

'You matter, we care'

Trust Board Meeting Part 1	Date: 25th June 2014
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Title:	Chief Executive's Report
Item:	BD/14/072

Executive Director lead and presenter	Iain Tulley - Chief Executive
Report author(s)	Ray Chalmers - Head of Communications

History:	N/A
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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 participated in interviews for a recovery consultant in Swindon, attended and spoke at the Bristol Survivors Network AGM, attended a farewell event for Dr Marian Liebmann OBE and met with Janet Rowse from Sirona Care and Health CIC.

I attended the NHS Confederation Conference; spoke at a seminar run by the Mental Health Network entitled Choice, PbR and the market - a revolution in mental health?; and attended the West of England Academic Health Science Networks Board. I also attended the annual Bolland lecture where John Cridland CBE, Director General CBI, was the speaker.

I have had various discussions in Bristol following the announcement of the tender decision, including meeting with our interim system leader Rhona MacDonald.

I have also visited Sycamore ward in Bath and had a range of discussions around the pressures created by its challenging environment. I was impressed by the effort staff have been making, their preparation for the CQC inspection and the excellent work being undertaken in difficult conditions. I would like to thank them for their efforts. As the Board is aware we are examining how we might replace the ward.

I have also spent time in three wards in Wickham. There has been a dramatic turnaround in the way the wards are operating and which reflect the substantial improvements made in the last 12 months. Staff spoke of pride in what they have achieved, talked of visible leadership, were pleased to have more MD input and there was a sense of much greater safety. I congratulate everyone involved in the improvements delivered.

Ahead of the Board I'm scheduled to meet with the Chief Constable of Wiltshire Pat Geenty and Board Director of Swindon Borough Council John Gilbert, re mental health/clients and crisis aspects; have my quarterly chief executive discussion with David Flory at the Trust Development Agency; attend the signing of Bristol Armed Forces Covenant; and participate in further consultant interviews.

2. Current issues

2.1. CQC Chief Inspector inspection

As the Board is well aware, the CQC Chief Inspector of Hospitals team has completed its review of our Trust and a summit to report the findings will be held on 13 August when key stakeholders will also be invited to attend.

In the initial feedback, the inspection team was complimentary about the quality of care being offered in our Trust. The team found staff to be hard working and dedicated and observed compassionate care in most of the sites visited. They commented positively on clinical leadership across our Trust and recognised the significant improvements and changes we have made over the past 18-24 months.

The team did, however, raise concerns about some aspects of safety including concerns relating to issues such as the environment, risk from ligatures, medicine safety, training and in some of our processes. We are taking swift steps to address these concerns, to ensure safety across our Trust.

I am sure the Board will join me in thanking all our staff for their engagement and involvement in the inspection process.

I firmly believe the CQC inspection will play an invaluable part in achieving our mission to become the best provider of mental health care and in our work to continually improve our services.

2.2. Homicide report

Later in this agenda, the Board will consider the report of the independent investigation into the care and treatment of Mr MC which was published by NHS England on Monday 16 June 2014.

The report supports the findings of our Trust's internal investigation. The report identifies shortcomings, particularly in relation to risk assessment and multi-disciplinary working and makes 13 recommendations, which our Trust has accepted. Elements of the redesign of our medium secure services have been informed by this terrible incident. I am sorry that more could not have been done to prevent such a tragedy.

I would like to thank the victim's family for the way they have actively engaged with our Trust and for the feedback they have provided. The Board will hear at first hand from Audrey Carson, Homicide Case Worker on how the family felt they were communicated with by our Trust following the death of their son. By engaging with us, the family have helped us to understand how we might better communicate with those in similar circumstances in future.

2.3. Quality and performance

This month's report shows the improvements we continue to make and the areas where further work is needed to reach the required standards. I am pleased to note that appraisal rates have exceeded 85 per cent for the first time in the past 12 months, our sickness rate continues to fall and our friends and family figures continue to improve.

The Board will note that that serious concerns are being raised about levels of bed availability across the Trust, with continued high levels of occupancy making placing new patients extremely difficult. A major contributing factor is the increasingly high volume of service users who have been declared safe for discharge but continue as inpatients because there is no appropriate accommodation for them. 'Delayed Transfer of Care' (DTCOC) is a major problem for our Trust and we are trying to find a solution in conjunction with our health and social care partners.

NHS England will shortly publish safer staffing figures for Trusts. In our return, I am pleased to say that no wards were flagged as being significantly under planned capacity. However, work will be required in some areas to review the balance between qualified / un-qualified staff to ensure the appropriate balance.

2.4. Quality Account

The Board will be asked to approve our Trust's Quality Account. It reflects the considerable progress made over the past year to focus on the quality of the care we provide. The Quality Account shows that we have made good progress in pursuit of our priority areas for improvement but identified the areas where more work is needed to achieve the standards that we would all expect. The priorities for the coming year are identified and I am sure that if we maintain our resolute focus on quality we will continue to improve the standard of service we deliver.

2.5. Finance

The financial pressures facing the NHS were recently highlighted with forecasts of a funding gap next year. As the finance report shows, we have performed well in the first couple of months of this financial year and our cost improvement plan is ahead of schedule. We must continue to focus our attention on both the quality of our services and our budgets to ensure that we continue to achieve our goals in relation to both.

2.6. Membership strategy

We were unable at our last Board to consider the updated strategy. I would like to thank those who are already members of our Trust. Becoming a member is an important way for staff, service users, carers, those who have contact with our Trust and members of the public to support mental health wellbeing and to get involved in Trust activities. The Membership Strategy aligns with our Trust's strategic priorities and addresses the new working partnerships being formed across its localities, as well as further afield where expansion is taking place. It also reflects the revised national classifications for ethnicity.

3. Local round-up

3.1. Bristol Mental Health

Following the end of the procurement standstill period in relation to the Bristol tender, I am pleased to advise the Board that we have received written confirmation of our success in tendering as part of Mental Health Bristol for Lots 1 & 2.

All providers in the new model attended a public drop in event on 10 June in Bristol where attendees could ask questions about the new service.

Rhona MacDonald has taken up her interim post as System Leader and she is being supported by Will Hall who is providing the clinical leadership, Aileen Edwards, Chief Executive Second Step and Carol Metters, Chief Executive Missing Link & Next Link as the partnership representatives and interviews are taking place for an interim service user/carer director.

Efforts are also being made to ensure that there is service user and carer representation on all the interim transitional groups tasked with ensuring a smooth switch to the new system.

A comprehensive consultation is to be undertaken among Bristol staff in relation to the new models of delivery being implemented in Bristol. This is a challenging time for our staff but I hope that the uncertainty that has existed over the past couple of years during the CCG engagement and procurement process will soon be ended.

A huge amount of effort is being made by a wide range of staff as part of the transitional planning and I would like to thank everyone involved for their dedication and commitment.

4. National issues

4.1. Improving Mental Capacity Act implementation

A series of actions to improve the implementation of the Mental Capacity Act (MCA) 2005 has been announced by the government. The changes follow a recent critical House of Lords Select Committee Report which questioned the effectiveness of the Act and the current DoLs (Deprivation of Liberty Safeguards).

The changes announced propose improved guidance for practitioners, providers and commissioners, new audit and performance tools, streamlined DoLS forms, incorporation of DoLS decisions in care planning, and improved governance and leadership arrangements around the MCA and DoLS in all relevant sectors. It suggests that these actions should be embedded in the work to implement the Care Act 2014 and will amend the Mental Capacity Act Code of Practice to better reference the interface between deprivation of liberty under the MCA (including DoLS) and the Mental Health Act 1983.

In the longer term it proposes further reviews of the deprivation of liberty in supported living arrangements by the Law Commission, and possible amendments to the DoLS element of the Code of Practice if that is required at a later date.

Our Trust has already responded to the recent Supreme Court judgement on DoLS with a significant increase in DoLS applications and work being undertaken to support practitioners in compliance with the revised criteria and increased activity. The government's response to the Select Committee report will also be considered in detail at the Trust Mental Health Legislation Management Group on the 3 July 2014, to identify what further initial actions are required to respond to the opportunities and challenges arising from the response.

4.2. Guidance re doctors admitting mistakes

The British Medical Council has issued new guidance to NHS staff that they must respect the dignity of patients, act with honesty and admit when they have made mistakes. The guidance seeks to overcome problems in the past where staff have been reluctant to apologise for fear of admitting legal liability or making the situation worse. Under separate guidance from the Academy of Medical Royal Colleges, from today every patient will have a named doctor and nurse who is responsible for the entire care. This guidance is wholly in line with our Trust's Being Open policy and we would encourage all staff to adopt this approach.

4.3. Resuscitation of patients

The Court of Appeal has ruled that patients have a legal right to be consulted before doctors place "do not attempt resuscitation" orders in their notes. The court has ruled that there should be a "presumption in favour of patient involvement" before making any such order. These are designed to ensure patients in the final stages of their life are not subjected to unnecessary clinical interventions.

Since the ruling, we have written to all doctors in our Trust drawing to their attention what is seen as a landmark ruling by the Court of Appeal.

4.4. Medical revalidation

A letter has been received from the General Medical Council, The Care Quality Commission, Monitor and the NHS Trust Development Authority drawing to the Board's attention, its statutory responsibilities for ensuring that all doctors keep up to date and are fit for practice. The Board is encouraged to monitor the effectiveness of activity relating to medical revalidation within our Trust.

The Board will recall that in my April report I highlighted our achievement of 94% annual appraisal rates for doctors and that we had participated in a national research project on the impact of medical revalidation.

Board members can have confidence in the robustness of our processes and the engagement of our medical staff in revalidation.

4.5. NHS Interim guidance on patient choice

Since April, patients with mental health conditions have had the same rights as physical health patients to choose where they have their first outpatient appointment. The aim is to increase patient choice and to incentivise providers by ensuring money follows the patient.

The Mental Health Network is consulting over the interim guidance published by NHS England which covers issues such as how to support patients in the choices they are able to make; how to respond to any significant changes in where patients are referred to when patients make their choices; and clarity on pricing and paying for mental health services.

The guidance has been published as 'interim' guidance as NHS England tests more widely whether it meets the needs of commissioners, GPs and providers and to strengthen and supplement it where necessary before publishing the guidance in final form in summer 2014.

4.6. Volunteering

Coinciding with Volunteer Week earlier this month, research by the Royal Voluntary Service said the healthcare system is supported by 14,000 volunteers contributing 123 million hours a year in hospitals, care and private homes.

I would like to take this opportunity to thank all those who give up their time voluntarily to support the activities of our Trust and to help service users and whose contribution makes a significant difference.

Volunteers in our Trust carry out a wide range of roles including helping with OT groups, playing the keyboard, running a craft group, digging the garden, making woodwork kits, helping with Sunday services or using their skills as peer mentors. They also support staff with swimming, football and walking groups, play Board games and accompany service users to the shops or to appointments.

5. Trust update

5.1. Team of the month

A new 'Team of the M'onth initiative has been introduced in our Trust to recognise the contribution and achievements of teams. At each quality huddle, clinical directors advocate their nominated team, explaining why they should be chosen. Attendees vote on who should be 'Team of the Month'.

Each winning team will be put forward for a new 'Team of the Year' award in the 2014 Staff Awards. The winner will be selected by the Executive Team and invited to attend the awards ceremony.

The May winner was Laurel inpatient team at Callington Road, who work with an extremely challenging group of service users with dementia. The June winner was the Bristol Central Recovery Team, who work with a diverse caseload of over 650 service users, with the highest morbidity and the greatest number of Community Treatment and Ministry of Justice orders in the Trust.

5.2. Staff Friends and Family

The Board will receive next month a report on our Trust's first staff Friends and Family test, which ran from 12 May to 9 June 2014 via our intranet Ourspace and via paper surveys. The results will be uploaded to NHS England in July.

Staff were asked to score on a range of 'strongly agree' to 'strongly disagree' whether the care of patients/service users was our Trust's top priority; how likely they were to recommend the service their team provides to friends and family; and how likely they were they to recommend our Trust as a place to work? Staff were also given the chance to comment more generally via a free text field.

Trust wide, our response rate was 18.9%; of these responses 62% were from staff who work directly with service users and 38% from those who provide support to clinical teams. A full analysis is underway for consideration by Board in July. Early results indicate increasingly positive feedback from staff to all three questions.

5.3. Carers week

A number of events were held to mark this and to celebrate the important contribution of carers. It was tremendous to see the enthusiasm shown at these events and to hear about some of the outstanding practice undertaken in our Trust. I would like to acknowledge and thank all carers for the tremendous amount they do to support those with mental health issues.

5.4. Supporting a local initiative

AWP Charitable Funds have donated funding for the next two print runs of the B&NES Hope Guide. The Hope Guide is being produced every four months by volunteers from New Hope and in partnership with St Mungo's 'Bridges to Wellbeing' service. It provides information on 48 groups and activities in Bath and NE Somerset, aimed at people who are socially isolated, are affected by mental health issues, substance misuse or homelessness. The groups in the guide are co-run by their members, with varying degrees of support from not-for-profit organisations.

5.5. AWP staff awards

The closing date for nominations for this year's awards is 27 June. There are a range of categories open to clinical and non-clinical staff and one for volunteers. I would encourage everyone to take the opportunity of recognising the outstanding contribution of staff by nominating them for an award.