

**BOARD MEETING**

**31 March 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:

- Update around Sustainable Development Plans (SDPs);
- Trust rated as 'outstanding' in the national openness and transparency league; and
- CQC registration fees announced.

**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.

**March 2016**  
**Chief Executive's Report**

**Local issues**

**Introduction of new Junior Doctor Contract**

The current junior doctor contract is fifteen years old and formal negotiations, between NHS Employers (on behalf of the Department of Health) and the British Medical Association (BMA) began in October 2013.

During talks agreement was reached on about 90 per cent of the items discussed and NHS Employers made a best and final offer in February 2016 which was rejected by the BMA.

Following rejection of the final offer the government decided to impose a new contract from 3<sup>rd</sup> August 2016. The terms and conditions of the new contract are still being finalised and are subject to review and amendment by the Secretary of State. Publication is expected after Easter.

The Trust will have 33 junior doctors employed on 3<sup>rd</sup> August and all will move onto the new contract.

The precise implications for junior doctors vary from individual to individual, depending upon grade, difference between existing and new rotas, and specialty. Because of this junior doctors are encouraged to make use of the online calculators which have been made available.

The Trust will be required to appoint an independent guardian who will assure the Board that doctors are rostered to work safe working hours and that they are actually doing so. The guardian will require work schedule reviews where there are regular breaches of safe working hours and junior doctors can request a work schedule review at any time. An annual report on the outcome of all reviews will be mandatory to the Deanery and the CQC and will need to be made available to the GMC and Health Education England.

At a national level, average earnings will remain the same with pay becoming more predictable and less variable between placements. Pay cost implications for the Trust are unlikely to be significant but will depend on the individual circumstances of the 33 junior doctors we employ. Health Education England pays the Trust a tariff per junior made up of a 'placement fee' plus 50% of basic salary (of the post) including 'on-costs'. Confirmation of the 16/17 tariff should be received towards the end of April. NHS Employers, on behalf of Trusts, have raised the need for Health Education England and NHS Improvement to ensure the proper tracking of the differential impact of the new contract, in terms of costs and savings in different organisations, during 2016/17.

NHS Employers have run a number of engagement events and webinars in which the Trust (HR and Medical Directorate) has taken part. These have been aimed at

helping employers understand the basis of the new contract and how to introduce it with minimal disruption to junior doctors.

We are aware that some Foundation Trusts have been approached by junior doctors asking them to consider sticking to the current contract from August. Health Education England has stated that a single national approach is essential to safeguard the organisation and delivery of postgraduate medical training to ensure all doctors can secure the professional development they require to complete their training programmes. They are not prepared to see a system where a competition based on a local employer's ability to offer different terms is part of the recruitment process. The recruitment process should be based on patient and service need and quality of training. The Trust supports this view and has been in discussion with other mental health FTs in the region to ensure a consistent approach. As stated above, the new contract will apply from August.

Board members can find full details on the new contract and its implications via the following link:

<https://www.wetransfer.com/downloads/e42882e34369aa460040e061a36452df20160322101828/156edc>

### **'Learning from Mistakes League' – Trust is rated in highest category**

NHS trusts and foundation trusts have been publically ranked on their openness and transparency under a new 'Learning from Mistakes League' launched by Monitor and the NHS TDA this week. Data for 2015/16 - which is drawn from the 2015 NHS staff survey and from the National Reporting and Learning System (NRLS) - gives providers scores based on the fairness and effectiveness of procedures for reporting errors, near misses and incidents; staff confidence and security in reporting unsafe clinical practice and the percentage of staff who feel able to contribute towards improvements at their trust.

We are pleased to say that we are ranked as one of only 18 providers across England that have been given a rating of 'outstanding' (the majority of providers being rated as 'good' or 'gave cause for significant concern'. This is another endorsement of the excellent work of all our staff and demonstrates that initiatives we have introduced across the organisation are making a difference and are being recognised by regulators and commissioners alike.

To read the league table go to: [League table list](#)

### **Institute of Health Visiting**

Melita Walker and Diane Massey from the Institute of Health Visiting visited the Trust on 26 February 2016. The IHV fellows presented the work that they have been undertaking within the organisation in relation to the 6 high impact areas, how they had become IHV fellows and the leadership work that they currently undertake within the organisation. This includes the development of the integrated care pathway

across all early years providers, parent resource cards in relation to perinatal mental health, the work with the Public Health commissioners in relation to advocating Health Visitors and the vital role that they play within the early years provision.

### **DAU Gold Accreditation**

The Trust has been awarded a Gold award for its state-of-the-art dementia assessment unit (DAU) at Lynfield Mount Hospital. The award is given by the Dementia Services Development Centre (DSDC) of Stirling University as a marker of quality of the unit's dementia friendly design. The unit was designed in close consultation with patients, families and carers. The design and layout of bedrooms and shared space is vitally important for people with dementia and aims to facilitate meaningful interaction with the environment.

### **FFT awards 2016 - FFT Champion(s) of the Year category**

The Trust has been selected as a finalist in a national awards scheme about the way patient and staff feedback is used to improve healthcare services. The Friends and Family Test is a way to find out from patients, quickly and anonymously, how they rate their latest experience of NHS care or treatment. They can provide comments to explain their score and this feedback helps services to focus on areas that need improvement.

BDCFT's entry was selected for the final shortlist in the FFT Champion(s) of the Year category. There were almost 200 entries and the standard was very high so this is a real achievement. NHS England have been extremely impressed by the strong body of evidence they now have of how patient and staff feedback across the NHS is being turned into tangible service improvements.

### **Primary Care Masterclass**

On Wednesday 9 March, the Trust held a Primary Care Masterclass about 'Eating Disorders'. This was chaired by Dr Mahmood Khan, and delivered by Dr Nicky Dawson, Consultant Child and Adolescent Psychiatrist and Suzanne Heywood-Everett Consultant Clinical Psychologist and was attended by 59 people from primary and secondary care services (including 11 GPs). The next Masterclass will be on 'Diagnosis and Management of Autistic Spectrum Conditions in Adults' on the 11 May 2016 and will be delivered by Dr Anitha Munkundan, Consultant Psychiatrist and Becky Hull, Clinical Psychologist.

### **National issues**

#### **New Sustainability and Transformation Plan letter published**

The national bodies have written to local health and care systems to set out the next steps on developing multi-year, place-based Sustainability and Transformation Plans (STPs): a key part of the NHS planning guidance for 16/17- 20/21. The letter explains more about the STP process; outlines support that will be available; and

provides a timeline for local systems. STPs will show how local services will evolve and become sustainable over the next five years.

Link: [STP letter](#)

### **King's Fund report: Bringing together physical and mental health**

The King's Fund has published a report arguing for greater integration of physical and mental health, addressing in particular four major challenges:

- high rates of mental health conditions among people with long-term physical health problems;
- poor management of 'medically unexplained symptoms', which lack an identifiable organic cause;
- reduced life expectancy among people with the most severe forms of mental illness, largely attributable to poor physical health; and
- limited support for the wider psychological aspects of physical health and illness.

The Trust is cited as a best practice example (see Page 49) for its work with three GP practices in the Bradford and Airedale area, providing a mix of psychological and social interventions, delivered by a multidisciplinary team. This team has also recently been shortlisted for the Trust's You're A Star Awards.

Link: [King's Fund report](#)

### **Department of Health decision to allow CQC fee rise**

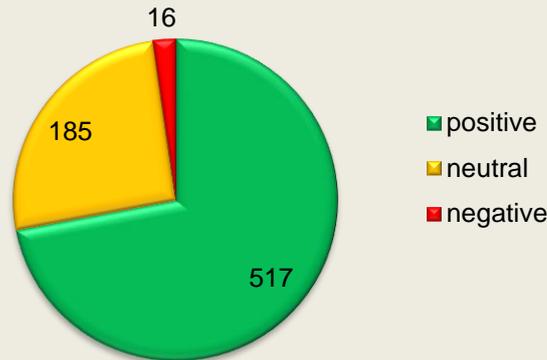
It has been widely reported in the press that the Government will give the Care Quality Commission (CQC) powers to press ahead with controversial fee increases, which has been described as "regrettable" by NHS Providers. The final report on the Department of Health consultation admits that the majority of respondents were opposed to the proposal to increase fees from mid-sized NHS trusts and foundation trusts, and wanted the CQC to become more transparent. The consultation report says that it will recommend to Parliament that the increased fees are introduced from 1 April 2016, with the caveats that the CQC should demonstrate that it is becoming more efficient and provides value for money. However, it will not extend the CQC's fee raising powers in other areas.

## BDCFT External Media Report February 2016 (01.02.16 – 31.02.16)

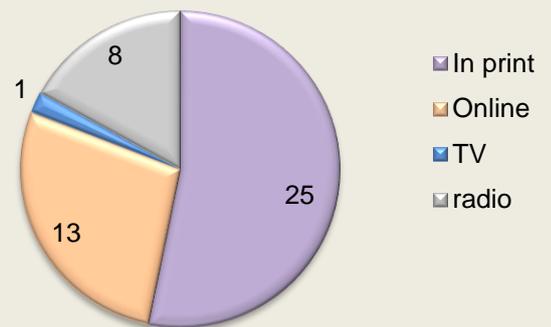
This report has been put together by the Trust's Communications Team. All figures provided are true figures (not percentages). Further data and analysis is available upon request. Clippings, sound bites, and videos are available in the communications office, room 2.10, New Mill.

### Print & Broadcast Media:

Sentiment of overall coverage from April 2015 – Jan 2016



Media Coverage achieved in February



- 36 **local** publications
- 0 **health or social care** publications
- 11 **national** publications

### **Summary of coverage:**

- **Team help those at risk of falling.** T&A feature article about the Falls Team.
- **West Yorkshire urged to talk about mental health** – Pulse Radio. Mental Health Nurse, Kayleigh Abbot appeared on the hourly news from 7am-12pm talking about Time to Talk day.
- **Charities call for more conversations around MH** – ITV Calendar. First Response Team talked about Time to Talk Day. Included a case study of a student from Bradford College. Link not available
- **MH Nurse Sarah Deacon** – BCB Radio. Mental Health Nurse Sarah Deacon spoke about the First Response Team. Link not available.
- **Care trust's zero suicide pledge** – Various local press. News story about the Trust pledging its commitment to a zero approach to suicide prevention.
- **Patient policy switch pays off** – Various local press. Article about BDCFT ending no patients out of area to other hospitals or care units. Link not available.
- **Trust has gained strategic expert** – Various local press. News story about The Trust's new non-executive director. Link not available.
- **Sick staff 'feel the pressure to work'** – Various local press. Story about staff survey results. 58% of BDCFT staff felt pressure in the previous 3 months to come into work when feeling unwell. Link not available.

## Social & Online Media:

### Facebook



**726**  
Page  
Likes

Last  
Month  
171

**15**  
BDCT  
Posts

Last  
Month  
12

**172**  
Shares &  
Post Likes

Last  
Month  
67

### Twitter



**1,628**  
Followers

Last  
Month  
1,571

**140**  
BDCT  
Posts

Last  
Month  
127

**570**  
Talking about  
us

Last  
Month  
174

### Website

[www.bdct.nhs.uk](http://www.bdct.nhs.uk)

**12,510**  
Visits

Last  
Month  
12,485

**5,954**  
Returning  
Visits

Last  
Month  
6,053

**02:05**  
Average  
Length of  
Visit

Last  
Month  
02:41

### Communications Team External Media Focus Quarter 4 (January – March 2016)

- Staff survey results (23 Feb)
- Carers hub launch (18 March)
- Annual plan preparations (31 March)
- Membership strategy launch (31 March)

