

**Northumberland, Tyne and Wear NHS Foundation Trust**

**Board of Directors Meeting**

**Meeting Date:** 28 September 2016

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

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

**Key Points to Note:**

**Trust updates**

1. CQC Inspection Outstanding rating
2. Ministerial Visit
3. Investors in People (IIP) and Good Practice Health and Wellbeing (H&WB) Assessments
4. Staff Survey 2016

**National updates**

5. NHS Planning Guidance for 2017 to 2019
6. Junior Doctors' update
7. Cavendish Coalition
8. Attitudes to Mental Health
9. NHS Finances

**Regional updates**

10. Creation of Northern Local Education and Training Board (LET) and Local Workforce Action Board (LWAB)

**Outcome required:** For Information.

# Chief Executive's Report

28 September 2016

## Trust updates

### 1. CQC Inspection: Outstanding rating

I am delighted to confirm that the CQC has rated us 'Outstanding' – their top grade. This is great news for us all and recognises the contribution all of our staff have made to the lives of those we serve. We are one of only two NHS providers of similar services to have been rated Outstanding.

In making the announcement, Dr Paul Lelliott, Deputy Chief Inspector of Hospitals at the CQC said: "This rating of Outstanding reflects the contribution that every person who works at the Trust has made to providing high quality care and I commend the whole staff team".

The Board wanted to do something more than just write a note of thanks to staff. And so in recognition of the achievement of this rating, holiday entitlement for all staff will increase by one day in 2017-2018.

Full reports are available on the CQC website via the this link  
<http://www.cqc.org.uk/provider/RX4>

### 2. Ministerial Visit

Mrs. Sarah Newton, MP Minister for Vulnerability, Safeguarding and Counter Extremism visited Hopewood Park on 25 August as part of the Government's ongoing commitment to ensuring people experiencing a mental health crisis do not end up in police cells.

The Minister met with local street triage teams, which bring together mental health nurses and police officers who work together to ensure calls are responded to in the most appropriate way. They share information to determine the best course of action, and through this collaborative working, nurses will respond to mental health related call-outs with police when required. Mrs Newton also learnt about the joint training with medical staff and police and how they learn to handle mental health crisis situations in the Sunderland area. Officers revealed that the effect of this training has been that police officers on the ground have become more confident with dealing with people in crisis, and know who to contact for additional support if required.

The Minister was able to view a state of the art section 136 suite, a health-based place of safety where someone experiencing a mental health crisis can be taken rather than a police cell. In 2015/16 police cells were used as a place of safety by Northumbria Police on only 2 occasions, down from 56 in 2013/14.

The Minister said:

“Police cells should never be used as a place of safety for those suffering a mental health crisis, which was why I was so pleased to see the excellent mental health facilities at Hopewood Park Hospital.

“It was a privilege to meet the team that does so much to help vulnerable members of the public. They offer an excellent example of how police should be working with mental health medical staff.

“I look forward to continuing to hear about the good work and collaboration being done in this field by Northumberland, Tyne and Wear NHS Foundation Trust and Northumbria Police.”

### **3. Investors in People (IIP) and Good Practice Health and Wellbeing (H&WB) Assessments**

The Trust will undergo reassessment for both the Investors in People Award (IIP) and Good Practice Health and Wellbeing (H&WB) Award over the two weeks commencing 3 October 2016. The IIP assessor will meet with 140 staff during the period either individually or in groups of up to three. A task and finish group has been established to oversee the process and each group/directorate has a representative on the group. Feedback will be received on the last day of the assessment (14 October).

### **4. Staff Survey 2016**

The 2016 Staff Survey will launch by the end of September 2016. Again, we have decided as a Trust to carry out a census of all staff rather than a basic sample survey of 1,250 staff. Following some administration issues with our previous survey coordinators we have switched to Quality Health and signed up to a three year deal. Assurances have been given that they are able to use the information from our previous provider for comparison purposes.

A mixed method of delivery will be used as in previous years. Staff in inpatient areas and Estates and Facilities will complete a paper questionnaire with other staff receiving their questionnaire via e-mail. Optional questions in respect of leadership and development, occupational health, health and safety, patient experience and values have also been included along with four local questions in respect of violence and aggression, bullying and harassment, staff views of their local services and financial pressures.

The survey closing date is 2 December 2016 and to encourage staff to participate we are offering an iPad as a prize (supplied by Healthcare staff discounts).

## **National updates**

### **5. NHS Planning Guidance 2017 to 2019**

Final Sustainability Transformation Delivery Plans are to be submitted by each footprint in October 2016 and they will set out how organisations will play their part in delivering their locally agreed STP objectives, including sustainable services and financial balance across the health economy. It is expected that these Delivery Plans will form the starting point for two year organisation Operational Plans for 2017/18 and 2018/19.

To help each STP footprint move from finalising their STP plan in October to agreeing two year Operational Plans and contracts, joint planning guidance will indicate that both the contracting round and 2 Year Operational Plan have to be completed by the 23 December 2016 with Trusts having to submit a draft 2 Year Operational Plan as early as the 24 November.

Having regard to this it is recommended that the Trust's final 5 year Strategy and the draft Operational Plan 2017/19 are presented to the Board together in November allowing for the direct alignment of the new 5 Year Strategy and the 2 Year Operational Plan 2017/19.

### **6. Junior Doctors' update**

In May 2016 five days of intensive ACAS talks took place between NHS Employers, the Government and the BMA. Following these discussions ACAS confirmed the agreement of negotiated terms between all parties. These terms would, subject to a referendum of relevant BMA members, form the basis for a new contract in 2016.

Between May and early July the BMA balloted its members on the revised Terms and Conditions of Service. 58% of those who took part voted to reject the new contract with a referendum turnout of 68%. Due to this decision, the Secretary of State made a statement to the House of Commons on the 6 July outlining his intention to introduce the new contract.

The BMA has announced additional dates for industrial action by junior doctors. Junior doctors will stage a full withdrawal of labour for five days, between the hours of 8:00 and 17:00 during the following periods:

- 5, 6, 7 October (weekend covered) and then 10, 11 October
- 14 to 18 November
- 5 to 9 December.

NTW continues to apply emergency planning procedures as per the previous strikes, with an emphasis on ensuring there is adequate physical health support (as well as mental health support) for those who need it. There will be an on call rota for Junior Doctors over the period of the strikes to provide 'Emergency Care only'. Junior Doctors are being met with to ensure open communication and support.

## **7. Cavendish Coalition**

Following the nation's decision to leave the EU, a group of 29 organisations who represent staff and employers in health and social care have recognised the need to come together as to support this process in terms of minimising any adverse impact on services. Ensuring the right to remain of all EU nationals currently working in UK health and social care services is one of three core areas of purpose.

We have researched on the number of staff within NTW from EU countries

- 100 Members of staff have origins in 21 EU Countries.
- 60% of our EU Staff come from 3 countries. 36 Staff have Irish Nationality, 16 Polish, 8 German.
- 29% of EU Staff are Medics – comprising 12.1% of the Professional Group.

While the number of staff working in NTW from EU countries is relatively small, we are committed to supporting them to continue their employment with us in line with our Equality and Diversity Strategy.

## **8. Attitudes to Mental Health**

I have attached a link to a recent report from the Social Attitudes Survey which presents new findings on attitudes to mental well-being and mental health problems. While most people have positive attitudes towards improving their own mental well-being, there are varying levels of acceptance of those with mental health problems and perceptions of prejudice towards people with these conditions are still widespread.

<http://bsa.natcen.ac.uk/media/39109/phe-bsa-2015-attitudes-to-mental-health.pdf>

This confirms the need for continued anti-stigma work within NTW and at a broader societal level as part of our campaigning work with the media and politicians.

## **9. NHS Finances**

Chris Hobson, CEO of NHS Providers, had an article published in the Observer on 12 September, combined with an interview on the Andrew Marr show under the heading "The NHS –Something has to give". In this, he articulated the view that performance is deteriorating as activity increases across the NHS and the financial challenge continues. This, he argued is combined with unprecedented shortages in key staff groups, and a continued and long term reduction in funding within social care.

Over the next two years investment in the NHS will rise by only 1.4% next year and 0.3% the year after. Given cost increases projected at 2.1% per annum and demand increases of 4% per annum, he argued that this presented an unachievable ask for the NHS. He asked for consideration of additional funding or an open honest realistic

national debate on what gives, and what the NHS can fundamentally be expected to deliver.

This represents a significant and high risk shift in NHS Providers stance and approach to the challenges facing the NHS, and its attempts to lobby Government and influence policy. The paper can be found at <https://www.nhsproviders.org/news-blogs/blogs/the-nhs-something-now-has-to-give>

## **Regional updates**

### **10. Changes to Health Education England's Structures**

Health Education England (HEE) has recently changed the structure of regional Local Education and Training Boards (LETBs); reducing from 13 to 4 regional Boards. The Health Education North East (HENE) Board as we have known it ceased to exist as at the end of July.

The following are being created;

- Northern LETB – As one of the four new regional LETBs, this new group will cover the North East, North West and Yorkshire and Humber regions. Its focus will be on strategic workforce issues associated with education and training and workforce supply. Lisa Crichton-Jones, Executive Director of Workforce and OD has been invited to be a member.
- North East Local Workforce Action Board – This is a new group, working across the footprints of three STPs; the NTW STP, the County Durham and Darlington STP and also the North Cumbria STP. The LWAB will address a wide range of workforce issues across the three STP areas. Membership will be much broader and wide reaching than that of the former local HENE Group and whilst we will have professional / organisational representation, names are yet to be confirmed.

The LWAB will be supported by a number of sub-groups. These will principally be profession specific, i.e. Nursing and Midwifery, Pharmacy etc. and of note is a new group which is a merger of the HENE MH and LD Taskforce with the Psychological Therapies Group. We are expecting to have significant input / influence with this group and look forward to fulfilling this role.

STP workforce working groups – Each local STP will have its own workforce group and we are awaiting further information about the one supporting NTW STP.

**John Lawlor  
Chief Executive  
September 2016**