportunity to respond, rather than relying on the sample size used for the national survey. The 48.4 per cent return means that we have a much wider range of responses which is enabling us to also analyse them by delivery unity and locality so that issues specific to particular elements of our Trust can be more effectively tackled.

### 2.5. Foundation Trust

As previously reported, our FT application has been submitted. The TDA has completed its desk top review of quality, a Board to Board and a quality review of services in North Somerset, Bristol and Swindon.

We are awaiting confirmation of an inspection by the Chief Inspector of Hospitals. There are limited numbers of inspections at any one time. We hope to be inspected in one of the next two quarters. Our relentless focus on the quality of our services will bode well in this inspection and we anticipate our trajectory towards becoming a Foundation Trust remaining constant.

We have just received the formal feedback from the TDA in relation to the clinical quality visits undertaken by it in January. It has been divided according to the CQC's five domains of safe, effective, responsive, caring and well led. Site specific feedback has also been provided which will assist in identifying actions required to further raise standards.

Overall the feedback is positive with our pharmacy team being recognised for the work undertaken in medicines optimisation, the quality of our infection, prevention and control strategy and work we do with services outside the hospital environment. The TDA team says staff morale appears to be high, that the creation of local leadership teams have been well received and this leadership is not only helping to tackle many historic issues

but is responsive to local feedback. The TDA suggested more could be done to ensure all parts of the Trust are ligature free, to tackle some of the inconsistencies across sites such as the use of restraints, incident reporting culture and accessibility to senior staff. In some locations environmental problems caused difficulties and not all sites were felt to be conducive to good patient safety. Areas we need to look at include plans for an expanded role healthcare assistants in relation to controlled drugs administration, inconsistencies as to staff being 'bare below the elbows' which is an important hand hygiene issue, SLAs with acute trusts, the availability of inpatient beds and the visibility of senior managers.

We shall be considering how best to build on the good practice identified and to change the practice in areas where the TDA have highlighted improvements could be made.

To support continuous improvement in quality, Director of Operations Kris Dominy and Clinical Director Julie Hankin are devising a system of mock inspections, supported by the Quality Academy and designed to test our readiness for the Chief Inspector's inspection when selected.

In the period leading up to becoming a foundation trust, we are considering when we should elect a shadow council of governors. This is an important element in our efforts to improve engagement with our communities and to involve, staff, service users and carers in particular in the overall running of our Trust.

## **2.6. Trust Medical Advisory Group (TMAG)**

I attended TMAG on 13 February. The event was well attended and there was positive feedback from doctors on the content and format of the day. Concern was expressed to me about the pressures on the ground, particularly in our recovery teams.

The concerns raised by our medical staff in relation to recovery teams echo what has been said elsewhere. Our teams in Bristol have written to express concern re activity, pressure and caseload size. Concerns have been expressed in Wiltshire and there was evidence of the challenges faced by the teams, when I worked with the South Wiltshire Recovery Team in January. Clinical Directors will be supported in reviewing the current position and steps will be taken to ensure the quality of our services and the safety and wellbeing of service users and staff.

Concerns were also expressed about the impact of the Bristol tender and the potential impact across the Trust. I want to encourage all senior staff and clinical leaders to work closely with us in addressing the challenges we face and in ensuring we provide appropriate support in tackling the pressures felt by our staff.

## **3. Local roundup**

### **3.1. Batook Pandya**

We were saddened to learn of the death of Batook Pandya, Director of Stand Against Racism and Inequality (SARI). Batook was a leading campaigner in Bristol and many colleagues in AWP have benefited from his advice and knowledge. Through SARI one of our partners in Mental Health Bristol, Batook worked closely with our locality team and his thinking has contributed to many of the new initiatives adopted by our Trust in Bristol.

### **3.2. Bristol Health Partners**

North Bristol NHS Trust Chief Executive Andrea Young has taken over as the chair of this important group. I would like to pay tribute to the contributions to the partnership made by outgoing chair Deborah Evans, Chief Operating Officer Mary Perkins, and

Director Peter Mathieson, the chief architect of the partnership as we know it today. May I also congratulate David Relph, Head of Strategy and Business Planning at University Hospitals Bristol, who has been succeeded Peter as the new Director of Bristol Health Partners.

### **3.3. BANES consultation**

BaNES Clinical Commissioning Group (CCG) wants to encourage patients and the public to help them plan how their health services are provided. They have set up 'Your Health, Your Voice', a local discussion group which will meet every two months to help influence and shape local health care services. The CCG is holding three taster events in February and March for anyone who is interested in getting involved and details are available on the CCG's website.

### **3.4. Commissioning intentions in Swindon**

NHS Swindon Clinical Commissioning Group is running a public engagement event on Wednesday 26 February designed to inform residents about its work and to discuss commissioning intentions for 2014-16 and to get feedback. A number of engagement events have been held for stakeholders which our Swindon locality team has attended.

## **4. National issues**

### **4.1. Mental Health Crisis Care Concordat**

This has been published by the Department of Health and signed by 22 national organisations and supported by nine third sector and charity groups. It sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis. It follows the refreshed Mandate for NHS England which includes a new requirement for the NHS that "every community has plans to ensure no one in mental health crisis will be turned away from health services".

The concordat suggests that health-based places of safety and beds should be available all the time, police custody should not be used because mental health services are not available, and police cars and other vehicles should not be used as ambulances to transfer patients.

As a Trust we have already gone some way to ensuring the principles of the concordat are being applied with the opening of a new four place facility at Southmead Hospital, replacing the existing single-bed place of safety located at Callington Road Hospital.

This is an exciting development which we have been working hard to achieve in conjunction with Clinical Commissioning Groups, the Police and Crime Commissioner and Avon and Somerset Police. For many more people it will mean the difference between their anxiety escalating in a police cell and feeling safe and cared for in the suite, thus setting them up for the best possible recovery. Separate arrangements cover Swindon and Wiltshire.

As reported in January, AWP is also 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.

### **4.2. CQC Mental Health Act Review**

The CQC has published its fourth annual report into the operation of the Act which shows an increasing number of people nationally being detained under it.

It highlights five key areas which CQC will examine following the results of this report: community care; reporting on death; emergency and mental health crisis; involving people who use services; and investigating complaints relating to the use of the Mental Health Act.

The Report highlights the importance of identifying and sharing good practice, challenging poor practice and promoting continued improvement in people's experience of services. In its report, the CQC says it sees positive examples of outstanding care delivery but also continues to receive reports of significant concern about the experience of people subject to the MHA.

Our Trust has a good record of meeting the standards required by the CQC in relation to service users held under the Act. In this respect I would like to acknowledge the important role played by Mental Health Act Associates in our Trust. These volunteers are vital in ensuring that service users held under the Act are looked after properly and that their detention is appropriate. In supporting the work that they do, a training session was recently attended by 26 people and which was chaired by Board vice chair Susan Thompson. I would like to thank all our associates for volunteering and giving up their time to improve their skills in this vital role

At our quality huddle, clinical directors highlighted the number of people being detained under the Act locally was putting pressure on bed capacity and often requiring people to be accommodated in in-patient units which can be some distance from their home. We are looking at this issue to be sure that we are responding to this pressure in the most appropriate way.

#### **4.3. Hospital trusts face combined debts of £330 million**

The financial pressures facing the NHS were reflected in figures recently released by Monitor and the NHS Trust Development Authority that indicate that 44 per cent of hospital trusts in England expect to end the year with a deficit, with combined debts of more than £330 million. I remain confident that the financial management we have in place within AWP means that we will achieve our control total.

Reflecting that financial pressures are likely to continue to increase, the Institute of Fiscal Studies indicates that rising demand on the NHS as a result of population changes will lead to a nine per cent reduction in the amount available to spend per patient, even if the overall health budget remains protected. The report says that even if the health and care budget rises in line with inflation, the real terms per capita spend in 2018-19 will be nine per cent lower than in 2010.

If proved to be accurate, these forecasts demonstrate again the importance of being innovative in our approaches, reviewing how we spend scarce resources and maximising the value we provide through partnership working.

#### **4.4. Nuffield research**

Our Trust priorities for the coming year revolve around quality, staff and money. Research undertaken by the Nuffield Trust to mark the anniversary of the Francis Report found that a majority of chief executives and chairs of NHS organisations report they are continually balancing the need to deliver high quality care with the requirement to achieve financial targets. The report says there is "a profound tension" in the health service between finance and quality, even though the research found agreement that

"the need for excellent care must have a higher priority". It is reassuring to hear that the challenges our Trust are grappling with are not unique to AWP.

#### **4.5. Poor mental health costs UK £70bn a year**

It has been reported that within OECD countries, the UK has the highest level of people out of work with mental ill-health. The Nursing Times also reports that research shows many trusts do not have a mental wellbeing policy in place to support staff. A study by the Health and Work Development Unit at the Royal College of Physicians found that only 57% of trusts in England had a functioning mental wellbeing policy to support employees and that less than a quarter of trusts were monitoring the mental wellbeing of staff.

As the Board is aware, strengthening wellbeing efforts within our Trust was a priority in agreeing the Enabling Excellence programme and which has seen the appointment of a Health and Wellbeing Manager to help provide greater focus to this area. The work that we are also doing in relation to long term sickness absence is taking particular heed to mental health related issues.

### **5. Trust update**

#### **5.1. Memory Research Register**

Our R&D team launched its research register earlier this month, aimed at making sure that people with memory problems and their carers are told about opportunities to take part in research. AWP is hosting and running the Register in collaboration with the West of England Academic Health Science Network and members of Bristol Health Partners. We are actively piloting the Register in AWP, specifically in the Bristol area before rolling it out to the other localities including South Gloucestershire, Swindon, BANES, North Somerset and Wiltshire.

#### **5.2. BEST website**

BEST is a clinical question answering service available for everyone who works for AWP which has been operating for the past three years. BEST has supported clinical decision making for a wide variety of professions and for numerous purposes; from the care of individual service users to the design of care pathways and services. The BEST team has now developed a website that not only allows AWP staff to submit questions to the service, but also has a database of all the questions that have been answered by the project. The website provides easy links to high quality systematic reviews and NICE guidelines relevant to mental health and the aim is to provide a single point of access that AWP staff can use for their research evidence needs.

#### **5.3. Work experience**

Recently three sixth formers interested in a medical career took part in a work experience pilot at Callington Road Hospital. They subsequently received conditional offers from medical schools and all three said that their experiences at a psychiatric hospital gave them a competitive edge in their university interviews. This approach is encouraged by The Royal College of Psychiatrists and plans to roll the scheme out across the Trust are underway.

#### **5.4. Emily Maguire**

Singer-songwriter Emily Maguire has embarked on a tour of AWP hospitals and services, playing to service users, carers and members of staff. Emily has performed at different sites and events within AWP in the past and has done a lot of work to raise

awareness of mental health issues through her music and by sharing her own experiences.