

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: 30 April 2014
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Title:	Chief Executive's Report
Item:	BD/14/007

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

History:	N/A
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This report is for:	
Decision	
Discussion	X
To Note	

<b>Executive Summary of key issues</b>
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

<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 attended the FTN (Foundation Trust Network) Inaugural Annual Lecture attended by a former Secretary of State for Health, Alan Milburn, the SWAST Council of Governors meeting and the South West Leadership Board. I also met with South Swindon MP Robert Buckland and North Somerset MP Liam Fox.

I have participated in several Bristol System leadership meetings and with the Board I am scheduled to meet with Bristol CCG Board representatives. I have also met with both the Swindon and Somerset CCGs.

In preparation for the inspection in June by the Chief Inspector of Hospital's team I have met with the nominated lead inspector.

Internally I attended the Trust's social work conference and participated in our strategy summit involving the senior management team and Board members.

I have also spent time with Wiltshire Early Intervention Team and was impressed with their commitment, professionalism and focus on continual improvement.

## 2. Current issues

### 2.1. CQC Chief Inspector inspection

As indicated elsewhere on the agenda, this inspection will commence 9 June 2014. We are being inspected as part of the second wave of mental health inspections and welcome this assessment as we believe that the quality of care delivered by our staff is of an increasingly high standard and that we have much to show the inspection team. We are expecting an inspection team of 50-70 CQC inspectors, doctors, nurses, other professional health experts and service users, known as 'Experts by Experience'. The CQC inspection will focus on checking whether our services are safe, effective, caring, well led and responsive. Following this inspection, a quality summit will be held on 18 August to which all commissioners, local authorities and stakeholders will be invited to attend.

Our approach to this inspection will be to be as open and transparent as possible and to encourage all of our teams to celebrate the standard of service they provide. Liz Bessant is co-ordinating our preparation and is being supported by a cross Trust team drawn from clinical and enabling services.

### 2.2. Bristol tender

Earlier this month Bristol Clinical Commissioning Group announced that our partnership of 10 Bristol organisations, Mental Health Bristol, had been selected as the preferred bidders in tender lot 1 (System leader and community services) and lot 2 (Rehabilitation services). We have not been selected preferred bidder in relation to dementia services which has gone to a partnership led by Devon Partnership NHS Trust and the Alzheimer's Society; or employment services led by Richmond Fellowship and consisting of Mental Health Matters, Windmill Hill City Farm and Somali Resource Centre. The preferred bidder for Assertive Engagement is St Mungos in partnership with One25.

Since the announcement, we have met frequently with the CCG to discuss the detail of our proposals and to provide assurance of our implementation and transition plans. Substantial work needs to be completed in the coming month in relation to both the service element and the system leadership role. I am grateful for the enthusiasm of our

Bristol colleagues, supported by our enabling teams, for their commitment and effort to ensure that we are awarded the contract.

We are disappointed that the strong proposals we put forward in relation to dementia, employment and assertive outreach were not successful. This outcome has had a profound and understandable impact on our staff.

We will continue to work with the CCG and all the other organisations involved to ensure the best outcomes for service users and carers across the city and to understand the implications for our staff. Our priority will be to keep our service users, carers and staff informed and to support them through the transition to the new-look services once contracts have been awarded.

### **2.3. Secure services consultation**

At its last meeting the Board received a presentation about the proposed changes in our secure services. The consultation period has now closed and we have received a significant volume of comment from staff. I would like to thank everyone who has participated and engaged so wholeheartedly in the process. An outcome paper, responding to the feedback and setting out the way forward will be published in the coming weeks.

### **2.4. Finance**

The finance report shows the excellent outcome for the last financial year. In the context of the substantial organisational changes made at the beginning of the year in switching from the strategic business to the locality management model, this is a really creditable performance, especially against the background of the financial pressures facing the NHS locally and nationally.

I would like to thank all staff for their efforts and in particular the delivery unit leadership teams whose efforts contributed to this performance.

### **2.5. Homicide inspection reports**

Elsewhere on this agenda are two reports into homicides committed by service users in 2009 and 2010 and which were commissioned by the former South West Strategic Health Authority. The first related to a North Somerset service user Mr A and the second a Bristol service user, Ms X.

These were personal tragedies and on behalf of our Trust, I would like to express my regret for the loss of life and the distress caused as well as offering again our condolences to the families and friends of those affected.

In each case the investigation team concluded that the incident could not have been predicted although areas of practice which could have been better are identified. I am sorry that at that time, all aspects of our care did not meet the highest of standards and these reports reinforce the importance of understanding what could have been done differently and better.

Since the incidents, substantial changes have been undertaken in our Trust to improve the way services are both managed and delivered and the actions suggested by the investigation team have been implemented via our action plans which NHS England has also published.

The reports acknowledge the quality and thoroughness of our own internal investigations and one of the investigation teams acknowledge the “significant service improvements” that have been made, acknowledging that the “Trust is a learning organisation”.

The reports also note the efforts of our staff and in particular those involved in trying to engage with Ms X. The work our Trust has done to improve services since the incidents is also recognised.

The publication of these reports again highlight the important role played by our staff in trying to support people with challenging mental health issues who often do not want to engage with services

## **2.6. Medical revalidation**

Revalidation is being introduced by the General Medical Council in a staged process, from December 2012 to March 2016,. Revalidation complements clinical governance and is an important aspect of efforts to ensure the highest quality of medical input. An important element is ensuring effective appraisals of doctors and I am pleased to report that within the Trust we have achieved a splendid 94% annual appraisal rates for doctors.

The NHS Revalidation Support Team commissioned The King's Fund to undertake a qualitative assessment of the impact medical revalidation has had to date on the behaviour of doctors and the culture of organisations and we were one of the Trusts who took part in this qualitative research. I think this is another example of our Trust engaging in processes, nationally and locally, designed to improve the quality of care provided throughout the NHS and I would like to thank everyone who participated.

## **2.7. Accountability framework**

The NHS Trust Development Authority (TDA) has published its new 14/15 Accountability Framework, entitled Delivering for Patients, and which is available via its website. The Accountability Framework for NHS Trust Boards sets out how the TDA will work alongside NHS trusts to meet the challenge of improving quality for patients at a time of growing financial constraint. The purpose of the Accountability Framework is to articulate in one place all of the key policies and processes which govern the relationship between NHS trusts and the TDA.

Work is underway to compare the new framework with that of 2013/14 so as to identify updates and to make sure our process and approaches respond to them.

## **3. Local round-up**

### **3.1. Clinical Commissioning Groups(CCGs)**

This month saw the first anniversary of the establishment of these key groups. I would like to acknowledge the positive work which they have undertaken and the willingness of each of the CCGs in our area to engage with us to work together to improve mental health services for those in each locality. Considerable progress has been made in the past year and I look forward to continuing to work together and to building even stronger relationships.

## **4. National issues**

### **4.1. Monitor strategy**

Monitor has published its strategy, with the general themes argued to amount to "nothing short of a complete redesign of how care is delivered in England." Alongside a refreshed set of organisational values, Monitor discusses its priorities within four core responsibilities. These are: ensuring effective leadership in public providers; maintenance of essential NHS services; undertaking a "clean sheet redesign" of the

payment system to support promotion of quality and efficiency; and enabling procurement, choice and competition to all operate around patient interests.

#### **4.2. Crisis care inspections**

The CQC is to follow up publication of its online map of places of safety with inspections of crisis services. According to the Health Service Journal, the organisations subject to inspections will be identified by new CQC data which reveals organisations lacking sufficient health-based places of safety for people in crisis, particularly for children.

The Board is well aware of the very considerable progress we as a Trust has made in both the East and West of the region in establishing effective places of safety and we continue discussions with commissioners over extending the age range which these units can support.

#### **4.3. Mental health funding**

The debate over the differential tariff continues nationally with Robert Francis the latest person to express surprise at the decision by NHS England and Monitor to use his report into failures at Mid Staffordshire Foundation Trust as justification for higher funding cuts to mental health, According to the Health Service Journal, Mr Francis said the recommendations he made to improve standards of care in the NHS were “just as applicable” to the non-acute sector, adding he would be “very concerned” if as a result mental health was given “even less priority” than it currently is.

### **5. Trust update**

#### **5.1. New online resource for practitioners**

AWP has purchased a new online resource – clinicalskills.net – to help practitioners put evidence-based best practice into practice. Each of the resources are regularly updated and contain links to key national guidance. clinicalskills.net is already used by other NHS trusts and universities, including the University of the West of England.

The main target group for clinicalskills.net are nurses, but other staff groups will also find these resources useful, such as: physiotherapists, dieticians, students and unregistered practitioners.

#### **5.2. Carers Charter**

The Trust’s carers charter was recently launched at an event attended by carers and staff. The charter is now available through our network of carer groups and other support organisations as well as on our website and intranet. A series of short podcasts were produced to support the launch. We are looking at a means of providing protected time for carer leads to promote the principles and approaches embedded in the charter.

#### **5.3. Appraisals**

Our IT team has developed a simpler system for recording appraisals which supports the new approach to appraisals introduced at the beginning of April and which reflects our updated vision, values and behaviours. We anticipate that these changes will increase both the quality of appraisals and our ability as a Trust to ensure that all staff have a meaningful appraisal. I would like to thank the IT team for this valuable work which reflects the approach they developed for supervision and which has been well received.

#### **5.4. Staff awards**

This year's staff awards were launched on 24 April with a closing date for nominations of 27 June. This year we have three additional awards categories: care and compassion, recovery and hope and outstanding team of the year making a total of 10 categories.

The Awards Ceremony will this year also include the Long Service Awards and will take place on World Mental Health Day on 10 October 2014. I would like to encourage all teams and staff to look at the categories and to nominate colleagues for these awards, which represent an opportunity to celebrate the high quality contributions of individuals and teams across our Trust.

#### **5.5. AWP in Bloom**

This is a wellbeing and service user involvement initiative whereby staff and service users jointly convert an unused area on their site into a produce garden. We have had a fantastic response with 26 entries received covering 23 different units or wards. 10 teams have been selected to take part and have received their garden packs. An AWP on Bloom twitter account has been set up and webpages are being designed to present monthly diaries and photos.

#### **5.6. Walking challenge**

As part of our wellbeing initiative, a walking challenge has been launched in our Trust which will encourage staff to be more active as well as raising money for charitable funds. The four week challenge will start on Monday 12 May, during National Walking Month, and finish on Sunday 8 June. Each participant will be given a pedometer to wear throughout the challenge period to record their daily steps.

#### **5.7. Paper published**

I would like to congratulate Dr Ian Ellison-Wright, consultant psychiatrist at Fountain Way in Salisbury, who has had a research paper on schizophrenia published in the open access journal BMC Psychiatry. The paper "Distribution of tract deficits in schizophrenia", which Ian co-authored with a number of colleagues from other NHS trusts and research institutions, looks into the distribution of white and grey matter in the brains of people with schizophrenia.