

'You matter, we care'

Trust Board Meeting (Part 1 or Part 2)	Date: 26 March 2014
--	---------------------

Title:	Chief Executive's Report
Item:	BD/13/360

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

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

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 meeting, I have spent time with the North Wilts CIT team, made a Quality Improvement Visit to Ward 4, St Martin's Hospital and have jointly with our medical, operations and nurse directors, I held a triumvirate review with our Bristol leadership team in which we looked at quality, performance, finance, workforce and forward planning.

As part of meeting our local MPs on a regular basis, I met with Conservative MP for South West Wiltshire Andrew Murrison MP.

I have also met with Gavin Jones, Chief Executive, Swindon Borough Council, attended the West of England AHSN Board meeting, participated in a SWAST Council of Governors Development Workshop and worked with colleagues in support of the Bristol tender submissions.

I have also attended meetings with members and staff surrounding the work of the Mental Health Services Bristol.

2. Current issues

2.1. Inpatient staffing

Following publication of the Francis, Berwick and Keogh reports, the National Quality Board published guidance on safer staffing which included actions required of providers of services.

As previously advised, we have reviewed our nursing establishment and as a paper elsewhere on this agenda explains, have introduced a Standard Operating Procedure to ensure all aspects of the national guidance are met.

A staffing establishment for each ward has been agreed following a review process which utilised two recommended national tools and triangulated these with professional judgement. Due to concerns over apparent weaknesses in these tools, a multi professional focus group and the Clinical Executive have agreed that the ward establishments for 2014/15 should be based on the ward calculators developed for the year by the Operations Directorate in conjunction with Ward Managers views on safe staffing for their wards.

2.2. Secure services consultation

Proposals to improve clinical governance through introducing a ward based multi-disciplinary model, improve the quality of clinical care and increase patient contact with clinical staff are currently the subject of consultation with our staff in our secure services delivery unit.

One option is to remove operational management roles from our senior clinical staff to free them up to use their significant clinical experience in direct service user and ward and team based governance activity.

The proposals relate to all aspects of services provided by the 80 bed Fromeside medium secure unit, the 29 bed Wickham Low Secure Unit, the Community Liaison Pathfinder team and the Forensic Intellectual and Neuro-developmental Disorder (FIND) team.

The proposals are a response to recurring concerns over aspects of the services delivered over the past 12-18 months. While these have been resolved, the proposals are designed to introduce a more clinically focused, ward based model of care and to

establish an approach which will avoid any recurrence of the recent problems which are summarised below.

- Following the 2012 Sutherland Report, a Risk Summit was called by the then strategic health authority and was followed up by a discussion with a wider group of stakeholders hosted by AWP and Anthony Farnsworth of NHS England's Local Area Team (LAT). At both these events concerns were raised about aspects of our secure services.
- In February 2013, an inspection by the CQC resulted in an improvement notice being issued to the Trust but prompt corrective action resulted in this being lifted in a matter of weeks.
- In 2013, there were several serious untoward incidents that resulted in significant scrutiny of our services, including Root Cause Analysis investigations by internal and external staff. As a result, a comprehensive work plan was drawn up to deal with weaknesses identified by these issues and this was supervised by a review board, chaired by commissioners.
- In July 2013, and with the support of commissioners, Wickham Unit was temporarily closed to admissions and Hopton ward was also closed to enable the staff group to be brought together to focus on improving the clinical quality of the service and to provide the required assurances to our Trust and commissioning colleagues.
- In addition a range of staff issues, including accusations of bullying and discrimination were raised via anonymous letters and via the Trust's whistleblowing procedures but following management changes and the introduction of confidential clinics for all staff to access senior management, these have now stopped.
- In the summer of 2013, the Trust also provided an impact team to secure services made up of senior clinicians and managers to provide quality assurance and to support the service to address the identified short falls in practice.
- Throughout the autumn of 2013 the senior management team were required to provide weekly assurance on safety, security and quality to NHS England commissioners
- Staff from the Trust Nursing and Quality directorate remain within the service providing continued scrutiny and, where necessary assurances to the Trust board. There have been unannounced 'spot checks' from Trust Directors to our wards outside of normal office hours.
- Following the introduction of a new management structure in the Trust, a new senior management team was established for the newly created Secure Services LDU in October 2013, which brought together Fromeside, Wickham, FIND and Pathfinder teams.

In the light of the good progress made, the review board has been disbanded although our secure services senior management continue to report to our commissioners and the drive continues to streamline and strengthen the governance structure and processes.

The redesign proposals would see increases in clinical nursing time while the roles of supporting professional staff such as occupational therapists and psychologists would be switched to become ward based. Some roles could disappear as a result of the

proposed changes and the consultation paper suggests that the Pathfinder team could be integrated into existing criminal justice service teams.

By changing the skills mix and introducing a ward based model, we believe we will significantly increase patient contact with clinical staff and improve the quality of the service we provide.

Meetings to explain the proposals have already been held with all staff groups and a number of consultation clinics are being held where staff can book in to discuss issues of particular concern to them. All the proposals are published on our Trust intranet Ourspace.

The proposals underpin our commitment to safe and compassionate care, whilst ensuring our services are efficient, competitive and effective, delivering value for money in the context of ever increasing financial pressures on the service. The senior management team welcome feedback on the proposals in order to refine and improve the redesign.

2.3. Pay

On the 13 March NHS Employers announced the Government's decision to reject the recommendation made to the NHS Pay Review Body (NHSPRB) and Doctors' and Dentists' Review Body (DDRB) in relation to a two year pay award for NHS Staff. The pay review bodies recommended a 1% uplift to all pay scales and has announced an annual increase of at least 1% for staff through either contractual incremental pay or a non-consolidated payment.

The headlines of the proposals are:

- Agenda for Change staff and employed doctors and dentists who are not eligible to receive incremental pay, will be given a 1 per cent non-consolidated payment in April 2014/15. Other staff will receive an increase of at least 1per cent through incremental progression.
- The 1 per cent increase will be non-consolidated and non-pensionable and apply with effect from 1 April 2014. The consolidated pay scales remain unchanged and these will continue to be the basis for any additional earnings such as banding supplements, overtime and unsocial hours enhancements.
- All other staff will receive any incremental progression to which they are eligible during the year, subject to meeting requirements in their terms and conditions and where necessary local performance requirements.
- In addition the Government has also determined that in in 2015/16 the same approach will apply and staff who are not eligible to receive incremental pay will receive a non-consolidated payment of 2 per cent of pay (equivalent to an additional 1 per cent non-consolidated in each of the two years concerned), while other staff receive incremental progression.
- As this will be a two year pay award, the NHSPRB and DDRB will not be asked to make recommendations on a pay award in the 2015 pay round.
- The Government also stated that if the NHS trade unions were prepared to agree to an incremental progression freeze for one year in 2015/16, then they would be prepared to consolidate the pay award.

This announcement appears to counter the announcement made on 31st March 2013 regarding pay progression. At that time NHS Employer announced that pay

progression through all incremental pay points in all pay bands to be conditional on individuals demonstrating that they meet locally agreed performance requirements in line with Annex W (England) of the handbook

NHS Employers are currently working on the details of how this will be implemented for 2014/15 pay awards with the expectation that pay increases will be made in May backdated to 1 April. They will also produce a set of Q&As on these pay awards.

We are currently looking at the implications for our Trust of these decisions both in terms of the current year's budget and in relation to the new approach to appraisals scheduled to come into effect next month,

2.4. Operating plan

Elsewhere on the agenda is the Trust Operating Plan which was submitted earlier this month to the Trust Development Authority. In line with requirements, the Plan covers:

- AWP strategic content & direction.
- Approach taken to improving quality and patient safety.
- Clinical strategy.
- Productivity & efficiency.
- Delivery of operational performance.
- Workforce plans.
- Finance & investment strategy.
- Organisational relationships & capabilities.

It has been developed from the locality/delivery unit three year business plans as well as from Trust wide corporate service led programmes of work and development. It reflects the new business planning approach which will ensure our priorities are clearly set out and that our budget setting process supports them.

2.5. Systems

A priority since I joined the Trust has been to ensure that our systems support clinicians in delivering the quality of service we all expect. The publication of the Clinical Systems Strategy shows how we will seek to implement systems which respond to changing needs, which maximise clinical time available for the provision of care, which enables us to share appropriate information with partners and supports the Trust to continually improve what it does. The strategy reflects the excellent work undertaken by clinical and corporate staff and I commend the strategy to the Board

2.6. Performance and quality management strategy

Delivering the highest quality of service is fundamental to the future ambitions of our Trust and to the wellbeing of staff and service users. To ensure we are managing this effectively, a paper sets out the roles and responsibilities as well as the tools we will use to ensure we understand the position throughout the Trust. A key element of this is reviewing with commissioners the key indicators currently used on IQ on an annual basis in tandem with the annual contractual round.

2.7. Innovation

May I draw to the Board's attention the decision of the charities committee to support an exciting Dragons Den style initiative called "Bright Ideas". The aim of this is to encourage innovative individuals and teams, working with service users within AWP, to

put forward innovative ideas with the potential to improve service user or staff experience. Winning proposals would win pump priming funds to facilitate further development.

3. Local round-up

3.1. Mental Health Bristol

I am pleased to report that jointly with our partners, a letter was sent to all staff in all 10 organisations, setting out our reasons for joining together in partnership and expressing our commitment to supporting mental health services in Bristol.

I am also pleased to report that in relation to the Modernising Mental Health services tender, Mental Health Bristol was the sole organisation to be shortlisted in all tender lots announced by the Clinical Commissioning Group. Presentations on each of the lots have been taking place this week.

Together with our partners we are undertaking pre consultation at the Wellspring Centre over plans to expand that building to host our community facing teams, should we be successful in the tender.

We should know in early April whether we have been selected as the preferred bidder in the different tender bids.

I would again like to put on record my thanks to everyone involved, within the partnership and within AWP in shaping a tender proposal which reflects the passion we all feel about improving mental wellbeing of the individuals and families within Bristol.

3.2. Dementia strategy consultation now open

The draft dementia strategy for Wiltshire was agreed by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group in January and a consultation process is now open until 19 May.

The strategy outlines plans for how organisations in Wiltshire will work together to support people with dementia and their carers and families to live well in Wiltshire. With the number of people with dementia predicted to rise, the key message of the strategy is that dementia is everyone's business. To make this happen, one of the priorities within the strategy is to develop dementia friendly communities in Wiltshire.

4. National issues

4.1. Whistleblowing concerns

In the light of the disciplinary action allegedly taken by a Midlands Trust in relation to a member of staff who raised concerns that it had manipulated its death rate figures, may I reiterate again our Board's absolute commitment to responding positively to any issue raised by a member of staff. Can I also give my personal guarantee that concerns raised in good faith will be treated in confidence and investigated thoroughly and that no member of staff should have any concerns about action being taken against them.

4.2. Mental Capacity Act

A report, by a House of Lords select committee has concluded that the 2005 Mental Capacity Act. "is not working at all well". The report expresses serious concerns that safeguards brought in to protect vulnerable patients are actually being used to "oppress" them as a result of a misuse of mental health laws. The report found that social workers, healthcare professionals and other people involved in the care of vulnerable adults are not aware of the Act and are failing to implement it. This is a

timely reminder of the importance of continuing our excellent track record of ensuring that our staff understand the importance of acting within the spirit and letter of the act and ensuring our training equips them effectively to do this.

4.3. Parity of esteem

NHS England chief executive Sir David Nicholson has said CCGs have received guidance to “encourage and support” them to deliver parity of esteem for mental health services. Sir David said NHS England would focus on protecting and improving crisis care, clinical mental health services and the quality of data and commissioning.

But six mental health organisations have claimed that the NHS funding changes breach ministerial pledges for parity of esteem. The organisations say NHS England’s decision to cut the amount of money the sector will receive in tariffs for its services will badly hit an area of NHS care that is already “straining at the seams”.

It is also believed that some Trusts are considering raising a legal challenge to the decision to cut the tariff.

4.4. Social care spending falls

The National Audit Office has reported that around three-quarters of the reduction in spending by local authorities has come from cuts to the amount of care provided. It warned that cuts were increasing pressure on other parts of the system, such as the NHS and accident and emergency. The NAO concluded that while spending on social care was falling, the demand for care was rising.

This clearly reflects our own experiences in dealing with delayed transfers of care and the pressure on non-clinical beds in the local authority and care home sector. These financial pressures emphasise once more the importance of working closely with our local authority partners and to this end I am pleased to say that we are re-establishing our partnership with social care in Bristol and Wiltshire and are active participants in the Better Care Fund planning.

5. Trust update

5.1. FT members update

The latest newsletter has been distributed to our 17,000 members, and in addition to mix of news about developments within our Trust, it includes a mini survey seeking feedback from members as to how they would like to be communicated and what topics are of particular interest.

5.2. Funding success

We are one of 75 trusts across the country to benefit from the first allocations of funds from the Nursing Technology Fund. We have received £69,000 for the use of computerised patient assessments to plan and monitor treatment.

5.3. Service users asked for their views

Research is underway for the latest national community mental health survey, the results of which will be published in the autumn. Questionnaires have been sent to almost 4,000 service users who used our community services in September, October and November 2013. They will be asked to comment in confidence on numerous aspects of care including for example organising and planning, treatments, crisis care, help and advice.

5.4. LIFT invitation to Department of Health

LIFT Psychology Swindon and Wiltshire were recently invited to the Department of Health to advise on how to improve IAPT (Improving Access to Psychology Therapy) services in poorly performing areas of the country. Liz Howells, AWP's Clinical Director LIFT and Jon Freeman, AWP's Head of Long Term Conditions attended the meeting and discussed their ideas with Norman Lamb, Minister of State for Health and Social Care. Separately Jon Freeman was recently a guest speaker at the national IAPT conference 'Evolving Your IAPT Service' in Manchester, talking about AWP's long term conditions programme.

5.5. Named doctor appointed for child protection

Dr Nicola Claxton has been re-appointed as the Trust's named doctor for child protection. Nicola is a consultant forensic psychiatrist at Fromeside Medium Secure Unit. As the named doctor within the Trust, Nicola will be primarily involved with assisting medical staff in relation to working closely with families and promoting the understanding of child safeguarding issues. Her role also includes advising the Trust Board on child safeguarding matters and liaising with other agencies.

5.6. Text messaging

My I congratulate our Learning & Development team for their initiative to reduce 'no shows' by using text messaging to remind staff when they are booked on to training events.