BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

BOARD OF DIRECTORS TO BE HELD ON WEDNESDAY 27 APRIL 2011

OPERATIONAL REPORT – Mental Health Services for Older People

ACTION:

The Board is asked to note the information contained in the report and note the risks identified.

Summary report

Introduction

The purpose of this report is to provide an overview of the work and operational risks for Mental Health Services for Older People for Quarter 4 2010/11.

Strategy

Task and Finish Group Older People/Dementia

The 2011/12 contract negotiations included agreement with Commissioners to undertake redesign work in five services areas, for Older People this involves setting up a Task and Finish group to *demonstrate how future demand will be met within existing resources*. The first meeting has taken place with a half day planning session in April, this group is due to report by 30 June 2001.

Risk

This provides a welcome opportunity to refresh the Strategy for Mental Health Services for Older People in Birmingham & Solihull and explore the issues related to future demand with other stakeholders. GP leaders have already confirmed that they will need to deliver shared care protocols to assist patient flow to community pathways.

Solihull

Proposals have been submitted to Commissioners with regard to reducing the reliance on inpatient beds and the strengthening of community services in Solihull. This includes a proposition to absorb acute inpatient assessment beds within the Birmingham bed cluster. A PCT led Consultation has not commenced but community leaders have suggested convening Citizens Panels to assist in facilitating community debate and engagement on the choices and options which pertain to older people's services in the current climate.

Risk

The environment for inpatient Mental Health Services for Older People at Solihull Hospital is not a purpose built ward:

- *it does not enable adequate separation of patients with organic [dementia] and functional [depression & psychosis] illnesses;*
- *whilst technically single sex compliant the ward design is compromised requiring additional procedural and relational supervision from nursing staff;*
- *medical staffing cover for mental health and acute emergencies remains a challenge and a clinical risk.*

Continuing and Complex Care

We currently provide these two service lines within our non acute inpatient units. Work has commenced in seeking partners to work with us in providing future continuing care pathways.

In addition to this work our 2011/12 business plan includes proposals for services specifically designed for the more complex and challenging care needs of people who can not be cared for in nursing home environments.

Risk
Failure to find partners who can provide continuing care pathways.

Transformation

Environment
The opening of the Juniper Centre, service moves from other units and the relocation of community teams to zoned service hubs has been completed successfully, on time and in budget. Nightingale ward will be relocating to Ashcroft week commencing 11 April.

Risk
The risk of continuing to provide services in unsuitable team bases and older buildings - E Block and Nightingale has now been eliminated in Birmingham.

Service Redesign
The division continues to use Lean system techniques to improve service pathways in acute inpatients, community teams and memory assessment services in Birmingham & Solihull. This has been of benefit in assisting in the implementation of RiO Electronic Clinical Record system, and the division has an active Local Implementation Group, training has commenced and roll out will commence as planned.

The Division has submitted an entry for the Healthcare People Management Association - Excellence in Human Resource Management awards, detailing the Transformation work undertaken in 2010/11.

Risk
Risks of resistance to change and potential for non compliance reduced and mitigated by the continued use of service improvement techniques.

Devolution of Budgets and Accountability
Preparation of Team Leaders and Ward Managers for these responsibilities has commenced and Service Managers have migrated to service improvement roles having led specific work streams of the divisions service transformation Lean systems events.

Risk
Risk of resistance to role change mitigated by service improvement activities, targeted training sessions and coaching.

Performance

Financial
Divisional financial performance for Quarter 4 and year end remains within budget despite the continuing cost pressure of dementia drugs; the commissioning and opening of Juniper Centre on time and on budget; and Community Team moves to zoned service hubs.

Cost Releasing Efficiency Savings
Divisional service lines are working towards achieving a recurrent position, whilst non recurrent plans are in place.

Statutory and Mandatory Training
All teams within the division have submitted training plans and staff are booked into courses.

Data for Feb 2011 shows increased compliance in all 26 courses with 7 courses showing in excess of 70% compliance. Ward and Team Managers are aware of the cost of DNAs and are working assertively to ensure staff meet their employee obligation to receive training as booked/required.

Risk
We need to ensure that training is spread out evenly over the year to avoid peaks of staff needing to be retrained at the same time in the future. The use of e-rostering, introduction of more work based and e-learning modules will assist in reducing waste and DNAs.

Staff Development
MHSOP has demonstrated significant investment in staff development matched to priorities required for clinical and service transformation. MHSOP staff are also benefiting from enhanced rest facilities and an on-site education centre on the Juniper site, both of which are maintaining positive morale, in addition to providing specialist training, shadowing and secondment opportunities.

MHSOP met its CQUIN target by providing all clinical staff with an update in dementia awareness throughout 2010/11.

Risk
Continuous focus on service improvement and staff development mitigates the risk of negative cultures impacting on service user experience.

ICR, CPA and Data Collection
A task and finish team has been convened to address performance in these areas. The team will oversee a rapid improvement in the divisions' compliance in ICR and CPA completion. There are 3 phases to this work involving the immediate rectifying of information, establishing an alert system at local level so managers can address ICR/CPA gaps as part of their routine daily monitoring, and establishing a framework through management supervision to sustain improvements in CPA and ICR completion. RiO training has commenced and team/ward managers are already identifying new and more effective ways of monitoring standards of care planning using this system.

Risk
Clinical information risks mitigated through improved record keeping.

<u>Human Resource Performance Indicators</u>

Staff Appraisals
There was an expected drop in the levels of appraisals during the quarter three as a consequence of the site moves and Juniper Centre commissioning; levels have now increased and are consistently above the Trust target of 75%. Appraisals levels reached 88% for March 2011.

Risk
Mitigates the risks of lack of clarity around role and objectives, ensures staff priorities are aligned to patient experience priorities, service improvement and divisional business plan.

Sickness
MHSOP reached its lowest sickness return (4.6%) during the summer at the peak of its activity and involvement in transformation in August last year. There then followed two months showing a slight rise in October and November (5.6%). The division moved into the Juniper centre at the beginning of December and sickness rose to 7.4% for two months running. This peak in the first part of Q4 coincides with the national peak of winter illness pressures. Sickness rates have now returned to a downward trend.

Cases of long term staff sickness (LTS) in February 2011 equated to 3.6% (19) of the 527 total MHSOP workforce. Of these a significant number of serious conditions were recorded including treatment for cancer (4) and muscular skeletal (4). A number of LTS cases have been resolved and staff returned to work since the (Feb 2011) sickness figures were released.

The Division has fully implemented e-rostering and continues to effectively manage cover for both vacancies and sickness absence by utilising existing staff to cover shortfalls; this is reflected in the

decline in the overall use of bank staff during the last financial year.

Risk
Effective management of sickness and staff deployment reduces the risk of reduced continuity of care and the impact of absence on effective team working.

Multidisciplinary and interagency working
Currently social workers are concentrating mainly on statutory responsibilities, with a corresponding risk of a reduction in their input to community teams. A number of measures have been put in place to manage this. There are also a number of teams who, following functionalisation, have deficits in staff numbers and skill mix. This is in the process of being redressed.

The partnership agreement with Solihull Primary Care Trust expired on March 31, 2011. The social care staff will revert to the council and a new partnership agreement will need to be drawn up.

We continue to monitor and actively manage Delays in Transfer of Care. Being aware that BCC funding will now only focus on individuals with 'Critical' banding needs, with those currently categorised in the Substantial' banding having their funding reviewed, we will need to incorporate the impact of this into our monitoring. In addition, we are aware of the pending withdrawal of support funding, which may impact on the Citizens Advice Bureau's input to our Working Age Dementia Service and the loss of local Alzheimer's Society Cafes.

Risk
Impact of decisions made by other organisations on experience of services users and carers and impact on care pathway flow and the co-ordination of care.

BOARD DIRECTOR SPONSOR: Sue Turner, Chief Executive Officer