

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24 January 2018

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. New Chair Appointment
2. Staff Survey
3. Annual Staff Awards
4. Our Next Trust CQC Inspection
5. Operational Management Restructure

Regional updates

6. North of Tyne Devolution
7. STP Update
8. Gateshead Care System Partnership

National updates

9. Draft Health and Care Workforce Strategy – Facing the Facts, Shaping the Future
10. Green Paper on transforming Children and Young People's Mental Health Services
11. Healthcare Safety Investigation Branch – Notification of Event and Decision to Investigate

Outcome required: For information

Chief Executive's Report

24 January 2018

Trust updates

1. New Chair Appointment

I am delighted to let you know that the Council of Governors has appointed Ken Jarrold CBE as Chair of Northumberland, Tyne and Wear NHS Foundation Trust. He will take up his position at the beginning of February 2018.

I am delighted to welcome Ken to the Trust. He brings a wealth of experience and expertise, having led a number of NHS organisations across the country during his many years of public service. Ken's values and commitment to people who use and work in local services shone through during the interview process. He will be a fabulous addition to the Trust and the NHS across the North East.

On his appointment, Ken said 'I am deeply honoured and delighted to have been appointed as Chair. I will do my best to serve our service users, carers and frontline staff.'

2. Staff Survey 2017

We received our initial results from the 2017 Staff Survey in mid-December. These results provide a Trust wide analysis, which will be followed later this month by a full management report and locality and corporate department reports. NHS England will publish all results nationally in March when we will be able to find out how we compare to other staff groups in the country. We had a good response rate of 64%, equates to 3894 members of staff who gave their views. Initial results show that we have improved in some areas and deteriorated a little in others compared to last year.

We can see that staff have been honest in their responses and the results appear to reflect a number of things that staff have been telling us over recent months, either locally, during visits to teams, or as part of events such as Speak Easy. When we receive our full results later this month we will be sharing them with each CBU and corporate department so that we can work together to further understand the results and formulate actions which we might wish to take to help improve our working lives, moving towards the Trust's strategic aim of making it a great place to work.

3. Annual Staff Awards

Our preparations for the NTW annual Shining a Light Awards are well underway with the event scheduled for Friday 16 March at Newcastle Civic Centre. We have had over 500 nominations across all categories with the standard of entries higher than ever. In recent weeks 7 judges have painstakingly been reviewing all entries and the shortlist for each category is currently being finalised.

The entries reflect the outstanding work our staff across both clinical and corporate teams deliver year in year out and I know we will all be looking forward to the awards ceremony in March. It is a great opportunity to thank all of our staff, those there on the night and importantly those not, along with some of the partners they work with for their contributions and achievements within another year. I hope many of our Board colleagues will be able to attend, please note the date for your diaries.

4. Our Next Trust CQC Inspection

The Care Quality Commission has moved to an annual inspection cycle. In early January 2018, I received a Routine Provider Information Request from Jenny Wilkes, indicating that unannounced inspections of services are likely to take place in the next few months, culminating with a planned “well led” inspection no later than early June 2018. Following this process our rating will be reviewed and a report published.

As before, we welcome the CQC’s inspection of our services as an opportunity to:

- showcase our good work,
- demonstrate understanding of our areas for improvement and what we are doing about them; and
- demonstrate we are a learning organisation

The Trust wide CQC Compliance Group has been preparing for the CQC’s new approach and the CQC steering group has been re-established to help plan for the 2018 inspection.

As with previous inspections, CQC will ask us to provide data and evidence before, during and after their visits, to support their findings. The significant volume of data requested as part of the routine provider information request is currently undergoing a quality assurance process prior to submission to the CQC by the end of January 2018.

5. Operational Management Restructure

The Operational Management Restructure has now been completed and all posts have been recruited to within the 12 Clinical Business Units. The Collective Leadership Development programmes have commenced for both operational and corporate services, and these programmes should be concluded by the end of March 2018.

The Strategic Clinical Networks were launched on the 6th December 2017 with the individual networks being launched in the first quarter of 2018. The seven Strategic Clinical Networks are:

Children & Young People	Learning Disability & Autism
Crisis & Liaison	Older People
Addictions	Adult Mental Health
Personality Disorder	

The final Transitions Group met on the 11th January 2018 and any outstanding issues have been integrated into day to day operational management.

Regional updates

6. North of Tyne Devolution

The Government and Newcastle, North Tyneside and Northumberland councils have agreed a landmark ‘minded to approve’ devolution deal for the North of Tyne. The North of Tyne covers the three Councils with a population of 880,000, and economy of £17bn, employing 360,000 people across 23,000 businesses. The Deal package,

comprising a new Investment Fund, new initiatives and new powers, is set to add £1.1bn GVA to the economy, deliver over 10,000 new jobs, and leverage over £2.1bn in private sector investment

A devolution agreement would mean:

- A new, directly elected North of Tyne Mayor, acting as Chair to a new North of Tyne Combined Authority.
- Control of a £20 million per year allocation of revenue funding, over 30 years, to be invested by the North of Tyne Combined Authority to drive growth and take forward its economic priorities.
- Establishment of an Inclusive Growth Board, with Government participation, to better integrate skills and employment programmes across the area, including a North of Tyne Education Improvement Challenge.
- Devolution of the Adult Education Budget for the area to allow North of Tyne to shape local skills provision to respond to local needs.
- Opportunity to secure funding for pilots to help North of Tyne residents with particular barriers to employment into work.
- Establishment of a Housing and Land Board, with powers to the Combined Authority to acquire and dispose of land, and mayoral powers to take forward compulsory purchases and establish Mayoral Development Corporations, as a foundation for North of Tyne's housing and regeneration ambitions.
- Driving improvements to rural growth and productivity, and becoming a Rural Business Scale up Champion for England.
- More effective joint working with the Department for International Trade to boost trade and investment in the area.
- Collaborative working with Government to support North of Tyne in taking forward its considerable ambitions around digital capability and infrastructure, and low-carbon energy.
- A statutory Joint Committee to exercise transport functions jointly on behalf of the North of Tyne and North East Combined Authorities.

The proposal is currently out to consultation and a number of engagement events have been set up. The proposed timeline towards establishing the Combined Authority is as follows:

End of February 2018

The views gathered in the consultation will be analysed and submitted to the Secretary of State for Communities and Local Government.

February 2018 to summer 2018

The Secretary of State will draft orders that will:

- create the North of Tyne Combined Authority;
- change the geographic area of the current NECA (i.e. without the three councils of Newcastle, North Tyneside and Northumberland); and
- will create a statutory joint committee to oversee transport arrangements in the wider North East region.

Subject to the relevant local authorities approving the draft order, the Secretary of State will then lay the orders before Parliament.

Summer 2018

The North of Tyne Combined Authority is set up. An interim Mayor will be appointed to oversee the authority until a Mayor is elected in 2019.

A Joint Committee for Transport is set up to manage the transport arrangements in both the North of Tyne and NECA areas.

May 2019

Elections are held in Newcastle, North Tyneside and Northumberland to elect a Mayor for the North of Tyne Combined Authority.

7. STP update

Work continues on developing a single STP for North Cumbria and the North East, under the leadership of Alan Forster, Chief Executive of North Tees and Hartlepool NHS FT. Governance arrangements are under development, pending formal approval of the single STP footprint, and it is expected that a paper will be submitted to the February Board to consider these arrangements.

In the meantime the Oversight Group (including representation from NTW) continues to oversee the process of development. To support this a Directors of Finance Group has been formed across the wider STP geography (again with representation from NTW), and this met for the first time on 12th January. The leadership forum across North Cumbria and the North east to take place on January 19th is expected to review the current work-streams (14 in total), with an expectation that these will be rationalised. It is expected that the Mental Health work-stream will continue in its current form and an update on this is included in a separate paper on the agenda.

8. Gateshead Care System Partnership

Significant work is being undertaken across the Gateshead Care system, looking at opportunities for further integration of provision of services, and supporting the shift towards strategic commissioning. From a provision point of view, this will build on the work of the Gateshead Care Partnership Board, which includes representation from NTW, Gateshead Health Care NHS FT, Gateshead Local Authority and CBC Health, a not for profit member organisation owned by 31 Gateshead GP practices.

The Gateshead system partnership work also includes full engagement and involvement of Newcastle Gateshead CCG. All partners are fully committed to this work which is being progressed positively. It is expected that proposals will be developed for consideration by the Board over the coming two months. The aim is for any proposals to be fully implemented by 1st April 2019, with shadow working during 2018/19

National

9. Draft health and care workforce strategy – Facing the Facts, Shaping the Future

A new national draft health and care workforce strategy, coordinated by HEE on behalf of all national partners, has been launched for consultation with a response date of 23 March 2018. This is the first national workforce strategy for over 25 years and set out achievements to date, the vision for the workforce of the future and the actions needed to get there.

We have the draft strategy on the Board agenda as a substantive item and will be continuing our discussions both within and outwith the Trust to contribute to the national consultation.

The draft strategy can be found here:

<https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-strategy>

10. Green Paper on transforming Children and Young People's Mental Health Services

There are a number of key initiatives out for consultation to improve Children and Young People's Mental Health. Focus will be on Schools and Colleges with a requirement for a designated lead within each institution by 2025.

Another initiative would be Mental Health support teams (trained staff) linked to groups of Schools and Colleges. The Government wants to reduce the time that it takes to get treatment from specialist services to 4 weeks.

There is also an exploration of how social media and technology impact on Children and Young People's Mental Health.

<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

11. Healthcare Safety Investigation Branch – Notification of Event and Decision to Investigate

The HSIB were made aware of a woman experiencing a mental health crisis who, having presented to her GP, ambulance service and A&E Department, subsequently took her own life. A preliminary investigation reviewed the care pathway of the individual spanning the two years preceding her death.

A review of national data revealed that this was not an isolated incident.

The Chief Investigator authorised a full investigation which will seek to identify improvements in how the mental health care needs of adult patients can be effectively assessed and then how treatment can be appropriately and safely managed after presentation at the emergency department.

During the HSIB's preliminary investigation the following safety issues were identified and will form the basis of the ongoing investigation:

- The appropriateness of assessment tools to identify patients at risk.
- Difficulties in the sharing of patient information within the emergency department.
- The emergency department may not be a place of safety for a patient experiencing a mental health crisis.
- Access to psychiatric liaison services.

The HSIB will continue to investigate the safety implications of adult patients presenting at the emergency department with mental health problems. This will include a comparison of settings with well-established, 24/7 psychiatric liaison against those yet to implement a full-time service. The HSIB will report any significant developments as the investigation progresses and welcome further information that may be relevant, regardless of source.

Appendix 1 – Healthcare Safety Investigation Branch – Interim Bulletin

Interim Bulletin

Provision of mental health care to adults in the emergency department

11 January 2018

This interim bulletin contains facts which have been determined up to the time of issue. It is published to inform the NHS and the public of the general circumstances of events and incidents and should be regarded as tentative and subject to alteration and correction if additional evidence becomes available.

Notification of Event and Decision to Investigate

The Healthcare Safety Investigation Branch (HSIB) was made aware of a woman experiencing a mental health crisis who, having presented to her general practitioner, ambulance service and the emergency department of her local hospital, subsequently took her own life. A preliminary investigation reviewed the care pathway of the woman spanning the two years preceding her death. Following an initial investigation, the Chief Investigator authorised a full investigation as it met the following criteria:

Outcome Impact – What impact has a safety issue had, or is having, on people and services across the healthcare system?

When adult patients experiencing a mental health crisis present at an emergency department, their condition, for a variety of reasons, can be difficult to assess. Thereafter, lack of timely access to an appropriately trained mental health professional during the patient's stay may have severe consequences on the outcome and duration of their treatment and may also impact upon the care of other patients.

Systemic Risk - How widespread and how common a safety issue is this across the healthcare system?

A review of national reporting data revealed that this was not an isolated incidence of suicide following access to an emergency department. The commissioning and delivery of mental health care in this clinical area is complex. Despite various initiatives designed to encourage patients to use sources of urgent mental health care other than emergency departments, many patients with mental health problems continue to present at emergency departments. The preliminary investigation identified disparity across the NHS in England in the level of risk assessment for adult patients with mental health problems on presentation at emergency departments and their subsequent care management.

Learning Potential – What is the potential for an HSIB investigation to lead to positive changes and improvements to patient safety across the healthcare system?

This investigation will seek to identify improvements in how the mental health care needs of adult patients can be effectively assessed and then how treatment can be appropriately and safely managed after presentation at the emergency department.

History of the Event

The HSIB preliminary investigation reviewed the case of a woman with a history of mental illness and suicidal thoughts.

The patient was under the care of the local mental health service and was reported to be receiving private psychotherapy. She had been treated at the emergency department of the local district general hospital following self-harm and had attempted suicide on three occasions within the previous 18 months. The penultimate presentation at the emergency department occurred six weeks prior to her death. On that occasion, she reported that she had taken an overdose and had also attempted suicide. The attempt was prevented by a worker at a railway station. She was taken to the local emergency department at midday where treatment was commenced. The patient left the department without notice after five hours. There is no record of a referral to psychiatric liaison or of any subsequent contact with the patient by the mental health services as a result of that visit to the emergency department. A member of the community mental health team made a home visit to the woman two days before her death.

On the day before she took her life, the patient presented to the GP, reporting that she had taken an overdose. She was advised to go to the local hospital emergency department. Following a call to 999 by a concerned relative and a call back to the patient by a clinician, the patient arrived by ambulance at the hospital emergency department at 20:19 on a weekday.

After a wait of just under an hour, she was triaged and treatment started. A set of observations and blood tests were taken and intravenous fluids administered. The hospital had a psychiatric liaison team, available between the hours of 08:00 and 23:00, however no referral was made to that team. The next entry in the electronic patient record notes that the patient left the department without notice in the early hours of the morning. The department attempted to contact the patient without success. At 09:40 the next day the patient presented at her GP practice for a prescription

of medication. The GP who saw the patient was reluctant to prescribe under the circumstances and the decision was deferred in the first instance and reviewed later that day.

In the early afternoon, the patient left a note on the railway station platform before lying in the path of an oncoming train. Following treatment at the scene, she was airlifted to the trauma unit, where she died of her injuries.

National Context

In recent years, effort has gone into raising the profile of the provision of mental health care in the emergency department, and most current initiatives are set against the background of the independent Mental Health Taskforce's *5 Year Forward View for Mental Health* report to the NHS in England in 2016.

There is also work being done to treat mental health close to home in the community and to give patients alternatives when they experience a crisis. Despite this, reports such as the Care Quality Commission's *Right Here, Right Now*, published in 2015, and the National Confidential Enquiry into Patient Outcomes and Death *Treat as One* report, published in 2017, highlight the increasing volume of emergency department mental health referrals and disappointing levels of patient satisfaction with that engagement.

There are National Institute for Health and Care Excellence (NICE) guidelines, as well other tools, to assist healthcare providers when commissioning adult mental health services in the emergency department but fully integrating those services often proves challenging.

Identified Safety Issues

During the HSIB's preliminary investigation the following safety issues were identified and will form the basis of the ongoing investigation:

- The appropriateness of assessment tools to identify patients at risk.
- Difficulties in the sharing of patient information within the emergency department.
- The emergency department may not be a place of safety for a patient experiencing a mental health crisis.
- Access to psychiatric liaison services.

Next steps

The HSIB will continue to investigate the safety implications of adult patients presenting at the emergency department with mental health problems. This will include a comparison of settings with well-established, 24/7 psychiatric liaison against those yet to implement a full-time service. The HSIB will report any significant developments as the investigation progresses and welcomes further information that may be relevant regardless of source.



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