

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 24 February 2016

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. Junior doctors' contact
2. Carter Review on Operational Productivity and Performance
3. Old Problems. New solutions: The Commission to review the provision of acute inpatient psychiatric care for adults
4. The Five Year Forward View for Mental Health: A Report from the Mental Health Taskforce to the NHS in England

Regional issues

5. Developing Accountable Care Organisations

Trust issues

6. Smoke free update
7. Long service awards
8. Annual Staff Excellence Awards
9. Strategic Alliance with Malhotra PLC
10. Governor Elections 2016
11. KPMG pension sessions

Outcome required: For Information.

Chief Executive's Report

February 2016

National issues

1 Junior doctors' contract

The last Junior Doctors' strike took place on the 10/11 February 2016 as the BMA and Government had not reached agreement on the contract. Initially this was to be a full walk out of Junior Doctors however this was revised to be 'emergency cover only' around a week prior to the strike. On this basis we arranged, as before, for our first on call rotas to provide this cover. This totalled 7 Junior Doctors during the day and 5 from 5pm onwards. In addition to these Doctors we had a further 14 Junior Doctors who attended work. There were no reported disruptions to services.

On Thursday, 11 February 2016, Jeremy Hunt (Health Secretary) confirmed that the contract will be imposed / introduced on a phased basis from August 2016. Since the announcement of imposition, NHS Employers have published a range of documents with regards to the new contract, including an implementation plan, series of Frequently Asked Questions, etc. Webinars and regional events are currently being scheduled with medical managers and the Human Resources teams are linking in to all. All Foundation, GP and Psychiatry trainees will be in the first tranche starting in August 2016.

We believe the BMA Junior Doctor Committee are due to meet this week and we can expect an update following this.

Within NTW we are taking the following intermediary actions:

- Meeting trainees to offer support and a mechanism for feedback. Work out some relevant comparisons in salaries and on call commitments. We will be confirming the flexible pay premia that will be available for Psychiatry.
- Liaise with the Lead Employer Trust (LET) and acute Trusts, as the employers of the Junior Doctors.
- Looking at the proposed contract in detail to ascertain what the possible cost implications are for NTW.

We are disappointed the contract has reached the point of imposition and will be working with Junior Doctors to support them as much as we can as we move towards implementation.

2 Carter Review on Operational Productivity and Performance in English NHS Acute Hospitals

Lord Carter has completed his review on opportunities for savings across acute hospitals in the NHS. Creating a model hospital concept, Lord Carter has identified potential opportunities for savings totaling up to £5bn over 5 years. Opportunities identified include:

- Trusts reviewing operations at a procedural level.
- Management of estates.
- Management of staff sickness.
- Use of electronic rostering.
- From April 2016, Trusts to publish receipts on a monthly basis for the top 100 items bought by the NHS.
- Administration costs should not exceed 7% by 2018 and 6% by 2020.
- National action to be taken on delayed discharges.
- Organisations should work together to reduce costs.

While many of the opportunities have been previously recognised, there has not been such a systematic approach to identification and quantification. While this is to be welcomed, a number of issues arise:

- The approach focusses only on the NHS acute sector. While many of the same principles apply, much of the savings identified relate to analysis of reference costs. Reference costs in mental health, particularly in community services are not currently suitable to be used in this way.
- There is a risk that the implementation becomes a bureaucratic top down process. This should be developed to avoid this by using it as a tool to enable Boards to analyse comparative information and identify opportunities for savings.

As more information arises both in publishing definitions and benchmarking information, the Trust will identify opportunities for incorporation into our own Financial Delivery Plan.

The report is available at:

www.gov.uk/government/publications/productivity-in-nhs-hospitals

3 Old Problems. New solutions: The Commission to review the provision of acute inpatient psychiatric care for adults

On 9th February 2016, the Commission, which has been set up by the Royal College of Psychiatrists and chaired by Lord Chrisp, published its final report. The report highlights system-wide problems in mental healthcare in England including variable quality of care on in-patient units, inadequate availability of care or alternatives to in-patient admission and patients remaining in hospital for longer than necessary due to inadequate residential provision.

The Commission has made 12 key recommendations:

- A new waiting time pledge is included in the NHS Constitution from October 2017 of a maximum four-hour wait for admission.
- The practice of sending acutely ill patients long distances for non-specialist treatment is phased out by October 2017.
- Commissioners, providers and clinical networks in each area work together to undertake a service capacity assessment and improvement programme by October 2017.

- Service providers, commissioners and Health and Wellbeing Boards work together to improve the way the mental health system works locally.
- There is better access to a mix of types of housing – and greater flexibility in its use.
- A single set of easy to understand and measurable quality standards for acute psychiatric wards.
- The growing awareness and use of quality improvement methodologies in mental health is nurtured and accelerated.
- Patients and carers are enabled to play an even greater role in their own care as well as in service design etc.
- A Patients' and Carers' Race Equality Standard is piloted in mental health alongside other efforts to improve the experience of care for people from Black and Minority Ethnic communities.
- The collection, quality and use of data is radically improved so it can be used to improve services and efficiency and accountability.
- All mental health organisations promote leadership development and an open and compassionate culture.
- Greater financial transparency, removal of perverse incentives and the reduction of waste is coupled with investment in the priority areas identified here – acute care capacity, housing, information systems and staff.

The report is considered and well balanced and points out the inequalities and inadequacies of much of the system for adult acute psychiatric care. While focusing on the need to ensure in-patient care is of a high quality standard and provided within an acceptable distance of someone's home, it also points out that "there is a relationship between the strength of community services and reduced pressure on inpatient services and fewer out of area placements. The Commission heard that the better community services are integrated into the whole system the better their collective ability was likely to be in preventing hospital admission in the first place and discharging patients more quickly."

It also notes that most of the elements of good care required are in place in different parts of the country but not consistently. NTW are cited for delivering examples of good practice in the design of Hopewood Park, introduction of the Trust's urgent access model and values based recruitment.

We welcome the report and its consistency with the Trust's work to date and our developing strategy. We will consider the recommendations of the report further in developing our future strategy over the coming months.

The report is available at: www.caapc.info

4 The Five Year Forward View for Mental Health: A Report from the Mental Health Taskforce to the NHS in England

The long awaited report from the Mental Health Taskforce was published on 16th February. It highlights the prevalence of mental illness across our population, and the fact that much of the need for support remains unmet. It also highlights that half of all mental health problems have been established by the age of 14, but that despite this,

most children and young people get no support. Inequality is also highlighted as a key issue, with prevalence of mental illness much higher in deprived communities, and significant inequality in terms of health outcomes for those living with severe mental illness. In terms of the economic impact of mental illness, the cost to the economy of poor mental health is estimated at £104bn a year, with government spending at £19bn a year (excluding dementia and substance misuse). A further £14bn a year is contributed in kind through unpaid carers, and a further small contribution funded through the private and voluntary sectors.

The report sets out a number of priority actions for the NHS by 2020/21:

1. A 7 day NHS –right care, right time, right quality:
 - a. People facing a crisis should have access to mental health care 7 days a week, 24 hours a day.
 - b. Out of area placements for acute care should be reduced and eliminated as quickly as possible.
 - c. People experiencing a first episode of psychosis should have access to a NICE-approved package of care within 2 weeks of referral.
 - d. The NHS should expand proven community-based services for people of all ages with severe mental health problems who need support to live safely as close to home as possible.
 - e. A major drive to reduce suicide rates by 10%.
 - f. Eliminate inequalities in access.

2. An integrated mental and physical health approach:
 - a. By 2020/21 NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period.
 - b. By 2020/21, at least 280,000 people living with severe mental health problems should have their physical healthcare needs met.
 - c. Increase access to evidence-based psychological therapies to reach 25% of need so that at least 600,000 more adults with anxiety and depression can access care each year by 2020/21.

3. Promoting good mental health and preventing poor mental health:
 - a. By 2020/21 at least 70,000 more children and young people should have access to high quality mental health care when they need it,
 - b. By 2020/21, each year up to 29,000 more people living with mental health conditions should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support,
 - c. Creating mentally healthy communities, through the creation of mental health prevention plans and ending the stigma around mental health,
 - d. Creating a data and transparency revolution such that by 2020/21 all CCGs should be required to publish a range of benchmarking data to provide transparency about mental health spending and performance.

To support the implementation of the strategy a further £1bn a year will be invested in mental health services by 2020/21. Eight principles are recommended to support reform:

- Decisions must be locally led.
- Care must be based on the best available evidence.
- Services must be designed in partnership with people who have mental health problems and with carers.
- Inequalities must be reduced to ensure all needs are met across all ages.
- Care must be integrated - spanning people's physical, mental and social needs.
- Prevention and early intervention must be prioritised.
- Care must be safe effective and personal, and delivered in the least restrictive setting.
- The right data must be collected and used to drive and evaluate progress.

We will need to consider this report carefully and develop our response in partnership with CCGs, NHS England and Local Authority partners and of course, with service users and carers locally.

The report is available at:

www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

Regional issues

5 Developing Accountable Care Organisations

1. Work continues in Northumberland and, separately, in North Tyneside to work towards creating Accountable Care Organisations (ACOs). ACOs seek to bring together NHS providers operating within an agreed patch capitated budget to deliver against an ACO contract to deliver on a range of quality and outcome measures agreed with the residual CCG and the NHS Area Team England as the strategic commissioners.
2. NTW is represented on the Programme Boards in each of the CCG areas and we continue to seek to ensure that the best interests of people with mental health and disabilities are safeguarded. The current focus of the discussions is on creating a shadow ACO Board from April 2016 to test out the model. If this shadow year proves acceptable to the partners of the ACO, the intention would be for the refined form of the ACO to become operational from April 2017.
3. The most recent discussions have included consideration of the concept of a patch 'control total', whereby those NHS providers working within the ACO would work together to deliver improved quality, access, experience and outcomes within the patch 'control total' which would be total of all NHS Foundation Trusts' 'control totals' in 2016-17. Board members will clearly wish to consider carefully what the risks and benefits could be for the Trust, our services and, in particular, for the patients and service users we serve should we agree to take part in this way."

Trust issues

6 Smokefree NTW – Update

NTW has been moving towards reducing harm arising from tobacco use in people with mental health problems. The Trust became smoke free for staff and visitors from 1 July 2015 and has been working with Tees Esk and Wear Valleys Foundation Trust (TEWV) for both Trusts to become smoke free for all, including service users, from National No Smoking Day on 9 March 2016.

Work towards the implementation of completely smokefree sites across NTW is progressing well and work is on track for 9 March 2016. This includes:

- All smoking related policies and Practice Guidance Notes are now going through the ratification process.
- Regular information is being provided to staff regarding preparation for 9 March 2016. A comprehensive Staff Briefing Pack has been cascaded, and updates are regularly provided at various staff meetings / forums.
- Information and literature for service users / carers is in production and consultation with staff and service users has taken place during the development process.
- A joint regional communications group is in operation (with TEWV and various other partners) and is taking a coordinated approach to public relations to promote positive press activity.
- Stakeholders (Local Authorities, NHS Foundation Trusts, Clinical Commissioning Groups, General Practitioners, etc.) have been sent information about the planned changes.
- We have worked closely with Pharmacy colleagues and new protocols around the immediate provision of Nicotine Replacement Therapy (NRT) are now in place for inpatient services.
- A joint regional evaluation group is also in operation to monitor the impact and record outcomes as a result. Partners include NTW, TEWV, Public Health England, Fresh, North East Strategic Clinical Network and FUSE (Centre for Translational Research in Public Health).

7 Long service awards

Over the past few weeks two long service recognition events have been held at The County Hotel, Newcastle. The events, which commenced in 2013, celebrate the contribution of staff who have reached 25, 30 or 40 years of NHS Service. The recent events were held in a more informal setting than in previous years with afternoon tea served prior to the formal presentation of certificates. 60 staff attended and the feedback has been really positive.

8 Annual Staff Excellence Awards

The seventh annual Northumberland, Tyne and Wear NHS Foundation Trust 'Staff excellence awards' will take place on the evening of Friday 18 March 2016 at the Hilton Hotel in Gateshead. Finalist and invited guests will attend the gala awards event

which will see winners presented across 15 award categories, including leadership, partnership working and clinical team of the year. This year there were 570 nominations; 150 more than we have had in even our most successful previous awards. The awards, as in previous years, are being sponsored by a number of local firms, with Laing O'Rourke returning as our main sponsor. Invitations for finalists and guests are being sent out this week.

9 Strategic Alliance with Malhotra PLC

The Trust has entered a strategic alliance with Malhotra Plc. to share expertise and knowledge across the public and private sector. Initially the focus will be on estate management solutions, but opportunities will be explored to enhance the provision of care to elderly and vulnerable people supported by both organisations. The Board will be kept informed of opportunities and developments arising from this partnership over the coming months.

10 Governor Elections 2016

The latest round of Governor Elections commenced on 18 January and nominations closed on 16 February. A lot of interest was initially expressed around all four carer governor vacancies with a last minute flurry of interest for the medical staff governor vacancy. 16 nomination packs were issued to interested members with only 6 members finally completing and submitting applications, one of which was invalid.

Of the five vacancies, three were filled unopposed, i.e. Carer Governors for Neuro Disability Services and Learning Disability Services and the Medical Staff Governor. An election will take place for the Carer Adult Services vacancy. There will still be a vacancy for the Carer Governor Older People's Services.

The Ballot packs will be distributed on 2 March and voting will close on 29 March 2016. The four new governors will commence their two or three year term of office on 1 April 2016.

11 KPMG pension sessions

KPMG will be attending the Trust over the next month to run a small number of awareness sessions for senior staff relating to changes to both the Lifetime and Annual Allowances. The aim of the sessions is to ensure that staff are aware of the pending changes and can then proceed to seek independent financial advice, should they wish to do so, with regards to pensions and their tax position. Over the next year there are various protection arrangements which staff may choose to action. General information relating to the changes has been included in "The Bulletin" and whilst this has been available for all staff, the impact is envisaged to be only for some of those earning £60,000 or more.

As there have been so many changes to the NHS Pension scheme in recent years, consideration is being given to running some wider, more generic sessions to update

and inform staff as to the main components of the Scheme, helping staff to understand how the NHS pension is an integral part of the overall reward package and how even after recent changes, it is still a good scheme.

John Lawlor
Chief Executive
February 2016