

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: Wednesday 25 February 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. Industrial Action / Pay Offer
2. Freedom to Speak Up
3. Monitor Risk Assessment Framework
4. Mental Health Act 1983: New Code of Practice
5. Update on Monitor Consultation on National Tariff Payment System 2015/16

Local Issues

6. Deciding Together Consultation
7. Vanguard Bids for New Models of Care

Trust Issues

8. Speak Easy, Be Heard Events
9. Valuing Excellence Awards
10. Local NHS Governor receives top award

Outcome required: For Information.

Chief Executive's Report

February 2015

National Issues

1. Industrial Action / Pay Offer

The industrial action which was planned for 29 January 2015 and 25 February 2015 has been postponed due to recent discussions and a further pay offer being negotiated.

The key elements of the pay proposal from the Department are as follows:

- Abolition of the bottom point of Agenda for Change and increasing pay point 2 to £15,100.
- 1% consolidated rise for all staff up to point 42 from April 2015.
- A further consolidated pay rise of an additional £200 for staff on pay points 3-8.
- An increment freeze in 2015/16 for staff on pay point 34 and above for one year only.
- Changes to redundancy payments from 1 April 2015 which will include a ceiling for calculation of £80,000 and a floor for calculation of £23,000. This offer will also include an end to employer top up for early retirement on grounds of redundancy.

Unions are currently balloting these proposals with a closing date of early March 2015. If the offer is not accepted it is anticipated that there will be further industrial action on Friday 13 March 2015.

2. Freedom to Speak Up

Freedom to Speak Up, the independent review led by Sir Robert Francis into creating an open and honest reporting culture in the NHS was published on 11 February 2015.

The aim of the review was to provide advice and recommendations to ensure that NHS staff in England feel safe to raise concerns, confident that they will be listened to and the concerns will be acted upon. Over 600 individuals and 43 organisations contributed to the review as well as 19,500 who responded to staff surveys sent out by independent researchers.

From the evidence 5 overarching themes emerged. These are the need for:

- Culture change
- Improved handling of cases
- Measures to support good practice
- Particular measures for vulnerable groups
- Extending the legal protection

The review concluded that although many cases are handled well, too many others are not which has a disproportionate impact on others who are deterred from speaking up by the fear of adverse consequences or the belief that nothing will be done which ultimately puts patients at risk.

There are 20 key principles and actions outlined within the report based on the five key themes outlined above. Each of these points will be reviewed over the coming weeks to ensure any necessary actions are progressed. A communication has also been sent out to staff across the Trust to reiterate individual responsibilities in respect of arising concerns regarding patient safety or quality of services and assure staff that any such instances will be dealt with confidentially and supportively. A copy of the Executive Summary and the Full Report can be found using this link <https://freedomtospeakup.org.uk/the-report>.

3. Monitor Risk Assessment Framework

Monitor introduced the Risk Assessment Framework in 2013 to measure the risk to continuity of services and the risk of poor governance, including assessment of performance against national access and outcome standards using 20 indicators considered to be the best available proxies of governance; underperformance against these indicators could indicate a governance concern and lead to further investigation. After a full year of use Monitor is reviewing the framework and consulting on a range of updates as described below.

Mental health access standards are likely to be introduced into the 2015/16 NHS standard contract and Monitor is proposing to introduce these targets as triggers for governance concerns in the RAF. A provider could be investigated for failing on an ongoing basis (3 quarters in a row) from quarter 3 2016/17. Further work is being undertaken by NHS England to enable the rollout of these standards therefore Monitor is seeking views on various options relating to:

- Two week wait for receiving treatment from the Early Intervention in Psychosis (EIP) programme – 50% by April 2016.
- Referral to treatment target for Improving Access to Psychological Therapies (IAPT) – 75% seen within 6 weeks and 95% within 18 weeks from April 2015.

A single measure has been identified for providers of medium secure services following the introduction of a selection of indicators for providers of high secure services. This would measure the percentage of patients having a full health check every 12 months and Monitor is seeking views on the suitability of this metric along with suggestions for further measures to ensure consistency and proportionate treatment across high and medium secure providers.

Potential changes to assessment of continuity of risk:

- The introduction of a trigger for investigation where a trust has the highest risk rating for capital servicing capacity or liquidity, regardless of the overall continuity of service rating.
- The introduction of stress testing against forward plans submitted.
- Further minor clarifications will also be made to the RAF to align with various policy changes.
- The RAF will also clarify that Monitor can investigate material as well as ongoing underperformance against national outcome and access targets.

The Trust has reviewed this consultation through the Corporate Decision's Team and submitted a response to the questions posed.

4. Mental Health Act 1983: New Code of Practice

The new Code of Practice comes into force from 1 April 2015. The Code of Practice, “provides statutory guidance” for staff on, “how they should carry out functions in the Mental Health Act in practice.” Staff, “must have regard to the code”. Departures from the code may lead to legal challenge and any reasons for such departures need to be clearly recorded in the case notes. The Code of Practice is referred to under section 118 of the Mental Health Act 1983. The last Code of Practice was published in 2008 and the latest version comes into force on 1 April 2015.

There have been significant changes in legislation, case law, policy and professional practice and the revised code aims to provide stronger protection for patients and clarify roles, rights and responsibilities. This includes:

- involving the patient and, where appropriate, their families and carers in discussions about the patient’s care at every stage,
- providing personalised care,
- minimising the use of inappropriate blanket restrictions, restrictive interventions and the use of police cells as places of safety.

The main changes to the code include:

- 5 new guiding principles,
- new chapters on care planning, human rights, equality and health inequalities,
- consideration of when to use the Mental Health Act and when to use the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and information to support victims,
- new sections on physical health care, blanket restrictions, duties to support patients with dementia and immigration detainees,
- significantly updated chapters on the appropriate use of restrictive interventions, particularly seclusion and long-term segregation, police powers and places of safety,
- further guidance on how to support children and young people, those with a learning disability or autism.

The new code is very much in keeping with the Trust’s values. It is however likely to have significant impact across all areas of NTW including, care delivery, governance and administration and management of the legislation. Consequently the Trust will be looking to set up a project team including strong clinical/operational representation as well as local partners. Involvement with our commissioners is essential in this process.

5. Update on Monitor Consultation on National Tariff Payment System 2015/16

On 29 January 2015 Monitor published a statement which confirmed that the threshold for objections to the consultation had been breached. The analysis showed that around 13% of Clinical Commissioning Groups (CCGs), 37% of relevant providers by number, and 75% of relevant providers by share of supply, objected to the proposed method for determining national prices for NHS services. Monitor now have to consider whether to propose an alternative pricing model, which will also be subject to consultation, or to refer their decision to the Competition and Markets Authority (CMA), which will look at whether Monitor have fulfilled their remit adequately in reaching their pricing decision. The CMA can then ask Monitor to re-look at their pricing model or confirm Monitor’s position. Whichever scenario, is taken forward will take a number of months, which means that

there will be no national payment system in place for 2015/16 by 1 April 2015. In the meantime, the legal position is that existing contracts and pricing levels remain in effect until a new pricing system is agreed, and any new national payment arrangements will only be enforceable from that point.

The Chief Executive of the NHS, Simon Stevens, has indicated that he will jointly propose with Monitor a new voluntary arrangement which would seek to address many but not all of the concerns expressed by those objecting to the consultation. No such proposal has been published at the time of writing.

A recent survey by the NHS Journal found that 81% of respondents would prefer a revised model to be published and consulted on, with only 6% agreeing that a voluntary code would be the best model. When asked if they would sign up to a voluntary model, unsurprisingly 86% said that it would depend on the offer. Only 3% of respondents currently believed that they would be able to sign up to contracts before 1 April 2015.

Given that this is a zero sum game, with no new money available, it is clear that any attempt to address issues concerning one part of the NHS sector will impact adversely on another. Within the mental health sector there is real concern that, if the issues of concern to the acute sector are addressed, this will imbalance the system further by reducing funding available to mental health and community services, at a time when we should be investing in early intervention, prevention and community based models of care.

A further update will be given to the Board if there are any further developments.

Local Issues

6. Deciding Together Consultation

The Deciding Together Consultation in Newcastle and Gateshead has recently ended and the Clinical Commissioning Group is evaluating the feedback via an independent analysis company. It is expected that this initial feedback will be available to share with partners and the public in late March. As part of the consultation, a participatory budgeting event was held on 13 and 14 February 2015. This event was a ground-breaking model for participation in consultation, with such an event being held within a health setting for the first time. It was supported and facilitated by the Consultation Institute. The first day involved providers and other organisational stakeholders, while the second day involved users, carers and the public. The aim was to consider how best to use the Mental Health Pound to provide services for adults of working age currently provided by the Trust across Newcastle and Gateshead in a time where resources available are decreasing. The discussions across both days were challenging, invigorating and productive, and a huge amount of great information was collected from those attending. Nationally the event received a great deal of comment and interest on twitter and Facebook, including praise from NHS England's Chief Nurse, and the National Clinical Director for Mental Health. The results are to be collated by the consultation institute and fed back in mid-March. Special thanks to Caroline Wild, from the Trust, Caroline Latta from North East Commissioning Support Unit and the Consultation Institute for their efforts in designing and managing such a ground breaking event. A further update will be provided to the Board in due course.

7. Vanguard Bids for New Models of Care

As part of the proposals included within “Taking the Five Year View Forward”, applications were requested from health economies wishing to be part of the first wave of design for the new models of care proposed. Locally five of our local health economies submitted bids, briefly outlined below:

- Northumberland-integrated Primary and Acute Care systems bid covering primary and secondary health, including mental health, and social care. Bid led by Northumbria Healthcare NHS Foundation Trust in partnership with the CCG.
- North Tyneside-update to be provided at the Board.
- Gateshead-Integrated approach to care homes, building on a model already under development, providing integrated support around admission and discharge from care homes, with the provision of better care, reduced admissions and reduced length of stay.
- South Tyneside-Enhanced integration with care homes and social care, building on the existing Pioneer and integration work in which the Trust is a partner. The aim is to align health and social care provision through integrated commissioning and prime provider models.
- Sunderland-two bids are submitted, both with the support of the Trust. The first is the creation of a multi-specialty provider model, involving all of the partners directly involved in the provision of primary and community health and social care. The Trust is seen as providing services into this model, building on the transformation work already undertaken, rather than being a direct part of it. The second concerns enhanced integration with care homes and social care, building on the recovery at home model already developed in Sunderland. This is seen as integrally linked with the first bid.

Well over two hundred bids have been submitted nationally with the current expectation that around twenty to thirty applications will be chosen. An announcement on the successful bids is expected in early March.

Trust Issues

8. Speak Easy, Be Heard Events

In early February the Trust held our first round of ‘Speak Easy, Be Heard’ events. Nine staff events took place over the week at the Trust at venues in Northumberland, Gateshead, Newcastle upon Tyne and Sunderland. They were attended by over 200 staff who had the opportunity to share their views, ideas and concerns about our work. Initial feedback from the events was very positive, with many participants saying that they felt listened to.

To end the week, a group of almost 100 managers came together to have their chance to share and discuss their roles and services and work is well underway to evaluate and consolidate the information which was received. A full report will be provided to the Board in due course and a second set of ‘Speak Easy, Be Heard’ events is being planned for June and October 2015.

9. Valuing Excellence Awards

Our Annual Staff Awards will take place on Friday 20 March 2015 at the Hilton Hotel Gateshead. Once again a significant proportion of the cost of these awards (over £11,000) had been raised through sponsorship. The Valuing Excellence Awards will be hosted by Pam Royal from ITV Tyne Tees and will celebrate the achievements and contribution of staff from across the Trust.

10. Local NHS Governor receives top award

Congratulations to Jack Wilson, an Apprentice Youth Worker and Service User Governor for the Trust who has been picked as the North East regional winner following a countrywide search for the Mental Health Hero Awards. Jack is one of nine Mental Health Hero regional winners who were chosen by an expert panel as part of an initiative by the Deputy Prime Minister.

Jack is an inspirational young man and we are delighted that his hard work has been recognized and we would like to congratulate Jack on his success, well done!

John Lawlor
Chief Executive

February 2015