

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 25 November 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. Changes to the national tariff objection mechanism
2. Junior doctors contract and potential industrial action
3. Nurse revalidation
4. NHS Providers' Conference

Regional issues

5. Update on Vanguard Projects
6. North East Combines Authority – Devolution Proposals

Trust issues

7. Trust international recruitment campaign
8. Healthy leadership
9. Governor Elections

Outcome required: For Information.

Chief Executive's Report

November 2015

National issues

1. Changes to the national tariff objection mechanism

On 29 October 2015 the Department of Health published the Government's response to the consultation on proposals for revising the objection mechanism to the pricing method. This consultation was launched in response to the consultation on the 2015/16 tariff. This resulted in objections from 73.7% of providers by share of supply and 36.6% by number and 8.1% of commissioners by number. Under the rules extant at this time if objection, whether by share of supply or number of organisations exceeded 51%, the objection mechanism would be triggered. This resulted in the tariff for 2015/16 being withdrawn.

A compromise proposal was required to be put in place, and proposals were then consulted on by the Department of Health to change the objection mechanism.

Responses to whether the objection mechanism should be changed were mixed with 52% disagreeing and 46% agreeing. However, proposals to remove the threshold based on share of supply were not well received, with 65% of respondents disagreeing, including 90% of providers. 82% of respondents disagreed with raising the threshold for objection, 6% agreed the threshold should be raised to 66% and 5% supported an increase to 75%. 66% of respondents thought there would be a significant impact on the sector if the changes to the objection mechanism were put in place as proposed.

In response, the Government has decided to remove the objection mechanism by share of supply and increase the threshold for objection by number of organisations to 66%. NHS Providers make up 62% of the provider sector by number due to the number of smaller non NHS providers. NHS Providers have objected to the changes as this effectively removes the provision to object to proposals enshrined in the annual tariff consultation. The changes become effective immediately.

2. Junior doctors' contract and potential industrial action

The British Medical Association (BMA) balloted junior doctors from 5 to 18 November 2015 on either strike action or industrial action short of strike. Shortly prior to this, NHS Employers made a firm offer and asked NHS Provider Trusts to engage with the junior doctor workforce on this offer. The BMA laid down what would be required for a return to the negotiating table, including removal of the option for the Government to impose the new contract. The Secretary of State and the Chief Executive of NHS Employers has written directly to junior doctors and given assurances, amongst other things, about pay protection. Strength of feeling remains high amongst junior doctors and a recent march took place in Newcastle. Their concerns include an extension of "plain time" up to 10pm on weekdays and day time on Saturdays, pay progression based on reaching key points in training, as opposed to time served and removal of an out of hours "banding" supplement to basic pay with an on call supplement and pay for each hour worked.

The Trust held a series of engagement events on the 12 and 16 November 2015, aiming to reach all junior doctors and will feedback issues raised to NHS Employers, as well as giving further consideration ourselves to the implications for our Trust. Key considerations include mitigating the risk that perceived adverse outcome on terms and conditions could further exacerbate our recruitment challenges. NHS Scotland is not looking to change the contract and this may be an issue given our location.

A coordination group will monitor and manage the impact of any industrial action, including liaison with the BMA on the scope of exemption letters for those staff providing emergency cover.

3. Nurse revalidation update

The Nursing and Midwifery Council (NMC) has recently formally announced that from April 2016 they will introduce revalidation for all nurses and midwives (registrants) in the UK. Revalidation is the process that allows registrants to maintain their registration with the NMC and replaces the current requirements for renewal set out in the Post Registration Education and Practice Standards (PREP) Handbook.

Completing the revalidation process is the responsibility of individual nursing staff and they will need to meet a range of requirements designed to show that they are keeping up to date and actively maintaining their ability to practice safely and effectively.

Underpinned by the Code: Professional Standards of Practice and Behaviour for Nurses and Midwives; the revalidation process encourages nursing staff to reflect on their role in everyday practice and to demonstrate that they are living the standards set out within it.

Locally, the work plan agreed by the Professional Nursing Forum, is in place and is monitored by the Nurse Education Forum. This has been revised in light of the recently published guidance. To date we have;

- Ensured regular communication with nursing workforce through a variety of means, such as the Bulletin; Nursing Conference; distribution of fact sheets and presentations and access to all information via Nursing SharePoint.
- Development of nursing competency based frameworks based on job descriptions, which will be aligned to appraisal and will require nursing staff to provide evidence of ongoing competence and reflection on practice.

We are also carry out:

- A revision of the Appraisal Policy to include Revalidation Practice Guidance Note.
- The development of a professional nursing portfolio.
- The development of internal confirmation systems for checking registrants renewal and the distribution of updated fact sheets and presentations to the nursing workforce.

4. NHS Providers Conference

The conference covered a wide range of issues of relevance to NHS providers, including a presentation on barriers around perceived or actual discrimination. The Secretary of State and the recently appointed Chief Executive, Jim Mackey, of the newly created NHS Improvement, also gave presentation, including financial pressures and the additional potential investment in the NHS and social care services as part of the Comprehensive Savings Review.

Regional issues

5. Update on Vanguard

The Five Year Forward View for the NHS introduced the concept of developing a number of new models of care and testing them across the country. The test sites were to be called Vanguard, essentially with the purpose of setting up and working with these new models to enable lessons to be learned for other areas of the country to subsequently develop their own models. The models to be tested were:

- Multi-specialty Community Providers - essentially bringing together provision of care in the community, built around and supporting primary care services.
- Primary and Acute Care Systems - directly integrating the provision of hospital, community and primary care.
- Solutions for smaller hospitals - looking at ways in which smaller hospitals could work together to ensure their services were sustainable for the future.
- Integrating care around care homes - looking at developing better integrated care for the elderly and frail.

Since the initial publication a further vanguard model looking at urgent and emergency care systems on a regional scale has also been introduced.

A number of Vanguard sites have been supported across the country and NTW are involved in four, in Sunderland, Gateshead, Northumberland and an urgent and emergency care vanguard across the North East. This puts us in a good position to influence the local and national agenda, but also brings significant challenges in terms of capacity. We have developed locality teams involving Executive and Group Directors, Clinicians and Managers to ensure that we have a co-ordinated approach in each locality.

- Sunderland are testing a multi-specialty provider model and have set up an Integration Board to oversee its development. This is chaired by South Tyneside Healthcare NHS FT who provide community services in the area, but has representation from NTW, City Hospital Sunderland NHS FT, the Local Authority and Clinical Commissioning Group (CCG). To support this, the CCG and Local Authority have agreed to pool funding for all community services across health and social care.
- Gateshead is testing a model integrating care around care homes, looking specifically at the elderly and frail population in Gateshead. The concept is to create 'virtual wards' in care homes and the community, with medical nursing and social care input to detect deterioration early, intervene more quickly and to prevent hospital admission. The Trust is involved in the steering group, which has recently been re-constituted.

- Northumberland is now planning to go beyond the original Vanguard to integrate primary and acute care with the development of an Accountable Care Organisation, with a proposal for Northumbria Healthcare NHS FT to deliver commissioning responsibilities from the CCG, and to be the system leader in creating integrated health and care services. They already have responsibility for Adult Social Care, which was transferred on the dissolution of Northumberland Care Trust. NTW has sought assurance around the measures in place to ensure parity of esteem for those living with mental health, learning disability and neuro-disability. These discussions continue at a local and national level and the Trust is committed to working with all partners to develop an integrated approach to care across Northumberland. This development is moving at pace and is currently proposed to operate in shadow form from 1 April 2016.
- The Urgent and Emergency Care Vanguard across the North East, is looking at the development of an integrated approach supporting a population of £2.61m people. Mental health features prominently and work is now ongoing on developing the approach across the region.

It is now also proposed to create an Accountable Care system of organisation to convene and provide NHS services.

The Trust is working to be an integral part of all of these Vanguards to ensure that the interests of the people that we serve are secured, and to ensure that we take the opportunity to break down the barriers between mental and physical health care, and to help tackle poorer life expectancy and health outcomes for people that have severe mental health and learning disability needs. There are strong indications (from Simon Stevens, Chief Executive of the NHS) that next year, all health and care systems will be required to develop integrated plans for delivering sustainable provision and better outcomes over the next five years. It is essential that our organisation plays a critical part in the development of these plans.

6. North East Combined Authority - Devolution Proposals

On 23 October 2015, all members of the North East Combined Authority (NECA) Leadership Board signed a document setting out the terms of a proposed agreement with the Government to move forward with a radical devolution of funding, powers and responsibilities. A copy of the document is attached as Appendix 1, and provides for the transfer of significant powers for employment and skills, transport, housing, planning, business support and investment from central government to the North East. It paves the way for further devolution over time, and for the reform of public services including health and social care, to be led by the North East. The proposed agreement builds on the ambitions set out in 'More and Better Jobs' the North East's Strategic Economic Plan, and draws on the responses to the consultation exercise we conducted earlier this year, which demonstrated wide public and business support. A final agreement is conditional on a number of factors, including further public consultation, and NECA are keen to continue this conversation with partners and stakeholders, including the NHS.

NECA have agreed to establish a health and care commission which will consider to what extent NHS and social care services should become part of the devolution plans. The commission plans to report next summer. There has been a workshop to agree the terms of reference of the review and NTW was represented at this.

Trust issues

7. Trust international recruitment campaign

Five representatives from the Trust travelled to India from 29 October until 6 November 2015 for a week long programme of recruitment for medical staff. This project has been developed over the past 12 months, working with international recruitment agencies and networks from academic institutes in Delhi, Mumbai and Bangalore.

Interviews took place in Delhi and Bangalore where 38 candidates were interviewed; nine of these have been offered Consultant level posts with a further nine being offered posts at Senior Associate Specialists (SAS) level. A further three candidates are being considered for locum/trainee posts. In addition to the interviews, links have been established with leading medical institutions in the country where the possibility of establishing a development programme for medical staff in both countries was discussed.

Offer letters have now been sent to the successful candidates and the process of checking and applying for visas has commenced. The next phase for the team is to develop a robust induction programme that meets both professional needs as well as personal needs, ensuring that our new recruits feel welcome and are able to settle in a new country. Dr Neeraj Berry will lead on this along with Claire Shaw, Head of Human Resources, and it is envisaged that at least some of the new starters will be in the Trust by March 2016.

There is also an opportunity to recruit Registered Mental Health Nurses (RMHN) from overseas due to a Government change in the status of nursing to a shortage occupation. The Trust has been developing this project for a number of months and has already scoped countries where nursing staff are available and meet NMC requirements. The team is now working on mobilising the project to interview overseas early in the new year to meet the deadline for visa applications before this opportunity expires.

The Trust is contributing to a call for evidence to help enable nursing on the shortage occupation list.

8. Healthy leadership

Marilyn Dummer, Managing Director of Team Prevent UK (the Trusts Occupational Health provider) recently led a development session on healthy leadership. This follows an emergent evidence base relating to the importance of healthy leadership and its impact on the workforce. The session was well received and dovetails with our organisational development strategy. Further information and the slides will be shared with the Board in our January meeting.

9. Governor Elections

15 Governor roles become vacant on 30 November 2015 and the Election process commenced on 29 September 2015. At the deadline for submission of nominations, nine of the 15 vacancies have been filled unopposed. There will be one election in the Service User, Neuro Disability Services constituency, with a poll closing date of 27 November 2015.

The remaining five unfilled vacancies are four Governors in the Adult, Learning Disability, Neuro Disability and Older People's Services Carers' constituency and one Staff Governor in the Medical constituency. It is proposed that a new election campaign commences early in these areas in the New Year.

**John Lawlor
Chief Executive
November 2015**