

Cheshire and Wirral Partnership NHS Trust**Chief Executive's Briefing to the Cheshire & Wirral Joint
Mental Health Overview & Scrutiny Committee
June 18th 2007.****1.0 Introduction**

This report has been prepared to provide an overview of any current issues in the Trust and clarify any outstanding concerns or questions previously raised by the Committee. Areas of potential interest that the Committee may wish to be further informed about have also been referenced. Further detail can be provided at the Committee's request. As previously agreed a discrete report in relation to bed management arrangements within the Trust, following on from the ward closure programme, has been prepared by Val McGee, Divisional Director, Adult & Older People's Mental Health Services, that will be considered as a separate agenda item.

2.0 Progress with Foundation Trust application

The Trust has continued to engage with Monitor (the independent regulator of Foundation Trusts) in preparation of an anticipated authorisation date of 1st July 2007. The senior assessment manager and his colleagues have been working closely with the Trust to ensure that a full understanding of the Trust's business is accomplished and that the assessment process is as thorough and complete as possible. The Cheshire & Wirral Partnership Trust Board formally met the Monitor Board on the 7th June 2007. There is still ongoing work to be undertaken prior to Monitor's next Board meeting scheduled to take place just before the end of the month, when the Trust's application will be formally considered. Initial feedback as a result of the Board-to-Board meeting with Monitor suggested the following matters still require further consideration before their Board meeting.

- Clarification of the robustness of our plans and allocation of resources to facilitate membership
- Clarification that key contracts have been signed off by the Trust and the respective Commissioners
- Further detail and clarification is required in respect of certain elements of the five year financial model

FT Membership:

This currently stands at	
Public	503
Service User/Carer	593
Staff	<u>2561</u>
Total	3657

Governor Elections & Development

The outcomes from the Governor elections are now known and we have been able to fill all the elected Governor vacancies successfully. A welcome event was held in April to afford an overview of the Governor's role, provide an opportunity for introductions and supply some initial information. An induction pack was also provided and a training needs analysis undertaken to illicit the current requirements that Governors feel they need to support them in this role.

A further Governor's event was facilitated in May particularly to consider how Governors can catalyse and provide a steer towards membership recruitment and development. The event was attended by over half the Governors and was presided over by the Chair of the Trust, David Eva. The event was very successful and as well as providing a further opportunity to gain insights into how the Trust operates and to meet colleagues and senior staff, a significant number of new initiatives emerged that will provide a fresh impetus to the membership drive.

Contract Development.

Contract development discussions with the Trust's main Commissioners with a view to formally signing off contracts have remained ongoing and intensive. Reaching formal agreement on these issues is obviously an important requirement in the application process to become a Foundation Trust. The Trust and the respective PCT's believe they have now been able to reach agreement on all the key issues of principle that will enable contracts to be formally signed off by mid-June.

3.0 Sickness/Absence information

The Committee has previously requested an update in relation to sickness absence levels in the trust. Table One (1) below gives comparable data across parallel monthly periods. The mean sickness absence for 2005/06 is recorded as being 5.97%. The mean for 2006/07 is recorded as 5.75%, a difference of (-0.22%) from 05/06. Table Two (2) provides a breakdown of sickness by Division and sub-divisional level. There are some areas where sickness is higher than other areas. This is particularly marked in Adult & Older People's Services (South/East) and Drug & Alcohol Services where sickness is running at 8.55% and 8.19% respectively.

The Trust is clearly minded to support staff in post in ways that will minimise the level of absence taken as a result of sickness. In addition where persistent and frequent absence is evidently impacting on an individual ability to contribute to the delivery of service or where longstanding chronic ill health is an issue, appropriate managerial input will be required to address this to either expedite a return to work or to facilitate ill-health retirement. The Trust's policy has recently been revised in collaboration with staff side to improve our practices in this regard. The Trust has set a target for sickness to be reduced to 4.5% by end of year 2007 and to be at a maximum rate of 4% by year-end 2008. There is no doubt that, similar to many public sector organisations, sickness/absence will continue to be challenging. To aid us in this process the Trust is looking to improve its data collection with regards to sickness to

ensure information provided to Managers is as contemporary and accurate as possible. A scheme is being piloted in Wirral that incorporates a 24hr electronic telephone reporting system for staff who are unable to work due to sickness. The process will enable Managers to have immediate and full information at hand to enable them to both support staff and ensure appropriate cover is established if required.

The Trust has also signed up and is committed to the Health & Safety Executive's Stress Management Standards. This is an ongoing piece of work supported jointly by Staff-side and Managers which is monitored through the Health & Safety Group. Measures have been adopted to promote these standards and an explicit action plan in line with the Trust's Integrated Governance Framework has been adopted. The Trust believes embedding these measures will have a significant impact on reducing the likelihood of work-place stress.

TABLE (1)

Month	2005/06	2006/07
Apr	5.31%	6.56%
May	5.08%	5.32%
Jun	5.80%	4.61%
Jul	6.19%	4.46%
Aug	5.76%	4.63%
Sep	5.77%	5.05%
Oct	5.85%	6.04%
Nov	6.27%	6.59%
Dec	6.08%	6.11%
Jan	6.55%	6.93%
Feb	6.43%	6.48%
Mar	6.60%	6.33%

TABLE (2)

Service	% Sickness
A+OP MH N West	5.88%
A+OP MH S East	8.55%
A+OP MH Wirral	6.55%
Interface D&A	8.19%
Interface Liaison	6.99%
Interface Occ Hlth	2.95%
LD	6.58%
CAMHS	2.98%
YPC	3.37%
CEO	0.27%
Med Dir	6.25%
Dir Finance	4.06%
Dir Nursing	7.35%
Chief Operating Officer	1.07%

4.0 Acute Inpatient Care & the Routine Outcomes Collaborative (ROC)

The Healthcare Commission as part of its assessment approach during 2007 has commissioned an improvement review of all acute inpatient facilities and services in England. This will incorporate assessment against specific criteria and will require an additional level of bespoke data to be collected by all trusts. This review will formally commence before the end of June 2007. In preparation for this the Trust's Acute Care Forum has been benchmarking its services against the assessment criteria established by the HCC. As a result, local actions plans to address any identified areas of development have been put in place.

To facilitate this process of progressive service development the Trust has been working with CSIP/NIMHE (Care services Improvement Partnerships / National Institute for Mental Health (England)). A number of facilitated learning and development activities are underway in the Trust to nurture best practice across all areas of the organisation to drive service improvements and determine owned and agreed internal actions.

To give a flavour of how services are being developed a pilot scheme has been adopted utilising evidenced based principles in Wirral. This scheme includes the provision of a dedicated psychiatrist to the acute services to provide more substantive leadership, clinical direction and support to the wards. In addition a delayed discharge co-ordinator has been appointed to improve the acute care pathway and enable Service Users to move through the pathway in a more appropriate and timely fashion. If the scheme is successful it is likely to be rolled out across the other localities

In addition the Trust has received further recognition of its work at Bowmere Hospital. The service has been acknowledged for its adoption of best practice standards under the 'Star-Wards' initiative which promotes enhanced standards for the creation of therapeutic and interactive environments of care. The scheme is nationally recognised and supported by the Department of Health.

5.0 Performance Management Arrangements for 2007/08

The Trust Board has recently adopted and formally signed off a Performance Management Policy. The Board continues to receive a Corporate Performance report detailing an appropriate range of key data that is designed to provide assurance to the Board of the Trust's overall performance against a range of indicators. Incorporated in this design are any moving areas of risk. The risk register and associated assurance framework, which provides mitigation against identified risks, is also profiled in the Corporate Performance Report as well as being formally reviewed by the Board at least every six months.

The Performance Policy has been created to achieve a further and more detailed level of support and monitoring against a range of criteria within the Divisions and corporate services.

Successful areas of the Trust will obtain a level earned autonomy and freedom from regular scrutiny that will be ordinarily provided during explicit service reviews which will be recorded and reported to the Trust's Operational Board

The processes and data utilised may need to be developed and will certainly be subject to further iterations, but the information sources should be meaningful and accessible by colleagues in service. This will include data reflecting the patient experience; staff areas such as sickness and essential learning uptake; progress against agreed efficiency savings; financial targets and budgetary management; progress towards adopting systems that embrace Integrated Governance; and achievement against key local targets and national standards. This approach is still embryonic but will accelerate quickly to enable more accurate and responsive control measures to be established that will be fed through to the Board and facilitate the start of a genuine 'Service Line' reporting methodology across the Trust.

6.0 Health Care Commission

The Trust Board has now made its formal declaration to the Healthcare Commission of its compliance against all core standards and the developmental standards. The OSC will have received the full submission which has been supplied by the Trust's Governance Manager. The Trust is anticipating that it is likely to receive a formal visit by the HCC to verify and test out its declaration, though the Trust is confident its systems and processes will stand up to such scrutiny.

The OSC may wish to further note that areas within the Learning Disability Service have been subject to external scrutiny stemming from the national action plan generated as a result of the Cornwall Inquiry, and further concerns in areas served by Merton & Sutton PCT. No adverse indicators have emerged as a result of these spontaneous visits, but we are still awaiting direct formal confirmation of the findings of the visiting teams, though indirect feedback has been positive.

Peter Cubbon
Chief Executive
Cheshire & Wirral Partnership Trust
8th June 2007.