

BOARD MEETING

30 June 2016

Paper Title:	Chief Executive's Report
Section:	Public
Lead Director:	Simon Large, Chief Executive
Paper Author:	Paul Hogg, Trust Secretary
Agenda Item:	7
Presented For:	Discussion

1. Purpose of this Report:

The purpose of this report is to update Board members on national, regional and local issues, announcements relating to mental health, learning disability and community health services and Chief Executive level discussions within the local health economy.

2. Summary of Key Points

There are a number of significant reports that have been published recently and the Board may wish to focus on one of more of the following:

- national nursing strategy;
- CQC strategy; and
- NHS Workforce Race Equality Standards (WRES) 2015 report.

3. Recommendation:

That the Board:

- Agrees to note the content of the report and identifies any other items that require further discussion at the Board meeting itself.

4. Financial Implications

None.

5. Legal Implications

None.

6. Equality Impact Assessment

Not applicable.

7. Previous Meetings/Committees Where the Report Has Been Considered:

Highlight whether the paper has been discussed at any of the following meetings by placing a tick in the relevant box(es):

Audit Committee	<input type="checkbox"/>	Quality & Safety Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance Business & Investment Committee	<input type="checkbox"/>
Executive Management team	<input checked="" type="checkbox"/>	Directors' Meeting	<input type="checkbox"/>	Chair of Committees' Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

8. Risk Issues Identified for Discussion

- Board members will want to identify any risks emerging from the content of the paper, and how new issues and challenges across the NHS might affect BDCFT. Any emerging issues may be taken forward through individual discussions with Directors outside Board meetings or suggesting a future paper to the Board or its Committees.

9. Publication under Freedom of Information Act

This paper has been made available under the Freedom of Information Act.

June 2016

Chief Executive's Report

Local issues

Retirement of Chief Executive

After almost 10 years in post, I announced to staff and stakeholders my decision to retire from the position of Chief Executive at BDCFT. During the last few years we have successfully become a Foundation Trust and received a 'Good' rating from the CQC across all 5 domains. I will be leaving an organisation that is strong, capable and well managed, delivers great services and is respected locally and nationally. My intention is to finish by the end of August and the Chair will set in hand the arrangements for appointing my successor.

Lynfest Event, 15 June 2016

The first ever music and arts festival opened its doors to all inpatients from Lynfield Mount hospital, Airedale Centre for Mental Health, carers, staff and visitors from the local community this week, with the debut of 'LYNFEST' on Wednesday 15th June. The day was full of music, joy, arts and creativity inspired by the collective gathering of so many different people and talents. The planning of the event and the day itself brought together staff, service users, carers and volunteers from so many different areas within the Trust. At each stage of the planning, willingness and enthusiasm was shared by all involved and it truly would not have been the success it was, if it wasn't down to each individual who contributed, big or small.

Specialist and Acute Inpatient services, catering, security and estates all demonstrated excellent collaborative working to make sure the event could happen and run as smoothly as possible. Special performances were given by: local poet Terry Simpson; MIND singing group; Bradford Rock Choir; Kala Sangam; and 60's rock band 'The Horse Thief' displaying the support and generosity given by all these local, creative talents.

There were so many positive compliments on the day; here are a select few from the festival:

- "Lynfest is cool and it rocks! I enjoyed every single second of it and it is excellent"
- "Excellent! Multi – cultural! Just great!"
- "Lynfest – the most fun I've had at work for a loong time! Well done guys! Magnificent!"
- "What a fantastic day – I hope the first of many. I hope we can perform at future events"

Staff are now looking to make this an annual event.

Trust Outlines 2016/17

Plans For Public Members

This month the Trust has updated our members on our plans for the coming year. The Care Trust Times newspaper that has been sent to all our public members gives a headline view of our quality goals and key service developments for 2016/17, what they mean for local communities, and how public members can get involved in the Trust's work. This follows communication to all staff members in April, including EMT briefings at key Trust sites.

Link: [Care Trust News](#)

Appointment of Strategic Director Health and Wellbeing at CBMDC

The Chief Executive of Bradford Council has recently announced that following a detailed and thorough external recruitment process, Bev Maybury has been appointed as the new Strategic Director Health and Wellbeing for the Council. Bev joins the local authority from her current employment as Director of Adult Health and Social Care at Calderdale MB Council.

National Issues

Vanguard work on prevention and health inequalities

A new paper on the work that vanguards are doing to drive prevention and reduce health inequalities in their local areas has been published as part of the vanguard dissemination programme. Written by NHS Providers, NHS Confederation, NHS Clinical Commissioners, and the Local Government Association, the report '*New Models of care and prevention: an integrated approach*', aims to help spread the learning from the vanguard programme across the health and care sector. The publication contains five case studies which set out what these particular vanguards are doing to address the health and wellbeing gap. Each example provides an individual approach to care planning but there are common factors to each, including: the importance of having a full understanding of the needs of your local population, the importance of working across organisational and professional boundaries, getting staff on board, and tapping into the experience and skills of patients, carers, volunteers and third sector organisations. This publication is the first in a series of two looking at developing new models of care. A second publication, due next week, will look at staff engagement and new models of care.

Link: [Vanguard report](#)

NHS Improvement report - Mergers in the NHS: lessons learnt and recommendations

NHS Improvement has produced a series of guides based on advice from Foundation Trusts and NHS Trusts who have already planned and implemented a merger. The resources aim to help senior executives and clinicians decide whether a merger is 'the right choice to deliver improvements for patients' (the key factor that will be assessed by regulators in any Merger or Acquisition transaction), and if so how to ensure it is successful.

The report summarises the high level merger process from beginning to end, sets out the biggest challenges that people leading merging trusts should anticipate and gives practical advice on how to overcome them. It also describes what service improvements and savings providers have achieved, and offers insight in what others can realistically expect to achieve through merger. This includes a call for realism in assessing transaction timescales, resourcing for pre and post merger planning and benefits realisation and to assess and negotiate with regulators any likely adverse impacts on performance during post merger.

Link:

https://improvement.nhs.uk/uploads/documents/Mergers_lessons_learned_summary.pdf

National Nursing Strategy: Lead Change, Adding Value

NHS England has launched the new national Nursing Strategy entitled "Leading change, Adding Value, which encourages nursing, midwifery and care staff to identify where and why there is variation in preventing ill health, care and efficiency. The framework was developed by collecting evidence from frontline staff, the public, academics and nurse leaders from across the health and care system. Following an extensive consultation and engagement process, 10 Commitments have been developed to help to ensure better experience for patients, outcomes and use of resources, as set out below. The 10 Commitments are central to the framework and can be applied at all levels. They focus on the things that will make a difference to the people we work with and the people we care for.

Ten commitments

1. We will promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff.
2. We will increase the visibility of nursing and midwifery leadership and input in prevention.
3. We will work with individuals, families and communities to equip them to make informed choices and manage their own health.
4. We will be centered on individuals experiencing high value care.
5. We will work in partnership with individuals, their families, carers and others important to them.
6. We will actively respond to what matters most to our staff and colleagues.
7. We will lead and drive research to evidence the impact of what we do.

8. We will have the right education, training and development to enhance our skills, knowledge and understanding.
9. We will have the right staff in the right places and at the right time.
10. We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes.

Link: [National nursing strategy](#)

Care Quality Commission strategy 2016-2021

The CQC has published a new 5-year strategy aimed at a more targeted, responsive and collaborative approach to regulation so more people get high-quality care. The strategy is based around 4 key themes:

- **Encourage improvement, innovation and sustainability in care** – working with others to support improvement, adapt our approach as new care models develop, and publish new ratings of NHS trusts' and foundation trusts' use of resources;
- **Deliver an intelligence-driven approach to regulation** – using information from the public and providers more effectively to target our resources where the risk to the quality of care provided is greatest and to check where quality is improving, and we will introduce a more proportionate approach to registration;
- **Promote a single shared view of quality** – working with others to agree a consistent approach to defining and measuring quality, collecting information from providers, and delivering a single vision of high-quality care; and
- **Improve our efficiency and effectiveness** – working more efficiently, achieving savings each year, and improving how we work with the public and providers.

Link: [CQC 5 year strategy](#)

Lightening Review

The Children's Commissioner has become concerned that not all children and young people are able to access children and adolescent mental health services (CAMHS) and receive the mental health services and support they need. Using its powers to request data from public bodies all CAMHS trusts about the referrals they received and the access that they gave children and young people in their area during 2015. This report provides a summary of the results received.

Link: [Lightening review](#)

NHS Workforce Race Equality Standards (WRES) 2015 report

The WRES was introduced in April 2015 and included in the NHS standard contract. The aim of the WRES is to ensure employees from black & minority ethnic (BME) backgrounds have equal access to career opportunities & receive fair treatment in the workplace.

From July 2015 the Trust, along with all NHS organisations submitted its WRES data against the following **nine indicators**:

1. Percentage of BME staff in Ban8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.
2. Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointment from shortlisting across all posts.
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.
4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff.
5. KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
6. KF 19. Percentage of staff experiencing harassment, bullying or abuse in the last 12 months.
7. KF27. Percentage believing that trust provides equal opportunities for career progression or promotion.
8. Q23. In the last 12 months have you personally experienced discrimination at work from any of the following?
b) Managers/ team leader or other colleagues
9. Boards are expected to be broadly representative of the population they serve

The WRES data has highlighted the following areas that the **whole** of the NHS needs to focus on to ensure that the workplace is free from discrimination.

- Higher percentages of BME staff report the experience of harassment, bullying or abuse from staff, than white staff, regardless of trust type or geographical region. Community provider and ambulance trust are more likely to report this pattern.
- BME staff are generally less likely than white staff to report the belief that the trust provides equal opportunities for career progression or promotion. This pattern is strikingly widespread regardless of type of trust or geographical location.

- BME staff are more likely to report they are experiencing discrimination at work from a manager, team leader or other colleagues compared to white staff, regardless of trust type or geographical location.
- Community provider trusts and mental health and learning disability trusts generally report a high percentage of BME staff experiencing harassment, bullying or abuse from patient's relatives or the public when compared to white staff.

The following areas however require action to reduce the gaps in treatment and experience of BME staff in BDCFT:-

- A higher population of BME staff reported experiences of harassment, bullying or abuse from staff in comparison to white staff.
- 78% of BME staff compared to 87% of white staff believe that the trust provides equal opportunities for career progression or promotion.
- In addition 25% of BME staff reported a personal experience in discrimination from a manager, team leader or colleagues compared with 9% white staff.

Although some work is already underway to address these issues as part of the Workforce Strategy and BME into Employment strategy the above areas highlighted by the WRES will require further work to be undertaken so that the Trust can better understand the causes of the disparities and appropriate action plans will be developed in partnership with staff, staff networks and staff side colleagues.

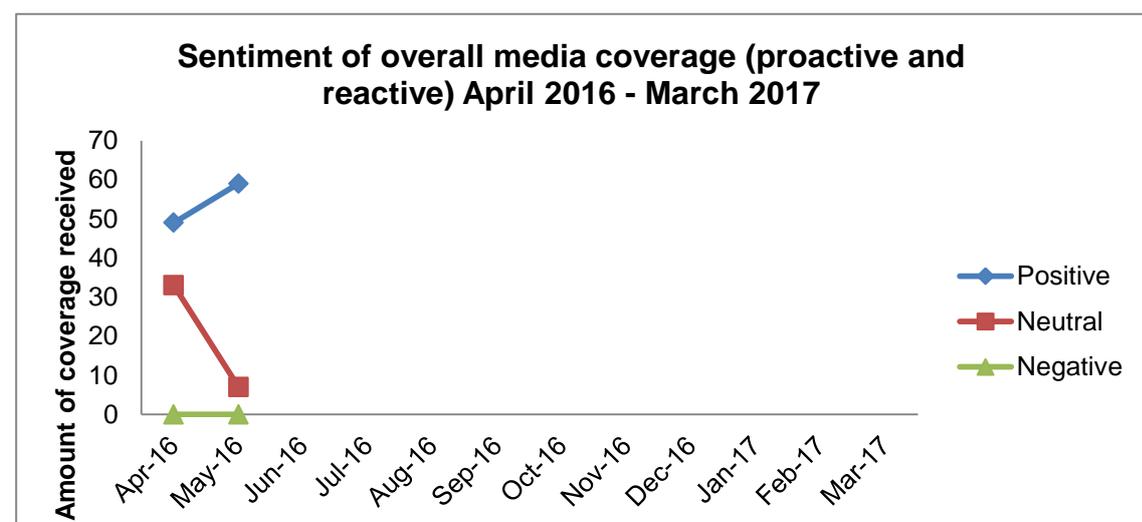
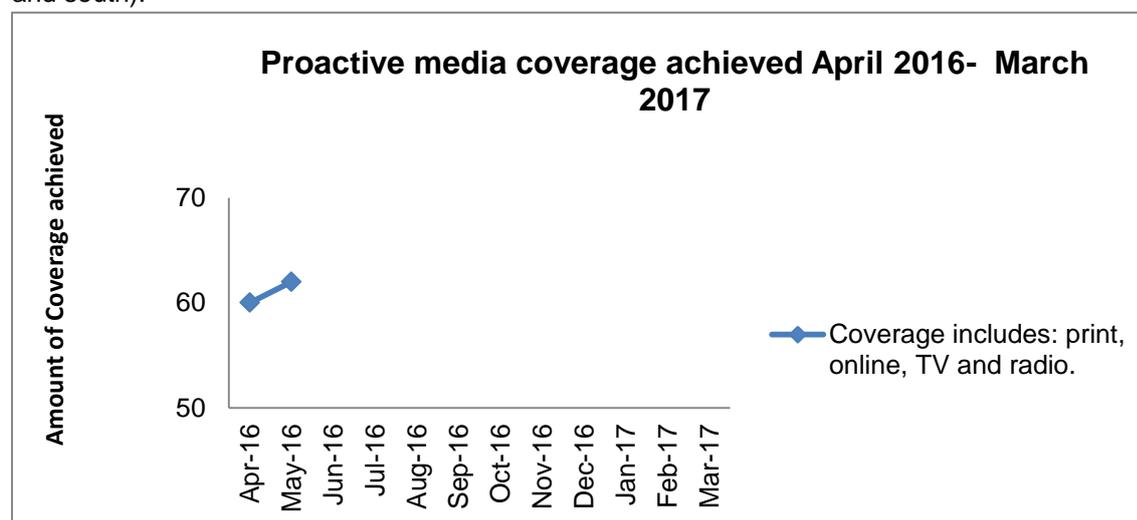
This work will be monitored by the Workforce Transformation Steering Group. .

The link to the WRES report is attached. Pages 41-61 provide benchmarked information on the key findings.

Link: <https://www.england.nhs.uk/wp-content/uploads/2014/10/WRES-Data-Analysis-Report.pdf>

External Media Report March 1 – 31 May 2016

May was a good month for both local and national Trust coverage, with stories including staff awards and achieving IPS Centre of Excellence for 'Making Work Work', whilst maximising opportunities from national stories where the Trust was cited as best practice, and securing national print, digital and broadcast coverage. The national coverage significantly extended our reach - 100% uplift on social media (225 to 705 retweets/mentions) with retweets from the Nuffield Trust and NHS England (north and south).



In May the Trust achieved positive/neutral coverage for the following proactive media activity:

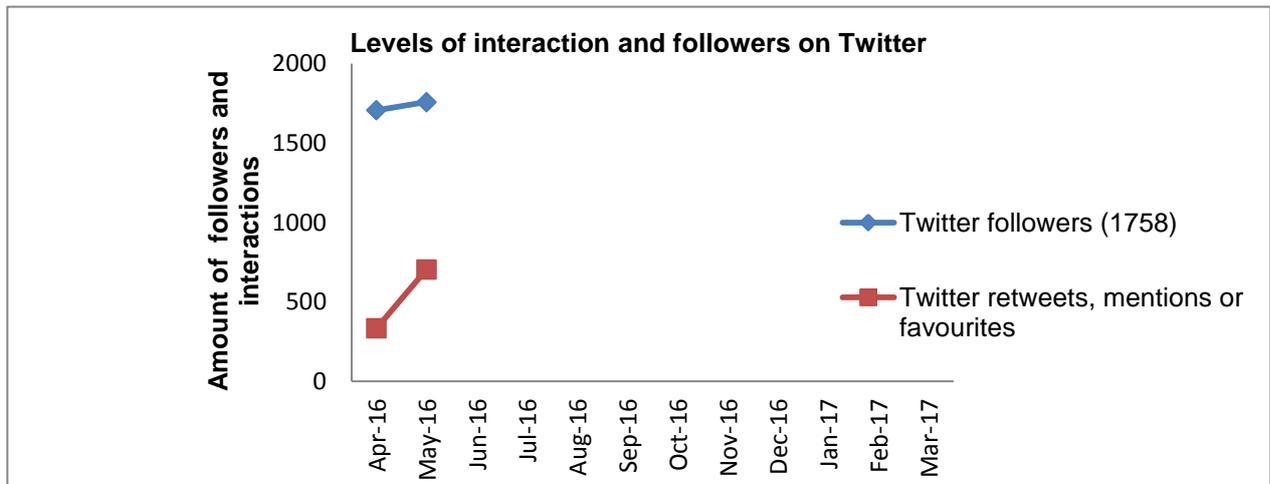
- **Reappointment of Non-Executive Director** – featured in the Yorkshire Evening Post, T&A, Craven Herald, Keighley News, Wharfedale Observer, Ilkley Gazette.
- **Care Trust Recognised as First IPS Centre of Excellence in Yorkshire** – T&A, Craven Herald, Keighley News, Wharfedale Observer, Ilkley Gazette.
- **Patient story on Board meeting** – Keighley News, T&A.
- **On-going activities at the Carers Hub** – featured in T&A.
- **Financial overview of Bradford health economy** – HSJ (Liz Romaniak interviewed as part of wider piece).
- **Staff Awards** - T&A, Craven Herald, Keighley News, Wharfedale Observer, Ilkley Gazette.
- **Nuffield 'reshaping workforce' report** (cited Trust's innovative associate practitioner role) – Guardian online, Guardian, national BBC Breakfast News (x3 – filming at Lynfield; Trust not attributed but linked to wider story), national BBC online, BBC Radio 5 Live (interview with Debra Gilderdale x2).
- **Out of area care** – national BBC on-line linked to Community Care feature (latter focused on First Response – bucking the national trend on out-of-area placements).

Social and online media:

Twitter



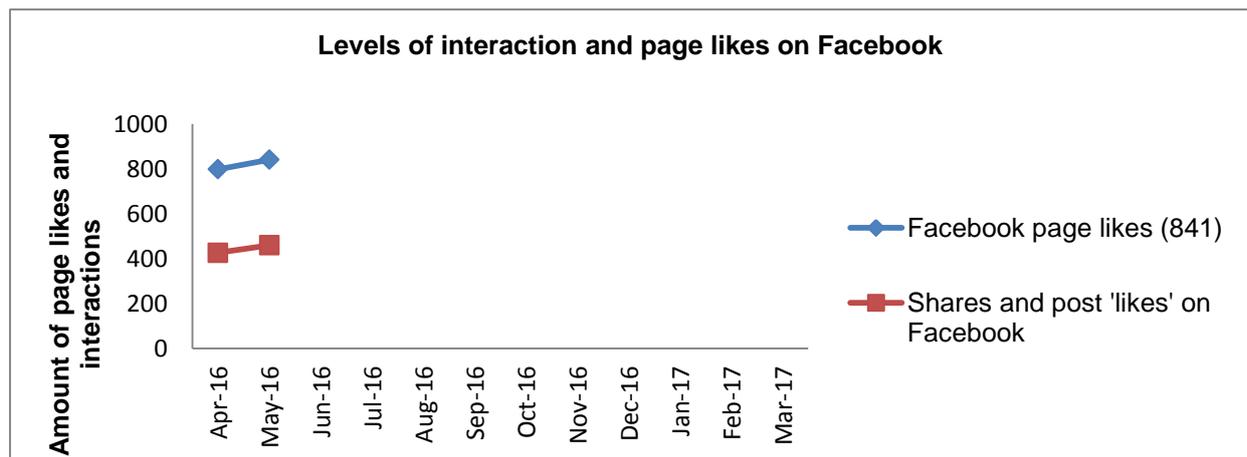
twitter.com/BDCFT



Facebook



facebook.com/bdct



Website

bdct.nhs.uk

You & Your Care

April – website traffic:

- **8,758 unique visitors** slightly down on March (9,064) – the number of distinct individual visits, regardless of how many times they visit.
- **13,380 total visits** – all the pages that individuals view.
- **62.50% bounce rate** – visitors leaving the site after only visiting one page.

Communications Team External Media Focus

Quarter 1 (April 2016 – June 2016)

- Annual Plan 2016/17 - (April/ May) ✓
- Volunteers thank you event - (24 May) ✓
- Nursing celebration event - (17 June – promote on day/ post event)
- You're a Star Awards - finalists and winners (on-going to 15 July)
- Cellar Trust Safe Haven opening - (wc 26 July tbc)