

# NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

**Meeting Date:** Wednesday 28 January 2015

**Title and Author of Paper:** Chief Executive's Report  
John Lawlor, Chief Executive

**Paper for Debate, Decision or Information:** For Information.

### Key Points to Note:

#### National Issues

1. NHS Planning Guidance
2. Public Sector Industrial Action Update
3. Health Select Committee Report on CAMHS
4. Employment Law – Developments in Obesity

#### Local Issues

5. Mental Health Crisis Care Concordat Update

#### Trust Issues

6. Eating Disorder Service Update
7. Staff Survey 2014
8. Workforce Directorate Restructure Update
9. Deciding Together consultation
10. Sale of Northgate Hospital site
11. Launch of Management Skills Programme
12. NHS Leadership Academy Leadership Development Programmes
13. Trust Visit Feedback
14. North East Leadership Academy Awards

**Outcome required:** For Information.

# **Chief Executive's Report**

**January 2015**

## **National Issues**

### **1. NHS Planning Guidance**

Monitor issued their Annual Plan Guidance and Requirements for 2015/16 on the 22 December 2014. The Guidance highlights that the context for the 2015/16 planning round is the marked deterioration throughout the Foundation Trust sector in operational and financial performance over the 18 months spanning 2013/14 and the first half of 2014/15.

In this context Monitor has two key expectations of Foundation Trusts connected to the annual planning process. Monitor expects Foundation Trusts to:

- Develop their strategic position, engaging with health system partners in the process to address issues of poor performance.
- Put together, deliver and evolve a credible strategy for achieving the required levels of performance in to the long term i.e. "sustainability".

### **2. Public Sector Industrial Action Update**

Further to recent ballots from a number of Trade Unions in respect of the national dispute over the pay award for 2014/15 and the subsequent industrial actions on Monday 13 October 2014 and Monday 24 November 2014, further strike action has been confirmed.

Unison, Unite and GMB have confirmed strike action between the hours of 9.00am – 9.00pm on Thursday 29 January 2015, followed by action short of strike between 30 January and 24 February 2015.

The Union of Construction, Allied Trades and Technicians (UCATT), Hospital Consultants and Specialists Association (HCSA) and British Dietetic Association (BDA) are yet to confirm if they will be taking industrial action.

As with previous industrial action, exempt areas have been agreed in partnership with staff side colleagues and an internal group has worked together to ensure contingencies are in place to provide safe patient care.

### **3. Health Select Committee Report on Children and Young People's Services (CAMHS) – a highlight of the summary and key points**

The Health Select Committee Report on Children and Young People's Services was published on the 5 November 2014 and the Trust's Children and Young People's services have compared current provision against the key points made in the report. We already provide a large part of services which match, if not exceed, the key points made. There are also some areas for further consideration and development.

#### Key positive points:

- Comprehensive service provision across tiers 4 and 3, with no waits for in-patient admission for local young people and working towards a 12 week referral to treatment timescale for community referrals.
- Good or excellent clinical outcomes in most areas, integrated mental health and learning disability services with single point of access and extended community working hours to cover 7 days a week, lower DNA rates compared to the national picture.

#### Key points for attention/development (all known to us):

- Difficult recruitment in some specialties e.g. CAMHS and learning disability services, pressure on in-patient beds due to national referral system, pressures on community teams due to retraction of social care provision, capacity struggles with ever increasing demand.

#### What we do well compared to national picture:

##### Tier 4

- Comprehensive range of services locally
- Covering learning disability and mainstream
- Specialist eating disorder and autism outpatient services
- Education is excellent according to OFSTED
- Intensive community treatment teams facilitating discharge and reducing demand for admission
- No waits for admission for local children
- No local children go out of area
- Short duration of stay in mainstream
- Integrated services for all ability
- All wards registered with QNIC – one ward accredited with excellence

##### Tier 3

- Excellent clinical outcomes in some of our localities
- No poor outcomes in community services
- Comprehensive intensive community treatment services
- 24/7 service provision
- Integrated mental health and learning disabilities service
- Comprehensive multi-disciplinary services
- Community based eating disorder services
- Single point of access for all services
- 12 week waiting target for referral to treatment
- Specific ADHD teams with access to integrated service
- Extended hours and week end appointments
- Responsive service for urgent and priority cases – high proportion of referrals
- DNA rates lower than 'reported average'
- Services registered with the quality Network for Community CAMHS

## Tier2

- Provide tier 2 services in some areas
- Partner providers of children and young people's services improving access to psychological therapies in 3 areas
- Service specification overlap of tier 2/tier3 with children in special circumstances

Where things are less good, in common with many other areas in the report:

- Historical tier 3 cases have a longer waits for appointment for treatment
- Difficult recruitment in some specialties e.g. CAMHS and learning disabilities
- Hard to find social care placements for young people to move on from inpatients so causing a blockage in the flow
- Shortage of social care results in urgent presentations to mental health
- Enormous increase in out of area referrals to Ferndene due to commissioning changes
- QNIC view is that numbers of beds increasing is not the answer, but more robust community out of hours services is a major part of it
- As a result of out of area placements, young people cannot maintain links with family and rehab services in their local area, leading to a long stay in hospital
- Some of our community contracts are underfunded and unworkable
- Services struggle to manage demand against capacity due to ongoing increase in referrals

## 4. Employment Law – Developments in Obesity

There has been a recent and potentially significant case law development in recent weeks relating to obesity potentially being classed as a disability. A Danish childminder (Kaltoft) claimed he was discriminated against (made redundant) because he was obese. The case proceeded to the European Court of Justice (ECJ) and on the 18 December 2014, the ECJ ruled that if the obesity of the worker “hinders the full and effective participation in professional life on an equal basis with other workers” for example because of reduced mobility or mental or psychological impairments, then “obesity can fall within the ‘concept’ of disability”.

Just being obese was not judged to be a characteristic protected under law, however if a worker's obesity hinders their participation in any way then they are entitled to protection in accordance with the Equality Act.

Managers dealing with staff whose obesity gives rise to reduced mobility and/or medical conditions preventing them from carrying out their work, or causing them discomfort when carrying out their work in some way, on a long-term basis, will need to ensure there is no direct or indirect discrimination. This will be incorporated into equality and diversity training and will link to ongoing work relating to health and wellbeing and the health needs assessment of the workforce.

## **Local Issues**

### **5. Mental Health Crisis Care Concordat Update**

The Declarations were all submitted on time in December and uploaded to the website. This included the local signatures for each areas of Acute Trusts, CCGs, and Local Authorities as well as regional signatures of the Trust, North East Ambulance Service, Northumbria Police, British Transport Police, Tyneside Mind, Police and Crime Commissioners Office, NHS England (Regional) and Changing Lives. Sunderland had a few other local signatures to this also.

The next stage is the action plans for each locality to be developed and a deadline of the 31 March 2015 has been issued, with a request to get these uploaded by mid-March. The Trust has offered assistance if areas would like help with some areas further ahead than others.

The Trust has established links with the Department of Health and the MIND Concordat team, to ensure we are kept up to date with developments. There is no clarity on governance of the action plans as yet but the Strategic Partnership Network is trying to seek some clarity.

### **Street Triage Team-Update**

The South of Tyne Street Triage Team was launched on 1 September 2014. The implementation of this team has led to more timely intervention by mental health professionals and avoided unnecessary detention either in a police station or hospital which would equate to a better experience for these individuals, as well as achieving a substantial cost saving for those services.

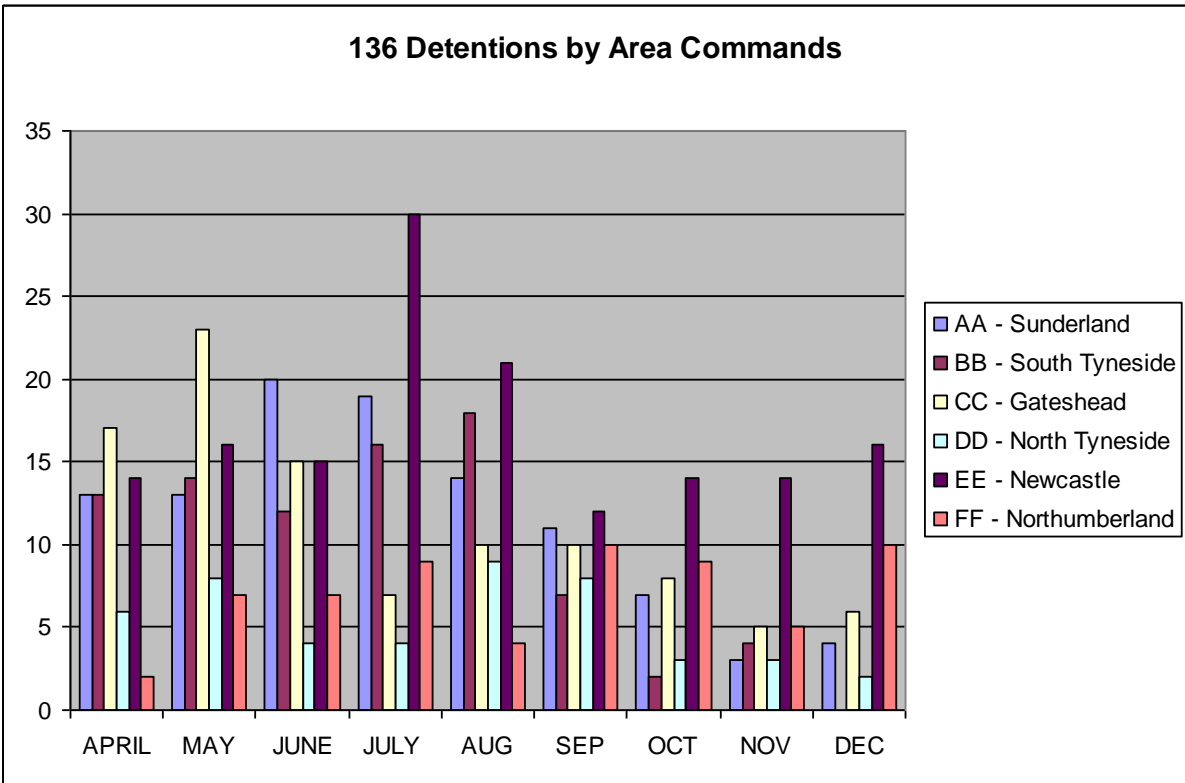
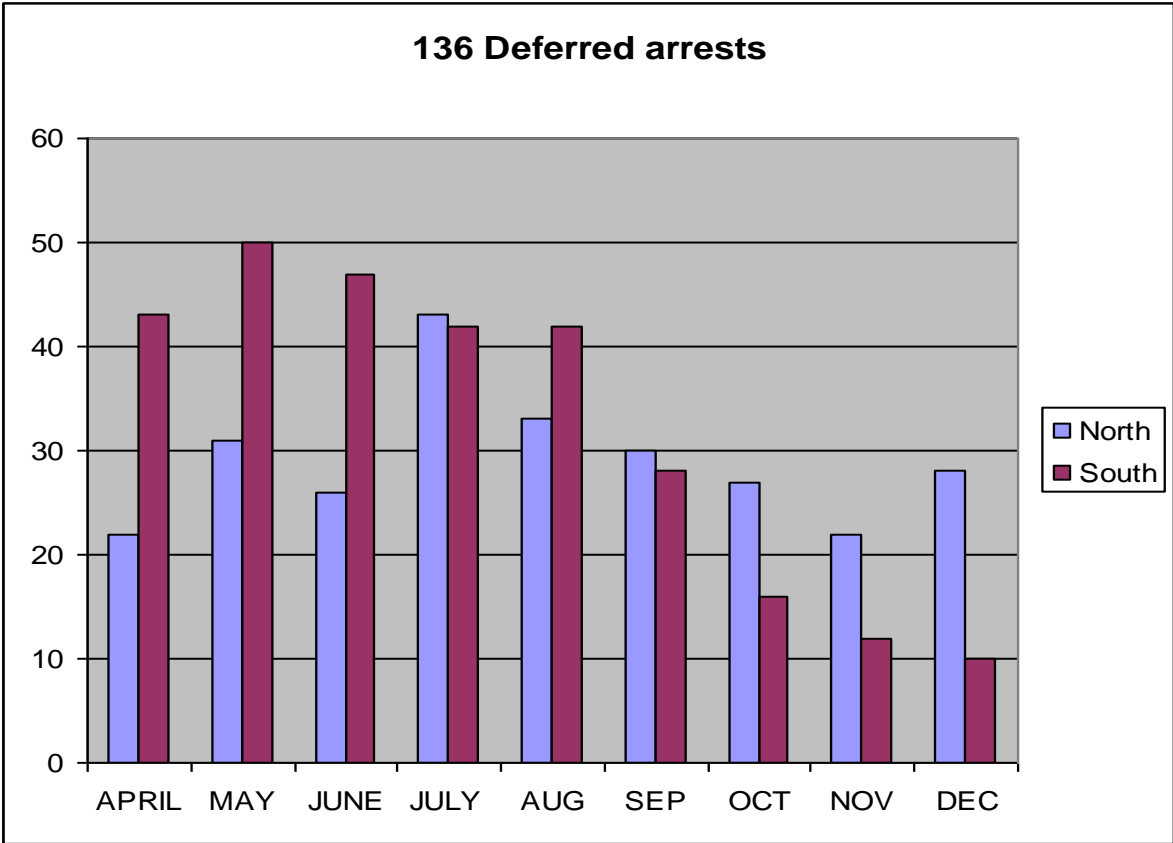
- The service has provided specialist advice, assessment and interventions for individuals who come into contact with the criminal justice system who have also been experiencing difficulties with their mental health.
- Reduced the number of inappropriate detentions to both hospital and custody.
- Reduced the number of call outs for Forensic Medical Examiners (FME) and Approved Mental Health Practitioner (AMHP) within custody.
- Reduced the burden on both police and health staff.
- Improved the outcomes for those who are detained and also those who are dealt with in the community.
- 

The team operates:

10.00am - 02.00am Sunday – Thursday

10.00am - 03.00 am Friday – Saturday

A mental health nurse works each shift with a PC, and calls are received via the police.



## **Trust Issues**

### **6. Eating Disorder Service Update**

The Intensive Day Service (IDS) opened its doors on 19 January 2015 as planned. It has a planned trajectory of full occupancy by end of February 2015, to dovetail with the transition of previous partial and out-patients into the new IDS and community team.

The community team is a new concept, not commissioned as such but being provided within resource to care for those too ill to be managed in CMHTs but not severely ill enough to access the IDS. Discussions will take place with CCGs regarding funding this current service gap going forward.

NTW and Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) have come together in a planned way in the last six months to identify the gaps in service and to work together to address them. Work plans so far have addressed the joint working protocols, the day to day communications and a route of escalation in the Trusts, if clinical/operational difficulties cannot be resolved locally.

Two service user/carers forums have taken place (October 2014 and January 2015) to support involvement of North East Eating Disorder Action Group and other groups in the way forward. A joint education forum happened in November 2014 and work is happening now in relation to the impending procurement next year and what that will mean to both Trusts.

One joint post between NTW and TEWV is now established (Consultant Psychologist) with an assistant psychologist post in progress.

Recurrent funding has now been signed off by NHS England to fund the five beds in the in-patient service and the Intensive Day Service. The plan for January to April 2015 is one of consolidation of the three new strands of service

### **7. Staff Survey 2014**


The Staff Survey 2014 was conducted by Picker Institute Europe on behalf of the Trust. This survey is an annual study, first run in 2003, and is required by NHS England for all NHS Trusts in England. The Picker Institute was commissioned by 14 mental health trusts and the report we've received draws comparisons of our results with those other Trusts.


The report was generated from survey responses from all staff who responded rather than that from the 'basic' 850 sample. The staff survey has questions structured around the following issues; your personal development, your job, your managers, your organisation, your health, well-being and safety at work and background (demographic) information.

From an initial mailing of 5668 questionnaires, 2993 were completed, giving us a response rate of 55.7%, this compares favourably with the average of all 'Picker' Mental Health Trusts of 50.6%. The Picker Institute use the concept of 'problem scores' as a summary measure. The problem score shows the percentage of staff who gave a negative response to applicable questions. Problem scores are calculated by showing where staff are not satisfied, for certain questions that has meant that response categories have been combined. As the name suggests, problem scores indicate where there may be a problem within the Trust. Lower scores for these questions reflect better performance.



A total of 86 questions were used in both the 2013 and 2014 surveys. Compared to the 2013 survey, our Trust is significantly better on nine questions, significantly worse on three questions. The scores show no significant difference on 74 questions.

## Changes since the 2013 Survey

The Trust has improved significantly on the following questions:			
Lower scores are better 			
		2013	2014
1d	No infection control training	3 %	2 %
1f	No training in how to deliver a good patient / service user experience	23 %	18 %
8b	Dissatisfied with support from immediate manager	12 %	10 %
8c	Dissatisfied with freedom to choose own work method	12 %	10 %
8f	Dissatisfied with opportunities to use skills	13 %	11 %
10a	Immediate manager does not encourage team working	10 %	8 %
15a	In last 3 months, have come to work despite not feeling well enough to perform duties	67 %	64 %
18b	Organisation does not encourage reporting of errors	3 %	2 %
21b	Harassment, bullying or abuse from manager/team leader or other colleagues	20 %	16 %

The Trust has worsened significantly on the following questions:			
Lower scores are better 			
		2013	2014
3e	Appraisal/performance review: training, learning or development needs not identified	20 %	23 %
8h	Dissatisfied with my level of pay	34 %	40 %
9b	Do not feel my role makes a difference to patients/service users	2 %	3 %

## Areas where staff report most problems – questions where more than 50% of staff gave a negative response

 scores significantly better than average	<b>Trust</b> <b>Average</b>	The problem score for your Trust Average score for all 'Picker' trusts		
 scores significantly worse than average				
			Lower scores are better	
			<b>Trust</b>	<b>Average</b>
15d	Put myself under pressure to come to work despite not feeling well enough		91 %	92 %
15a	In last 3 months, have come to work despite not feeling well enough to perform duties		64 %	64 %

The above represents a brief overview of the findings. Analysis of the key findings is taking place and a report will be delivered for consideration by the Board of Directors at the February meeting.

## 8. Workforce Directorate Restructure Update

Consultations relating to the changes in the Workforce Directorate have now concluded, with the formal response to staff and trade unions being published in the first week of January. The Senior Workforce Team is now proceeding to implement the new structure and recruit to vacant posts, which will start to bring stability to the Workforce Team after long standing interim arrangements. In addition, the Workforce Team will decant into Ashgrove at the end of January for approximately a six month period, to enable full modernisation of their accommodation base.



## **9. Deciding Together consultation**

The Deciding Together consultation, looking at future provision of Trust services in Newcastle and Gateshead continues. Commissioners are being supported by the Consultation Institute to undertake a participatory budgeting exercise with the public on 13 and 14 February 2015. This is a new approach which was suggested by service user representatives supporting the process. Alongside this, focus groups and in depth interviews are being carried out as well as public meetings. Following the end of the listening period in February, Commissioners and the Trust, along with partners, will develop scenarios for change based on the public feedback. This will then be subject to a second period of public consultation beginning in May 2015, following the general election.

## **10. Sale of Northgate Hospital site**

The surplus land at Northgate Hospital that was earmarked for sale has been sold to Taylor Wimpey for the construction of residential housing. The sale completed on 18 December 2014 for a net £13.7m after the costs of sale and the Trust received the first instalment of £7m on the date of completion. The second instalment of £7m is expected to be received approximately 12 months after the completion date in December 2015, when the first phase of construction has been completed and the houses have been sold. The cash from the asset sale is being used to support the funding of the Trust's capital programme.

## **11. Launch of Management Skills Programme**

I am pleased to inform the Board of Directors that we have recently launched a new management skills programme. This course is being delivered in collaboration with Capsticks (HR Advisory Service) and Team Prevent (Occupational Health) and will cover a range of topics that managers will find invaluable in their work. These sessions are targeted at existing managers and those looking to move into a management position in the future and will be complemented throughout the year with a suite of additional training and development activities to support managers to do their jobs as effectively as they can.

The Management Skills Training is being delivered over three consecutive days and includes:

- Handling difficult conversations - Nipping concerns in the bud (Managing Conduct)
- Handling Conflict / Resolving issues informally (Grievance)
- Sensitive Conversations / situations that need to be managed (sickness)
- Giving feedback and tackling underachievement (performance management)
- Managing Stress – How manager behaviours can impact on staff performance
- Completing stress risk assessments

Uptake at the training will be reported into the Workforce Training and Development Sub Group on a monthly basis. The first six courses that were advertised on the 19 December 2014 were fully booked by the 24 December 2014 and a further six courses are to be advertised week commencing 19 January 2015.

Ultimately the best evaluation of the new course will see a decrease in sickness cases, fewer disciplinaries and grievances, staff feeling that their managers deal with their issues in a timely and professional manner and improved staff survey results. In the short term, the course will be evaluated by a number of focus groups at six and twelve months post completion, to see if it has had the desired impact for managers and staff.

## **12.NHS Leadership Academy Leadership Development Programmes**

We are approaching 50 members of Trust staff who have undertaken the national, accredited NHS Leadership Academy Leadership development programmes, that were launched in the Autumn of 2013. The key programmes are: Edward Jenner, 100 hour virtual programme of study, for those who have not undertaken any development before; Mary Seacole, a 12 month programme typically for newly appointed leaders; Elizabeth Garret Anderson, a 24 month programme for those leading complex teams and Nye Bevan, a 12 month Executive development programme. We are delighted that our five Mary Seacole and three Nye Bevan participants have successfully completed the programmes. All national programmes remain free of charge for NHS staff of the subscribing partners to the regional leadership development providers.

## **13.Trust Visit Feedback**

Each month, members of the Board of Directors and Corporate Decisions Team, undertake visits to service areas as part of the Trust service visit programme. Feedback from the visits undertaken in the last month has been summarised below:

- Dr Douglas Gee, Executive Medical Director recently visited the Centre for the Health of the Elderly in Newcastle upon Tyne and met with the Early Memory Service and the Older Persons' Community Mental Health Teams for North East and West.

Douglas talked to a number of clinicians working within the Early Memory Service and he was impressed with the level of partnership working that is being undertaken with the Commissioning CCG's to manage the increasing referrals to the service. He noted a number of interesting innovations, including a specific Lewy Body Dementia Clinic and the ability to dispense medication straight away after the patient has been seen in the clinic.

When Douglas met with the Community Mental Health Team for the North East and West there was a continued frustration about the amount of time clinicians spent on admin work and the Bed Management System and will highlight these concerns to the Corporate Decisions Team at the next meeting.

- Jennifer Illingworth, Deputy Director of Clinical Governance and Performance, recently visited the Northumberland Physiotherapy Service at Northgate Hospital. The team provides a service to all adults in the Northumberland and North Tyneside localities and also some children who attend Barndale Special School in Alnwick or who are inpatients at Ferndene. The team are aware of the Trust transformation programme and the concept of Principle Community Pathways. Staff highlighted that they had attended the Northumberland PCP workshops; however, it had been decided that their team would be excluded from the process as they do not easily fit with the proposed model. The team saw this as a positive acknowledgement by the Trust of the different type of role that this team holds.

#### **14. North East Leadership Academy Awards**

The Trust submitted 15 nominations to the North East Leadership Academy annual awards in 2014, and the awards ceremony was held in late November. We had two finalists, our Board of Governors and Leadership and Organisational Development Practitioner, Victoria Baron. Sadly, neither won the award but it is a significant achievement to be shortlisted as finalists. Two of the awards were presented by our 2013 winners.

John Lawlor  
**Chief Executive**

**January 2015**