

## Agenda

<b>Board of Directors' Meeting</b> <b>Venue: Conference Room, Northgate Hospital, Morpeth, NE61 3BP.</b>	<b>Date: Wednesday, 28 March 2018</b> <b>Time: 2.00pm – 4.00pm</b>
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Item		Lead	
1	<b>Apologies</b>	<b>Chair</b>	<b>verbal</b>
2	<b>Declarations of interest</b>	<b>Board Secretary</b>	<b>verbal</b>
3	<b>Minutes of previous meeting held on 28 February 2018</b>	<b>Chair</b>	<b>enc</b>
4	<b>Action list and matters arising not included on the agenda</b>	<b>Chair</b>	<b>enc</b>
5	<b>Issues from the 28 February 2018 Board Meeting</b>	<b>Chair</b>	<b>verbal</b>
6	<b>Chair's Remarks</b>	<b>Chair</b>	<b>verbal</b>
7	<b>Chief Executive's Report</b>	<b>Chief Executive</b>	<b>enc</b>
8	<b>Service User Experience</b>		<b>verbal</b>
9	<b>Workforce</b>  <b>i) Workforce Strategy Annual Review</b>  <b>ii) National Staff Survey results</b>  <b>iii) Gender Pay Gap Report</b>	<b>Executive Director of Workforce and Organisational Development</b>  <b>Executive Director of Workforce and Organisational Development</b>  <b>Executive Director of Workforce and Organisational Development</b>	<b>enc</b>  <b>enc</b>  <b>enc</b>

	<b>iv) Agenda for Change, Contract Refresh, 2018, Proposed Agreement</b>	<b>Executive Director of Workforce and Organisational Development</b>	<b>enc</b>
<b>10</b>	<b>Quality, Clinical and Patient issues:</b> <b>i) Quality Priorities Setting 2018-19 Update</b> <b>ii) Integrated Commissioning and Quality Assurance Report (February Month 11)</b>	<b>Executive Director of Commissioning and Quality Assurance</b>  <b>Executive Director of Commissioning and Quality Assurance</b>	<b>enc</b>  <b>enc</b>
<b>11</b>	<b>Strategy and Partnerships (including Commercial and Business Development)</b>  <b>i) Business Case - The Riding at Ferndene</b>	<b>Executive Director of Nursing and Chief Operating Officer</b>	<b>enc</b>
<b>12</b>	<b>Minutes / Papers for information</b> <b>i) Council of Governors' issues</b> <b>ii) Committee updates</b>	<b>Chair</b>  <b>Non-Executive Directors</b>	<b>verbal</b>  <b>verbal</b>
<b>13</b>	<b>Questions from the public</b>	<b>Chair</b>	<b>verbal</b>
<b>14</b>	<b>Date, time and place of next meeting:</b> <b>Wednesday, 25 April 2018,</b> <b>Conference Room 1 &amp; 2 Room,</b> <b>Ferndene, Prudhoe, NE42 5PB.</b> <b>1.30pm – 3.30pm</b>	<b>Chair</b>	<b>verbal</b>

Draft Minutes

Board of Directors' meeting held in public		
<b>Wednesday, 28 February 2018</b>	<b>1.00pm – 3.00pm</b>	<b>By phone conference</b>
<b>Present:</b> <div> <div>Ken Jarrold</div> <div>Chair</div> </div> <div> <div>James Duncan</div> <div>Deputy Chief Executive / Executive Director of Finance</div> </div> <div> <div>Dr Leslie Boobis</div> <div>Non-Executive Director</div> </div> <div> <div>Lisa Crichton-Jones</div> <div>Executive Director of Workforce and Organisational Development</div> </div> <div> <div>Rajesh Nadkarni</div> <div>Executive Medical Director</div> </div> <div> <div>Gary O'Hare</div> <div>Director of Nursing and Chief Operating Officer</div> </div> <div> <div>Lisa Quinn</div> <div>Executive Director of Commissioning and Quality Assurance</div> </div> <div> <div>Peter Studd</div> <div>Non-Executive Director</div> </div> <div> <div>Martin Cocker</div> <div>Non-Executive Director</div> </div> <div> <div>John Lawlor</div> <div>Chief Executive</div> </div> <div> <div>Ruth Thompson</div> <div>Non-Executive Director</div> </div> <div> <div>Miriam Harte</div> <div>Non-Executive Director</div> </div>		
<b>In attendance:</b> <div> <div>Caroline Wild</div> <div>Board Secretary</div> </div> <div> <div>Anna Foster</div> <div>Deputy Director, Commissioning and Quality Assurance</div> </div>		

Agenda Item		Action
15/18	<b>Welcome and apologies</b>  <p>Ken Jarrold opened the meeting and welcomed those in attendance. He explained that due to the inclement weather, members of the public had been asked to not travel to the Board meeting. It was therefore proposed that any decisions taken at the meeting would be reported to the March Board to ensure that they were reported to the public in full.</p> <p>Apologies had been received from: Alexis Cleveland, Deputy Chair</p>	
16/18	<b>Minutes of the previous meeting held 24<sup>th</sup> January 2018.</b>  <p>It was noted that Martin Cocker was present at the January meeting and this would be amended on the record. There was also one small omission of an agenda number which would be corrected.</p> <p>With the exception of these points, the minutes were accepted as a true record of the meeting.</p>	

17/18	<b>Declarations of interest</b>  There were no new declarations of interests.	
18/18	<b>Action list and matters arising not included on the agenda</b>  In relation to the North of Tyne Devolution proposals, John confirmed that he had asked for NHS organisations to be considered as large employers, regardless of whether NHS services were included in the proposals.  The action checklist was noted.	
19/18	<b>Chair's Report</b>  Ken commented that it was a pleasure and an honour to be appointed to NTW as Chair. Ken said how grateful he was to everyone for giving up their time for 1 to 1 sessions. These meetings had been extremely valuable. He remarked that it was clear from the agenda that the Trust faced many challenges at the most difficult time in the history of the NHS.	
20/18	<b>Chief Executive's Report</b>  John and Ken had separately attended the recent staff long service awards events.  The physical health conference took place yesterday with good attendance from NTW and partner organisations.  James updated on the Q3 position for the NHS. He referenced the 'on the day briefing' document from NHS Providers and confirmed that the underlying NHS position is deteriorating and a significant turnaround would be required to recover in Q4.	
21/18	<b>Quality, Clinical and Patient Issues:</b>  <b>i) Domestic Homicide Review</b>  Gary O'Hare updated the Board on the recent DHR report published by Northumberland Council.  The Board received and noted the contents of the report.  <b>ii) Safer Staffing Quarter 3 report and six month skill mix review</b>  Gary O'Hare presented the regular report on safer staffing. He assured the Board that there were no issues which impacted on patient safety.  He highlighted the work being undertaken to improve the availability of learning disability nurses and also to increase the gender mix of nursing staff to ensure we are able to meet service users' preferences for support around personal care.  Ruth asked about the future focus of safer staffing, and how much we would be looking at safer staffing in the community services rather than on wards. Gary confirmed that NTW was working with various national bodies to	

	<p>understand how this can be done with community staff in a meaningful way, particularly through the Carter Review. Gary confirmed that a development session could be arranged for the Board about this.</p> <p>Peter asked about the new measurement arrangements (care hours per patient) and if this was a better measure. Gary confirmed that this was a much better methodology, but further development work was required. James added that this approach was proving to be really useful in understanding how services were staffed, particularly from a comparative perspective.</p> <p>Lisa Crichton Jones commented that the quality of narrative in this report was much improved. She asked that the report is routinely presented to the CDT - Workforce group.</p> <p>Ken summarised that the 3 key points were around community staffing levels, the report being much more meaningful in terms of measurement and the quality of the report. He also commented positively about the approach the Trust takes to continually aiming for improvement.</p> <p><b>iii) Integrated Commissioning and Quality Assurance Report</b></p> <p>Lisa Quinn presented the report which focusses on activity from 1<sup>st</sup> April 2017 until 31st January 2018. Lisa highlighted the current Trust position of segment 1 with NHS Improvement. She reminded Board members that the CQC have made their initial information request for their next inspection of NTW.</p> <p>Lisa also highlighted the Mental Health Act reviewer visits. There are a number of themes coming through from these visits. The CQC compliance group is focussing on these areas.</p> <p>Lisa confirmed that we were performing well against the 5 year forward view requirements, but that we continued to have some challenges in relation to our contractual quality standards. We are forecasting some under achievement with CQINs and are in negotiation in relation to this.</p> <p>James presented the finance report, highlighting that there were no significant changes to the position since last month. At end of Jan we are at £6m surplus and have plans in place to achieve the full control total, although some risks remain.</p> <p>James highlighted that the Northumberland CCG recovery plan is not included in the forecast at this point as it remains under negotiation.</p> <p>Ruth asked for an update on compliance with the new GDPR regulations. Lisa confirmed that we have a clear plan in place.</p> <p>Miriam commented on the CQIN re people presenting in A and E. Lisa Quinn responded that this was a national CQIN and involved us working with a number of acute trusts. She confirmed that we had not been penalised for this as yet, due to the identified issues nationally in identifying data. Lisa also confirmed that this is a 2 year CQIN and will be developed next year.</p>	<p><b>CW/ GOH</b></p> <p><b>GOH</b></p>
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	<p>Miriam also asked about the data in relation to 'no recorded information' on page 19. Lisa confirmed that this is reported regularly, and the task and finish group around waiting times is looking at this, as the potential wait between assessment and treatment is important.</p> <p>Miriam also asked about sickness rates. Lisa Crichton Jones confirmed that the trend is generally to see an increase in January, although this seems higher this year due to coughs/cold/influenza.</p> <p>Ken commented about the Mental Health Act visits and would be keen to meet with those who hear the tribunals to receive feedback through those routes.</p> <p>The Board received the report.</p>	<b>LQ</b>
22/18	<p><b>Workforce</b></p> <p><b>i) Workforce Directorate Quarterly Update</b></p> <p>Lisa Crichton Jones presented the quarterly report which updates on progress towards delivering the workforce strategy.</p> <p>Rajesh also commented on the challenges for the medical workforce, noting the loss of senior staff due to changes to the lifetime and annual allowances associated with the NHS pension and resulting in some early retirements. He outlined the work in relation to international recruitment and recruiting new consultants from elsewhere in the UK.</p> <p>Gary confirmed that there had been clear improvements in the medical recruitment process following the recent RPIW.</p> <p>James commented on the Trust's recent achievement as a top 100 employer for apprenticeships.</p> <p>Peter asked about overseas recruitment and the authorising of work permits etc which had been the subject of recent media coverage. Lisa confirmed that we had not had a problem with this at NTW so far, but we are watching closely.</p> <p>Ken commented that he was pleased to see a clear effort to provide pastoral care to our international recruits.</p> <p>The Board received the report.</p>	
23/18	<p><b>Strategy and Partnerships</b></p> <p><b>i) Planning Guidance and Financial Allocations 2018/19</b></p> <p>James Duncan presented the paper. He highlighted the financial allocations which have been announced, and that the pressure on the health and social care system remains. He welcomed the pragmatic guidance which lifted some constraints for organisations, and the focus on mental health.</p> <p>James reflected on the Northumberland CCG pressures and the transforming care agenda and the impact that may have on NTW. He confirmed that the paper sets out the timescale and requirements for</p>	

submitting financial plans.

The Board received the report and gave delegated authority to the Chief Executive supported by Executive Directors to submit the required draft financial plans in line with the timescales outlined.

**ii) Sustainability and Transformation Partnership (STO) Paper for NHS Boards**

John Lawlor provided an update, explaining the development of the STP so far. In particular, he flagged the challenges of developing a potential 'system control total' which organisations would be asked to sign up to. John flagged that the paper helpfully now sets out the approach to engaging with Non-Executive members of Boards.

Peter asked about the social media interest in relation to Accountable Care Systems, and asked about potential legislation.

James commented on potential system control totals. He commented on the difficulty of managing a control total over an area the size of the North East and Cumbria. This size and diversity makes it very difficult to manage the risks to achieving the control total.

The Board received the paper.

**iii) Business Case NTW Academy**

Gary O'Hare presented the report to the Board and reminded the Board that they have received previous information and a development session about the NTW Academy recently.

Martin asked about potential numbers of candidates and whether the plans are sufficiently ambitious? Gary confirmed that 20 candidates were planned initially, but flexibility had been built in with the university should we need or be able to increase capacity.

Peter commented that he supported the proposal. He asked about penalties for any candidates who might be trained and then choose to leave the Trust. Gary confirmed that university fees would be clawed back, but that of the approximately 150 staff seconded to nurse training over the last 10 years only a handful have left the organisation.

Lisa Crichton Jones was fully supportive of the proposal. Lisa flagged the positive equality and diversity action that could be taken in relation to this opportunity. Also Lisa pointed out that while this will be of assistance, it will not solve all of our workforce challenges.

James confirmed that the work that had been done to address the financial risks within the business case, which now stood up from an invest to save perspective.

Following discussion it was confirmed that the Board wished to support the proposal. Ken thanked all of those involved in developing the work thus far.

**iv) Business Case Craster Day Unit**

Gary presented the paper setting out a proposal to close Craster Day Hospital in Northumberland. Gary explained that due to the rural nature of Northumberland and enhancements to the community team provision, this service is now better provided in the community.

Gary noted that this closure creates an additional pressure on the Trust due to leaving empty space in St Georges Park Hospital and the associated PFI costs.

Lisa updated on the discussions with the CCG in relation to this proposal and outlined the various financial risks which the CBU is working through.

Martin asked if there were any pastoral issues in relation to the service. Gary O'Hare confirmed that demand had reduced dramatically (from 5 days per week to 2 days per week for the last 18 months) and the individuals were very engaged with social care services. Lisa Quinn added that she is not aware of any issues arising from the alternative model being implemented as services have worked hard to ensure that people are appropriately supported.

James highlighted that the financial recovery situation in Northumberland perhaps means that we can't assess the full financial impact as the full implications are not known. Both Lisa and James confirmed that discussions with the CCG were ongoing.

John reflected on the need to stop providing services which aren't funded, even though this seems uncomfortable.

Ken summarised that the overall feeling of the Board should be to support this proposal, following the significant work which has been undertaken to make alternative support arrangements for service users.

The Board approved the proposal to close Craster Day Hospital in principle, noting that this decision would need to be ratified at a meeting which was more accessible to the public and that further financial information was required.

**v) CEDAR Board Terms of Reference**

James presented the paper in Alexis's absence, explaining that the Board had been established following previous discussions at the Board to consider capital planning and major projects.

James confirmed that there were a couple of other amendments in relation to attendees including staff side.

The Board approved the Terms of Reference.

24/18	<p><b>Minutes / Papers for information</b></p> <p><b>i) Council of Governors' issues</b>  Ken reported that he attended the Council of Governors Engagement Meeting on his first day where they considered the CQC process and also reviewed Council of Governor groups and sub groups.</p> <p>The next formal meeting is planned for 6th March where we will be looking at the Governors reviewing the Quality Priorities and Trust strategy.</p> <p>Ken also reported that a number of Governors have accepted an invitation to attend the staff awards on 16<sup>th</sup> March. He also announced that Ethel Armstrong would be attending. Ethel joined the NHS on the day it was created in 1948 while she was working at St Nicholas Hospital in Newcastle and is supporting the NHS 70 celebrations.</p> <p><b>Committee updates</b>  Ruth and Les updated on recent issues discussed at the Quality and Performance and Mental Health Legislation Committees. This has included the Police and Criminal Evidence Act and the review of the Mental Health Act.</p> <p>There were no updates from the Audit Committee or the Resources and Business Development Committee.</p>	
25/18	<p><b>Any Other Business</b></p> <p>John made the Board aware of the extreme efforts staff have made to keep services operational in the adverse weather.</p>	
26/18	<p><b>Questions from the public</b></p> <p>Due to the adverse weather there were no members of the public present.</p>	
27/18	<p><b>Date, time and place of next meeting</b></p> <p>Wednesday, 28<sup>th</sup> March 2018 in the Conference Room, Northgate Hospital  1.30 – 3.30pm</p>	

**Board of Directors Meeting**

**Action Sheet**

Item No.	Subject	Action	By Whom	By When	Update/Comments
<b>Month January 2018</b>					
N/A	February Board decisions	Due to the inclement weather, February Board was held by telephone conference. Decisions made therefore need to be ratified at the March meeting.	Ken Jarrold	28 <sup>th</sup> March 2018	
21/18	Safer staffing	Possible development session re care hours per patient day	Gary O'Hare	To be added to Board cycle	
21/18	Safer staffing	Quarterly report to be presented to CDT Workforce group	Gary O'Hare/Lisa Crichton Jones	asap	
<b>Complete</b>					
10/18	Draft Health and Care Workforce Strategy	Board members to contact Lisa Crichton-Jones with any comments by 1 March 2018	All	1.03.18	
7/18	Risk Appetite	The Trust's risk appetite to be reviewed within a Board Development session	LQ		Complete 28 February 2018 – Board Development Session

# Northumberland, Tyne and Wear NHS Foundation Trust

## Board of Directors Meeting

**Meeting Date:** 28 March 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. Staff Awards
2. Care Quality Commission at Trust meetings
3. Contract Update
4. Well-Led and Unannounced Inspections
5. Staff Survey
6. Compassion Circles
7. Service User and Carer Leadership Programme
8. Conclusion of both the Corporate and Operational Collective Leadership Programmes

#### Regional updates

9. University of Sunderland School of Medicine
10. STP Capital Bids

#### National updates

11. Chancellor's spring Statement
12. NHS Providers 2018 Finance Planning Survey

**Outcome required:** For information

# **Chief Executive's Report**

**28 March 2018**

## **Trust updates**

### **1. Staff Awards**

Huge congratulations to all of the nominees and finalists in this year's Staff Excellence Awards which took place on Friday 16<sup>th</sup> March at Newcastle Civic Centre.

It was a wonderful occasion and a privilege to be able to honor the incredible work that so many staff do day-in day-out.

The winners are:

Apprentice of the Year – Georgia Hardy  
Behind the Scenes Individual – Sandra Ayre  
Behind the Scenes Team – Informatics Infrastructure Team  
Clinical Team of the Year – Personality Disorder Hub Team  
Clinician of the Year – Kim McIntyre  
Knowledge, Safety and Innovation – Talk 1<sup>st</sup> and the Dashboard Team  
Healthcare Worker of the Year – Beverley Richardson  
Working Together – Respond Training  
Leadership – Julie Apedaile  
Positive Impact – Roy Tighe  
Chief Executive's Award – Joyce Pennington  
Chair's Award – Carol Sheratt and Jean Perfect

Each year it is such a difficult task for the judges to choose winners and finalists from the nominees. All 531 of the nominations are now available on the intranet. It was a true indication of the marvellous work that goes on in the Trust and all those involved should be very proud.

We were also joined on the evening by Ethel Armstrong MBE. Ethel began her NHS career at St Nicholas Hospital and was working there on the day that the NHS was established. Ethel spoke briefly at the awards and was an absolute inspiration to the staff who attended.

### **2. Care Quality Commission at Trust meetings**

The Care Quality Commission (CQC) are increasing their engagement with the Trust to ensure that they have a good understanding of how the organisation works, and to seek the views of staff, service users and carers. They hope to become more visible and available by attending some of our Trust meetings.

Started in March, CQC Inspectors will observe some of our formal Trust meetings and they are also keen to participate in some of our service user/carers and staff forums, where they will be keen to have discussions with as many people as possible. To date they have attended the Quality & Performance subcommittee of the Board and plan to attend the April Board of Directors meeting.

### **3. Contract Update**

The National timescales for contract agreements is the 23<sup>rd</sup> March. NTW is in negotiation with all its CCGs on the contract offer for 2018-19. The Trust is key to ensure in any offer agreed commitment to the MH5YFV is explicit and that the Mental Health Investment standard is delivered. We will bring back to the Board in April the contract position for all CCGs.

### **4. Well-Led and Unannounced Inspections**

The CQC have notified the Trust of its Well-Led Inspection date. This will take place 15<sup>th</sup> -17<sup>th</sup> May 2018. Prior to the Well-Led Inspection the CQC will undertake a number of unannounced core service inspections. These will take place at any point from now until our Well-Led Inspection date.

If you want to read more about CQC activity please refer to the Commissioning and Quality Assurance report.

### **5. Staff Survey**

The final report that compares our results to those of all mental health trusts in the country was made available on the 6<sup>th</sup> March. An in-depth analysis will be presented at this Board. Questions from the survey are combined to form 32 Key findings. For 23 out of the 32 findings the Trust has results that are better than average compared to 24 out of 32 findings in 2016.

Looking to our own performance compared to 2016 we find that of the 32 Key findings

- There is no change for 25
- 1 has an improved result
- 6 have decreased results.

The detail will be contained in the main report. The one that has improved is:

- Percentage of staff appraised in last 12 months, up from 91% to 93%.

The six that have decreased are

- Staff satisfaction with the quality of work and care they are able to deliver, down from 4.02 last year to 3.95 this. (scale of 1-5)
- Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months, up from 26% last year to 28% this year.
- Staff motivation at work, down from 3.91 last year to 3.87 this year. (scale of 1-5)
- Staff confidence and security in reporting unsafe clinical practice, down from 3.85 last year to 3.80 this year. (scale of 1-5)
- Staff satisfaction with resourcing and support, down from 3.54 last year to 3.49 this year. (scale of 1-5)

Work is taking place to analyse and understand the results at a local level and to develop local actions. The main Staff Survey paper to this meeting will propose Trust-wide actions for approval.

### **6. Compassion Circles**

As part of the drive to develop and support projects that may have a positive impact on the development of our organisations culture, a small group of OD Associates are piloting the use of Compassion Circles. Compassion Circles offer a safe space for personal reflection through discussion in groups of people who are connected through their work. Our work often entails managing high levels of emotional distress and stress. When we feel persistently pressured, threatened and overwhelmed then our ability to take care of ourselves and others can be compromised.

Compassion Circles give:

- Time to reconnect with the core values of compassionate care
- Time to consider self-compassion and personal well-being
- Time to reflect on the culture in the workplace

There is a growing body of evidence that supports and validates their use and application. Two pilots are being facilitated and evaluated, and invitations to attend were promoted via the OD network and the Trust Bulletin. The initial feedback from the first event is very encouraging.

## **7. Service User and Carer Leadership Programme**

We applied to and obtained funding from a National NHS Leadership Academy innovation fund to run our third service user and carer leadership programme. Emma Wakefield, one of our Peer Support Workers has been seconded into the Patient and Carer Engagement Team. She has pulled together the programme and has successfully recruited 47 service user and carers to the cohort which commenced on March the 19<sup>th</sup>.

Additionally, a number of Peer Support Workers are 'shadowing' the programme, learning more about how they might be able to facilitate it, so that, with support, they will be able to offer this as part of the curriculum within our Recovery Colleges. The four session programme, due to conclude on March 27<sup>th</sup> will be backed up by a celebration and lessons learnt event for the cohort in June of this year.

Previous programmes have had a dramatic impact, with for example, over 20 participants subsequently finding employment within the Trust. The programme is supported by the Head of Patient and Carer Engagement and the Head of Team and People Development.

## **8. Conclusion of both the Corporate and Operational Collective Leadership Programmes**

The second phase of our development programme, designed to support our transition to a more devolved culture, one that embraces collective leadership is drawing to a conclusion. It will involve a joint corporate and operational event in May of this year, designed to explore what we need from each other and how we might best work together in moving forwards.

A series of management skills masterclasses have been developed by the NTW Academy and will be commencing in April.

## **Regional updates**

### **9. University of Sunderland School of Medicine**

University of Sunderland has been successful in its bid to open a new medical school and the first cohort of students will join the University in September next year. Sunderland is one of only five new medical schools, established to address the regional imbalance of medical education places across England and to widen access to ensure the profession reflects the communities it serves.

Its focus on GP and Psychiatric training will complement existing medical provision in the region and add to the diversity of medical schools in the UK. NTW is a close partner and represented on the strategic board to support and drive the development of this new medical school.

## **10. STP Capital Bids**

As has been reported previously, access to NHS Capital is now extremely restricted, and any capital approved will need to be agreed at STP level. An initial process has been commenced to identify schemes to be considered for prioritisation at an STP Level. The Trust has submitted two schemes at this stage. Firstly a scheme for a new integrated forensic facility has been submitted, supporting the implementation of New Models of Care, the Transforming Care programme, the replacement of Alnwood and also the implementation of acute inpatient facilities for Newcastle Gateshead in line with the outcome of Deciding Together.

This scheme has an outline capital cost of £50m, with a revenue return at this stage estimated at £2m per annum. A further joint bid has been submitted with Gateshead Hospitals for the development of a Centre of Excellence for the Treatment of Older People, again in line with the outcome of Deciding Together. Outline Business Cases for these schemes are expected in May to support final prioritisation of schemes to take place across the STP in June. Full business cases will be developed by October.

## **National updates**

### **11. Chancellors Spring Statement**

The Chancellor Phillip Hammond made his annual Spring Statement on 13<sup>th</sup> March. In it he announced slightly better economic news signalling that growth is expected to be slightly higher this year than outlined in November, with higher receipts from taxation and hence lower borrowing over the life of the Parliament. However, growth continues to be among the lowest of the OECD developed countries, and productivity growth remains stubbornly low, although slightly improved on forecast. This may give the Chancellor more room for movement in his budget in the autumn and commentators have suggested that the Cabinet is increasingly unifying around the need for additional funding for the NHS.

There was no clear indication of this in the Statement, and an increase will only be forthcoming from 2019/20, when we are currently expecting to see a reduction in funding increases according to plans set out in the last Budget.

On The Day Briefing from NHS Providers is attached as **Appendix 1**.

### **12. NHS Providers 2018 Finance Planning Survey**

NHS Providers survey their members regularly on key issues, and recently ran a survey concerning financial planning for 2018/19. Of the 97 Trusts that responded (42% of the sector), 52% reported that they would be signing up to deliver their control total. Of these only around one third were comfortable that it would be met. Average levels of CIPs reported to deliver control totals stood at 5.7% compared to 4.2% in 2017/18.

Nearly half of Trusts were on target to deliver financial plans in the current year, and for those who did not 60% reported a deterioration in their position in the last quarter. Trusts reported delivering 2.2% of turnover in non-recurring savings this

year, indicating the build-up of recurring pressures year on year. 50% of Mental Health Trusts had no confidence that the Mental Health Investment Standard would be met or that the planned independent audit of CCG delivery against the standard would realise greater adherence.

The Briefing arising from the survey is attached for information as **Appendix 2**.

# Spring statement 2018

## Overview

The Chancellor announced in 2016 that major tax or spending changes will now be made once a year at the Budget in the autumn. In line with that announcement, today's **Spring Statement** contained no new policy announcements, but gave an update on the **overall health of the economy**, the Office for Budget Responsibility (OBR) **forecasts** and on **progress made since the Autumn Budget 2017**.

Although the limited scope of the statement was expected, there were many commentators suggesting that the Chancellor might use this as an opportunity to signal additional public sector expenditure, including in the NHS. The Chancellor did hint that there may be more money for the public sector in the November Budget if public finances continue to improve.

The outlook was more optimistic than that set out in the Budget in November, with the Chancellor unveiling a minor boost to the growth outlook and a fall to the borrowing forecast but the OBR points out that "the government's headroom against its fiscal targets is virtually unchanged."

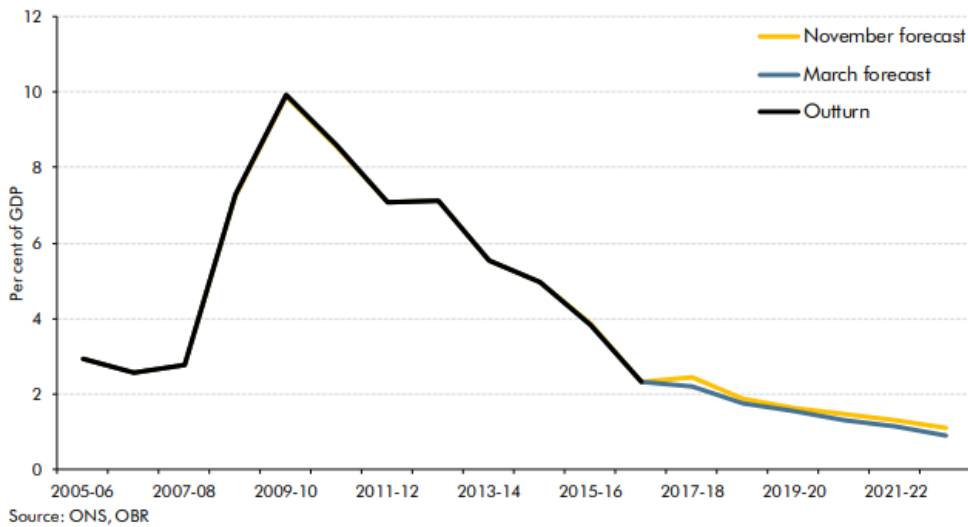
This briefing outlines the economic headlines and NHS Providers' response.

## Economic overview

- The OBR predicts borrowing in 2017-18 to be £4.7 billion lower than forecast in November. The revision reflects the better than expected performance of tax receipts in recent months, most notably self-assessment income tax receipts received in January. Public sector net borrowing has fallen from a peak of 9.9 per cent of GDP (£153.0 billion) in 2009-10 to an estimated 2.2 per cent of GDP (45.2 billion) this year (figure 1).
- Borrowing is forecast to continue falling from 2018-19 onwards, with the deficit dropping below 2 per cent of GDP next year and below 1 per cent of GDP in the final year of the forecast. The structural deficit little changed on average and improved by just £0.3 billion in the Government's target year of 2020-21.

FIGURE 1

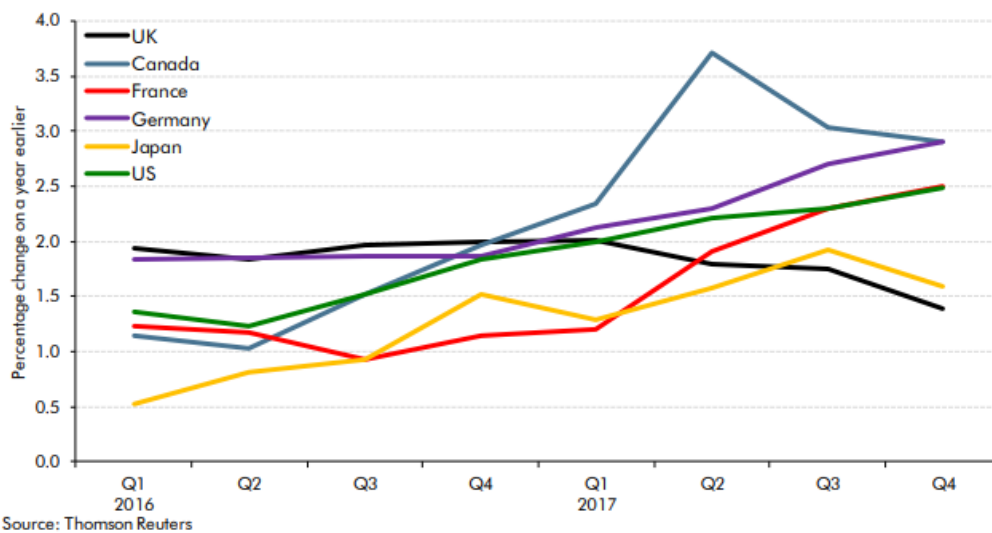
### Public sector net borrowing



- The OBR has increased their forecast growth for this year, which will rise to 1.4% in 2021 and 1.5% in 2022. However, this is the slowest rate of four-quarter growth since mid-2012 and the lowest among the G7 group of major advanced economies over the past year (figure 2).

FIGURE 2

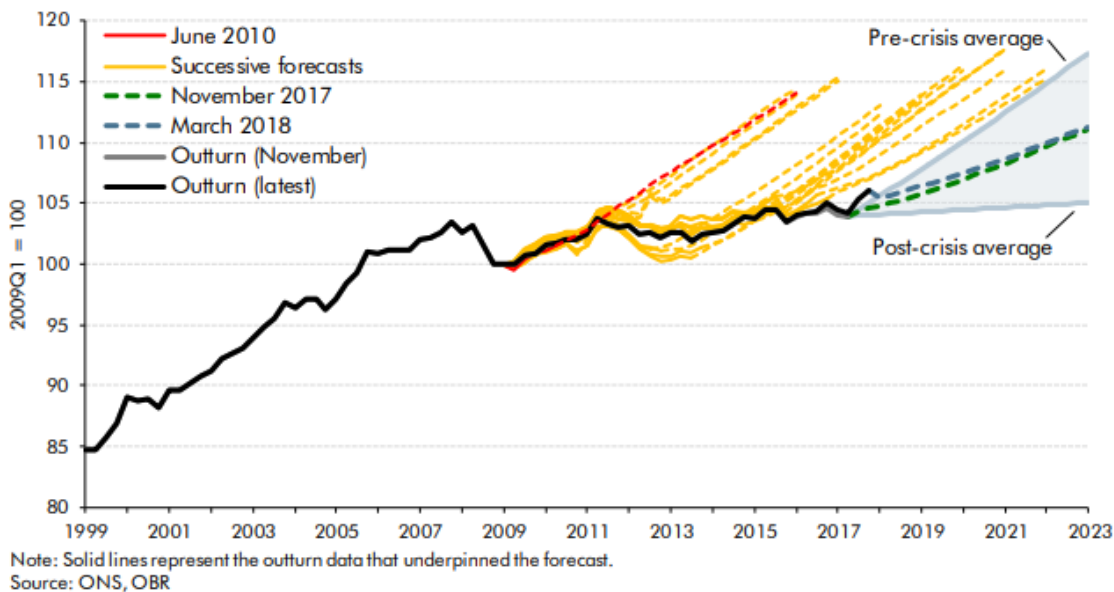
### Headline GDP growth in the UK and other G7 countries



- Productivity levels have risen more strongly than was forecast in November (figure 3).

FIGURE 3

### OBR productivity growth (output per hour) – forecasts and outturns



- Inflation is currently at 3 per cent, which is above the Bank of England's 2 per cent target, but the OBR expect Consumer Prices Index (CPI) inflation to fall over the next 12 months. Retail Prices Index (RPI) inflation averaged 4 per cent in the fourth quarter of 2017, 0.1 percentage points below the OBR's November forecast.

## Press statement

NHS Providers press statement setting out our response to the Spring Statement is below and also accessible online [here](#).

### Urgent steps needed on long term funding of health and social care

Responding to the Chancellor's spring statement, the deputy chief executive of NHS Providers, Saffron Cordery, said:

"It is encouraging that the Chancellor has acknowledged funding pressures faced by the NHS which mean the service can't deliver the levels of patient care set out in the NHS constitution.

"This winter we have seen the impact of under-funding and a lack of staff.

"We need to see urgent steps put in train to ensure sustainable long term funding for health and social care, because the current situation is unsustainable.

"It is also vital that any deal that is reached on pay is fully funded, as promised in the Budget."

# CONFIDENTIAL

## 2018 FINANCE PLANNING SURVEY - MEMBER BRIEFING

### 1 Executive summary

Following the recent publication of the updated [planning guidance 2018/19](#) and the allocation of control totals, NHS Providers surveyed chief executive and finance directors to gauge the provider sector's response and help inform our influencing work over the coming weeks. We heard from 97 trusts and foundation trusts, representing 42% of the provider sector. This briefing presents the results of this survey which we hope will be useful for informing local decision making ahead of the submission of operational plans on 8 March.

With around 139 trusts reporting a deficit at quarter 3 2017/18, 60% of our respondents said their position has worsened in more recent months, indicating a very challenging winter period and suggesting a difficult end of year position for the sector.

Just over half our respondents indicated their intention to sign up to their revised 2018/19 control total. Of those planning to sign up to their revised control total, just over a third were confident it could be met. On average trusts will be required to deliver CIPs worth 5.7% of turnover, compared to 4.2% in 2017/18, which indicates the scale of the ask next year, and our findings show that those trusts with higher CIP requirements were less likely to say they intend to sign up to their control total. We also found that there was variation by type of provider and region, with acute trusts and those in the North of England least likely to be signing up to their control total. Uncertainty around elements of funding the pay award is also making it difficult for trusts to feel confident that they can meet their control total.

The results also show widespread concern from trusts about achieving performance targets. For example, three quarters of respondents said they did not feel confident they would be able to deliver the improvements needed to reach A&E performance targets.

### Implications of not signing your control total

The planning guidance clearly sets out that "if the control total has not been accepted, this is likely to trigger action under the Single Oversight Framework (SOF)". The SOF simply states that a trust's overall finance score may be moderated down if it has not agreed its control total; however, we understand that NHSI could use financial special measures to trigger action under the SOF. There has been no updated guidance on financial special measures published since the [2016/17 financial reset document](#), which states that providers will be considered for financial special measures under the following circumstances:

1. The provider has not agreed a control total and is planning a deficit; or
2. The provider has agreed a control total but has a significant negative variance against the control total plan and is forecasting a significant deficit; or
3. The provider has an exceptional financial governance failure (e.g. significant fraud or irregularity).

Trust boards will know that directors are required to exercise their duty to use independent judgement when deciding whether or not to accept a control total. An NHS Foundation Trust board also has the right to set whatever budget the board sees fit to set, including running at a deficit, as long as it is a 'going concern'. However the regulator has the right to intervene if the FT does not comply with its license conditions, as operated through the SOF. For NHS trusts there is an obligation to break even and to meet other targets set by the secretary of state via the Trust Development Authority operating as NHS Improvement.

If a trust board exercises its independent judgement, concludes that the control total is unachievable and plans not to sign up to it, in governance it would be prudent to:

1. engage in early discussions with NHS Improvement,
2. record its dissent formally at an open board meeting
3. minute this dissent

## 2 Key findings

### Planning for 2018/19 financial year

- 1 More than half (54%) of trusts told us that they were planning to sign up for their revised 2018/19 control total, however, almost a third (29%) were unsure and 18% suggested that they were not planning to sign up. Our data suggests acute trusts and providers in the North of England were the least likely to sign up.
- 2 Many trusts that were not planning to sign up were concerned about the delivery of cost improvement plan (CIP) requirements and the uncertainty of other cost pressures in 2018/19, including staff pay awards, contract negotiations and system transformation.
- 3 The average CIP required for providers to achieve their 2018/19 control total ranged between 2% - 15% of their turnover, with an average (mean) of 5.7%. This is higher than the 4.2% average observed in the results from the survey NHS Providers ran last year. For acute trusts the average CIP requirement was a higher proportion of their turnover when compared to ambulance trusts, community trusts and mental health trusts. Those trusts with a higher CIP requirement were less likely to respond that they had signed up to their 2018/19 control total.
- 4 Of the 52 respondents who told us that they were planning to sign up to their 2018/19 control total, just over a third were confident it could be met (35%), 15% were not confident and half of providers were neutral in their response or did not know. A greater proportion of ambulance and community trusts were confident they would be able to meet this than acute and mental health trusts.
- 5 Less than a third (27%) of respondents who were currently part of an ICS told us that they were planning to sign up to a system control total in 2018/19. The main reasons for this were due to the lack of a regulatory framework, the potential loss of provider autonomy or that their ICS was still in its infancy.

### Pay

- 6 Almost three quarters of respondents (73%) told us that the preferred payment mechanism for allocating pay award funding to the sector was via a direct transfer to providers.
- 7 When asked about the financial implications of funding a pay award for non-NHS commissioned services, there were differing responses from providers depending on the size of their portfolio of non-NHS commissioned

services. Where they had a large portfolio, they indicated that funding this would be a significant cost pressure and may compromise their ability to meet their 2018/19 control total.

### 2017/18 financial performance

- 8 Almost half (48%) of trusts that responded to the survey are on plan against their forecasted financial position for the end of 2017/18. Of the trusts that told us that their current financial position was below plan, 60% said their financial position had deteriorated further since the end of quarter 3 2017/18. The majority of these trusts cited winter pressures and the loss of income due to elective cancellations as the main driver behind this deterioration.
- 9 Trusts estimated that they would deliver an average of 2.2% of their turnover in non-recurrent savings this year.

### Mental health

- 10 30% of all providers were not confident that the mental health investment standards will be met by CCGs in 2018/19. For mental health providers, half (50%) were not confident.
- 11 29% of all providers were not confident that the additional new requirement for independent validation by the CCGs' auditors will support commissioners to meet their investment commitments. For mental health providers, half (50%) were not confident.

### Performance

- 12 Providers expressed low confidence that their STP/ICS could support them in achieving performance targets. Of greatest concern for providers was the A&E performance trajectory, with over three quarters (76%) responding that they were worried their STP/ICS would not achieve this (33% of which were very worried). This is further evidenced by 65% suggesting they were worried that their STP/ICS would be able to meet a 1.11% growth in A&E attendances as outlined in the planning guidance.

### Integrated system working

- 13 Almost half (49%) of trusts agreed that over time integrated care systems (ICSs) should replace STPs and 35% were neutral in their response.
- 14 Many providers explained in their responses that their STP/ICS was still in its infancy and therefore, not at a stage where performance could be managed at a system level.

## ANNEX – SURVEY ANALYSIS

### 3 Sample

- 97 NHS trusts and foundation trusts responded to the survey, representing 42% of the sector. All regions and trust types were represented in the survey sample.
- The majority (80%) of responses we received were from finance directors at trusts, and 20% of responses were chief executives.

#### *Data notes:*

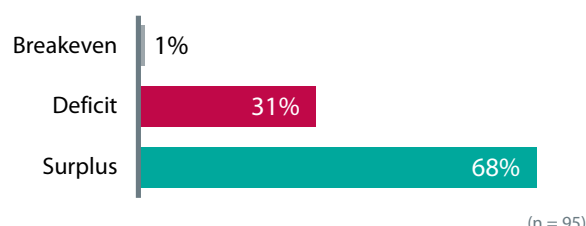
- Some categories i.e. ambulance trusts, have a small sample size so some of the proportions may be skewed.
- The financial data has been cleaned and audited wherever possible; however, we have assumed that the responses are accurate.

## 4 2018/19 next financial year

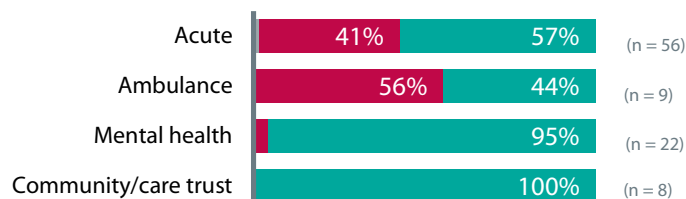
### What is the financial value of your trust control total for 2018/19, including your allocated PSF?

- More than two thirds (68%) of trusts 2018/19 control totals were surplus values, 31% were deficits and 1% were breakeven values. Acute and ambulance trusts had a higher proportion of deficit control totals than mental health and community trusts.

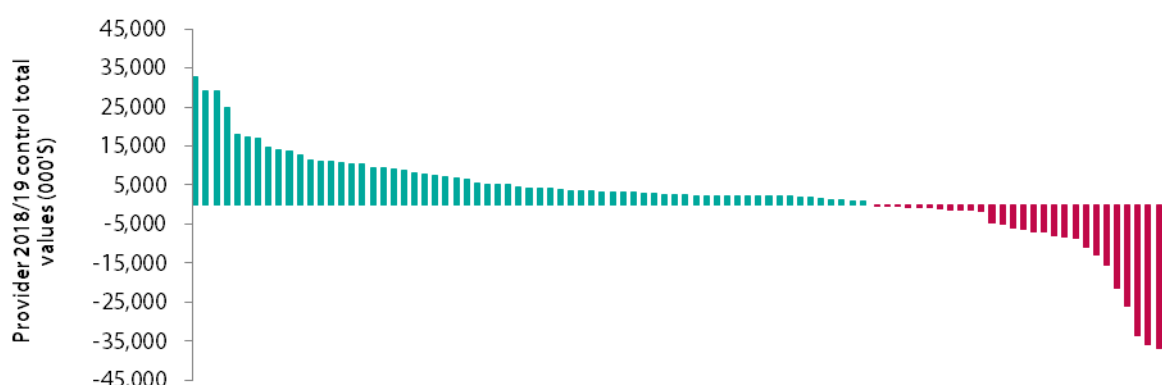
#### Overall



#### Provider type

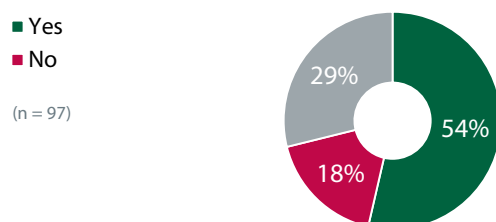


- The distribution of the revised 2018/19 control totals for the providers that responded to this year's survey is shown below. The largest control total surplus provided by respondents in the survey was £32.8 million and the largest deficit was -£43 million.



### Is your trust planning to sign up to your revised control total for 2018/19?

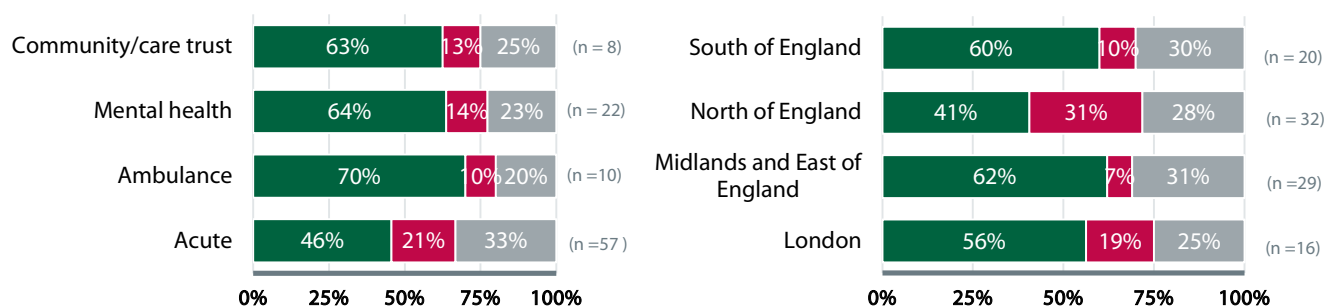
- More than half (54%) of trusts told us that they were planning to sign up for their 2018/19 control total, almost a third (29%) were unsure and 18% suggested that they did not plan to sign up.



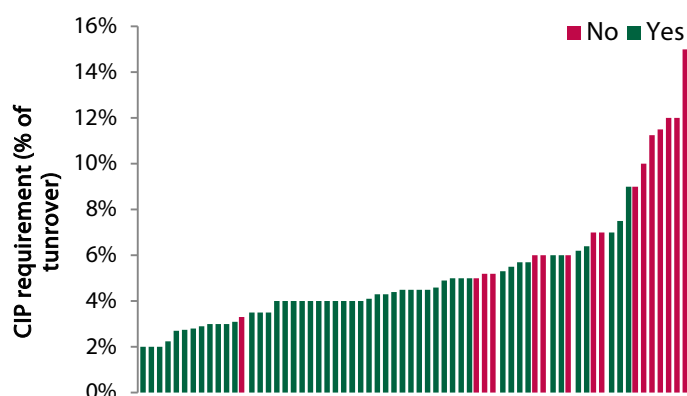
- There was variation between different types of trusts. Less than half (46%) of acute trusts that responded told us that they were planning to sign up to a control total, compared to 70% ambulance of ambulance trusts , 64% of mental health trusts and 63% of community trusts.

- Regionally, trusts in the North of England (41%) were the least likely to indicate that they were planning on signing up to their revised 2018/19 control total, whereas providers in the Midlands and East of England were the most likely (62%).

■ Yes ■ No ■ Don't know



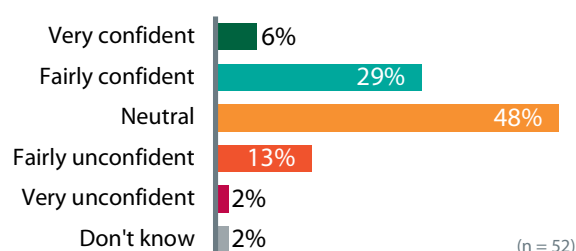
- Of the 17 trusts which indicated they were not planning to sign up to their control total last year, 41% did not sign up to their 2017/18 control total last year. Of those respondents that were planning to sign up in 2018/19, all had previously signed up to their 2017/18 total.
- Trusts that told us they weren't planning to sign up to their control total in 2018/19 had a higher average cost improvement requirement (average = 8.2% of their turnover) than those that had signed up (average = 4.3% of their turnover). The distribution of the percentage CIP requirement and their answer to whether they plan on signing up to their control total in 2018/19 is shown below.



Signed up to 18/19 control total?	Number of responses	Average CIP requirement as a % of trust turnover
No	17	8.2%
Yes	52	4.3%
Don't know	28	6.9%
Overall average	97	5.7%

## How confident are you that your trust will meet the financial control total for 2018/19?

Of the 52 respondents that told us that they were planning to sign up to their 2018/19 control total, just over a third (35%) of trusts were confident that it could be met, 15% were not confident and half (50%) were neutral in their response or did not know. When asked during the same period last year, 19% of respondents were very or fairly confident in delivering their forthcoming control total.



- A greater proportion of ambulance and community trusts were confident they would be able to meet their 2018/19 financial control total when compared to acute and mental health trusts. Only 19% of acute trusts and 36% of mental health trusts that signed up to a 2018/18 control total suggested that they were confident they could deliver this, compared to 57% of ambulance trusts and 80% of community trusts.
- Trusts in the Midlands and East of England expressed the greatest confidence in meeting their revised 2018/19 control totals (50% were either very confident or confident), and trusts in the North of England were the least likely to feel confident (23% were either very confident or confident).

Confidence in meeting 2018/19 control total	Acute	Ambulance	Mental health	Community/care trust
Very confident	0%	14%	7%	20%
Fairly confident	19%	43%	29%	60%
Neutral	58%	29%	50%	20%
Fairly unconfident	19%	0%	14%	0%
Very unconfident	4%	0%	0%	0%
Don't know	0%	14%	0%	0%

## Main risks to signing up to the control total

- Where trusts had planned on signing up to their 2018/19 control total, some suggested that they had signed up acknowledging that it was going to be extremely difficult to deliver.
- Where providers were either not planning on signing up or were unsure, many told us that this decision was still being considered by their board.

Some of the most common risks cited were:

- The 2018/19 control total looked unachievable and extremely challenging given their current financial position
- Delivery of the required cost improvement savings
- Local system transformation creating an uncertain climate and a lack of understanding about how a move to an ICS may affect their current control total
- Reliance on non-recurrent cost savings which are not sustainable long term
- Uncertainty about the national staff pay award funding
- Concerns about the loss of contracts affecting their ability to meet their control total
- Commissioner contracting challenges and CCG QIPP assumptions
- Unprecedented demand may affect their ability to meet control total
- Workforce shortages and associated costs, including increased reliance on agency staff and recruitment costs
- Other hidden costs (CQC fee increases, new overseas recruitment costs)

Specific risks identified by different types of trust included:

- **Acute:** Lack of realistic performance targets creating a culture of failure in trusts (winter pressures)

- **Ambulance:** Commissioner support to ensure the delivery of new ambulance response programme (ARP) targets; funding for the paramedic pay award
- **Community:** concerns about public health reductions; pay award funding for local authority services; ability to reduce community beds
- **Mental health trusts:** Placement costs, mental health workforce shortages, unfunded activity growth (block payment)

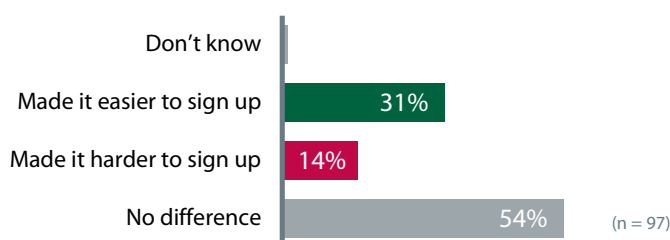
## What reasoning are you planning to give for rejecting the control total?

Of those providers that responded that they were to reject their control total, the main reasons cited were:

- Control total targets are too ambitious given current financial position
- Quality of care could be compromised by unrealistic cost improvements
- Staff morale could be negatively affected by culture of failure

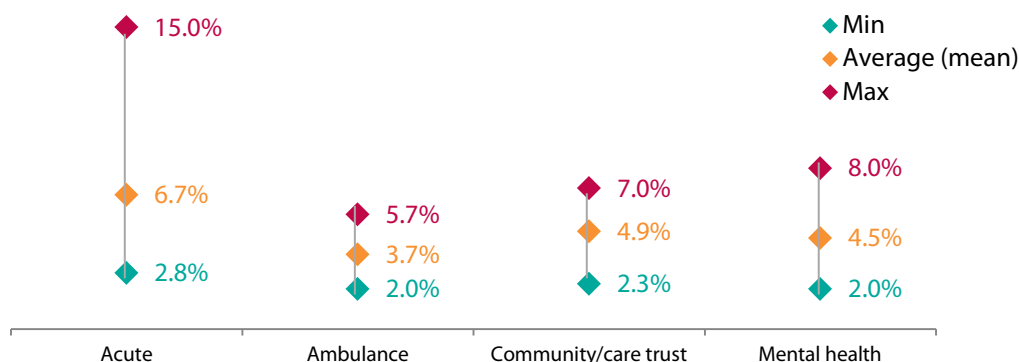
## Has the revision of your control total (post planning guidance) changed your trust's thinking about whether to sign up for 2018/19?

- More than half (54%) of the trusts that responded to the survey told us that the revision of the 2018/19 control total (post planning guidance) had made no difference to their plans to sign up. Almost a third (31%) said that it had made it easier to sign up and 14% said it had made it harder.



## What is the approximate Cost Improvement Programme (CIP) requirement needed to deliver your 2018/19 control total?

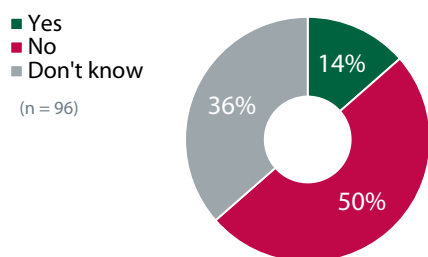
- The average CIP required for providers to achieve their 2018/19 control total ranged between 2% and 15% of their turnover, with an average (mean) of 5.7%. This is an increase from 4.2% when we asked this question last year about the 2017/18 control totals.
- For acute trusts the average CIP requirement was higher at 6.7%, compared to 3.7% for ambulance trusts, 4.9% at community/care trusts and 4.5% at mental health trusts.



## Will you be signing up to a system control total in 2018/19?

- Overall, 14% of respondents told us that they were planning to sign up to a system control total in 2018/19, 50% said they would not and 36% did not know whether they would be signing up.
- 30 of the trusts who responded to the survey were collaboratively working in an ICS at the time the analysis was conducted. Of these, less than a third (27%) told us they were planning to sign up to a system control total.

### Overall responses



### Responses from trusts in an existing integrated care system

Planning on signing up to a system control total?	No. Trusts in an ICS	% trusts
Don't know	11	37%
No	11	37%
Yes	8	27%
Total trusts in an ICS	30	100%

Some of the main reasons for trusts not planning on signing up to system control total were:

- Lack of regulatory framework / no requirement to sign up to a control total as a STP
- Loss of provider autonomy
- Concerns that some trusts would have to offset other financially struggling trusts in their STP in order to achieve their system control total - too much of a financial risk for them.
- STP not yet developed/mature enough to enable providers to sign up to a system control total
- Lack of clarity regarding the risks and implications of signing up to a system control total

## If you have already estimated, can you please provide the cost pressure you think your trust would face if any pay award funding for agenda for change staff only covered NHS commissioned services?

- We asked this question to find out what the potential financial implications would be if providers had to fund any pay award for non-NHS commissioned staff from within existing resources i.e. services delivered by local authorities. The survey responses demonstrated that there was a varying portfolio of non-NHS commissioned services between different trusts, and therefore, some trusts would see a significant impact if the pay award only covered NHS commissioned services. For other trusts this impact would be minimal.
- For those trusts that had a large portfolio of non-NHS commissioned services, providers suggested that a pay award which was not centrally funded could be '*disastrous*'. They suggested that this additional cost pressure would result in their financial position deteriorating significantly. Trusts also mentioned that this would jeopardise their ability to meet their control totals. Some acute and community trusts told us that the cost of funding a 3% pay award for non-NHS commissioned services from their own resources could be more than £500k.

## What would be your preferred mechanism for allocating pay award funding to the sector?

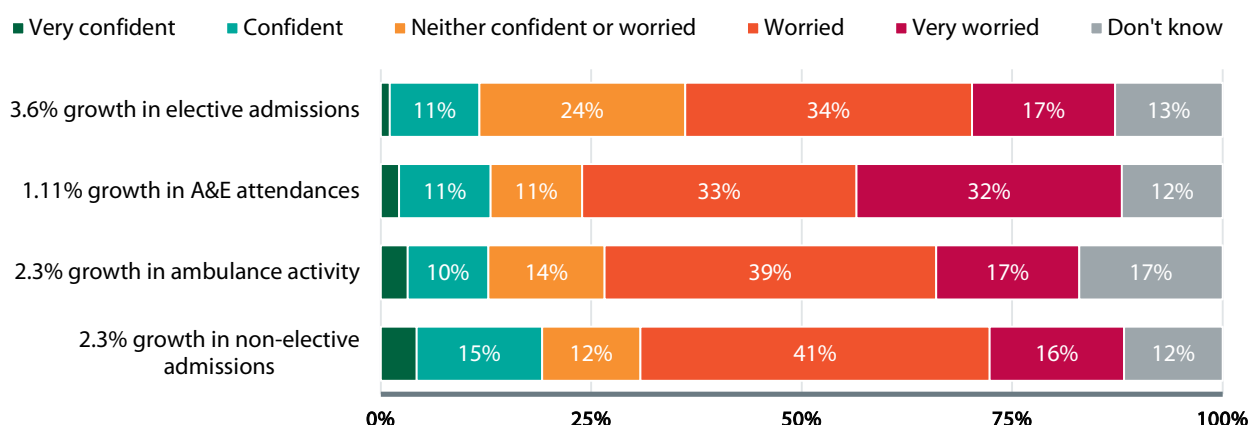
Almost three quarters of respondents (73%) told us that the preferred payment mechanism for allocating pay award funding to the sector was a direct transfer to providers.

## 5 Performance

### How confident are you that in 2018/19 your Sustainability and Transformation Partnership (STP) /Integrated Care System (ICS) will be able to achieve the performance recovery trajectories.

- Providers expressed low confidence that their STP/ICS could support them in achieving performance targets.
- The largest concern for providers was the A&E performance trajectory, with over three quarters (76%) responding that they were worried their STP/ICS would not achieve this (33% of which were very worried).
- This can be compared to the 55% of trusts that were worried about their STP/ICS achieving their RTT waiting list target and 39% that were worried about progress being made towards implementing the five year forward view.

Performance metric	Very confident	Confident	Neither confident or worried	Worried	Very worried	Don't know
The A&E performance improvement trajectory	0%	5%	11%	43%	33%	8%
Keeping the RTT waiting list stable	0%	14%	25%	40%	15%	6%
Progress towards implementing the Five Year Forward View for Mental Health	0%	9%	36%	25%	14%	16%
2.3% growth in non-elective admissions	4%	15%	12%	41%	16%	12%
2.3% growth in ambulance activity	3%	10%	14%	39%	17%	17%
1.11% growth in A&E attendances	2%	11%	11%	33%	32%	12%
3.6% growth in elective admissions	1%	11%	24%	34%	17%	13%



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

**Board of Directors Meeting**

Meeting Date: 28<sup>th</sup> March 2018

Title and Author of Paper: Workforce Strategy Annual Review

Executive Lead: Lisa Crichton-Jones

Paper for Debate, Decision or Information: Information

**Key Points to Note:**

The current strategy was first approved by Trust Board in June 2015 and was refreshed in March 2017 following the development of the trust strategy and the sixth strategic ambition of being 'a great place to work'. The strategy was refreshed in partnership with the corporate workforce team, workforce leaders across the trust and operational managers. The refresh reflected not only changes within the Trust, but also the marked change in the external environment in which we operate during the period 2015-17. This presentation outlines the progress that we have made on the strategy's action plans during the past year. The aims being

1. We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do
2. We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making
3. We will lead and support staff to work safely and deliver high quality care for all
4. We will help staff to keep healthy, maximising wellbeing and prioritising absence management
5. We will educate and equip staff with the necessary knowledge and skills to do their job
6. We will be a progressive employer of choice with appropriate pay and reward strategies.

The power point overview gives examples of achievements against each goal within the six ambitions. Members are referred to metrics in the routine performance and assurance reports, however some workforce metrics are included throughout the slides and at the end of the presentation.

**Risks Highlighted to Board :**

Whilst a wide range of work has been undertaken over the last 12 months, with a number of achievements, there is some slight deterioration in some of the workforce metrics. It will be important to focus on these areas of work over the next year, notably within the challenging environment within which we are operating.

---

<p>Does this affect any Board Assurance Framework/Corporate Risks? Relates to SA1.8 and 5.8. Provides further assurance as to work in hand to reduce those risks.</p>
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<p>Equal Opportunities, Legal and Other Implications</p>
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<p>Outcome Required: To note</p>
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<p>Link to Policies and Strategies: Trust Strategy, Training, Organisational Development</p>
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# NTW Workforce Strategy

## Annual Review



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# Introduction

- The current strategy was first approved by Trust Board in June 2015 and was refreshed in March 2017.
- The strategy was refreshed in partnership with the corporate workforce team, workforce leaders across the trust and operational managers.
- The refresh reflected not only changes within the Trust, but also the marked change in the external environment in which we operate during the period 2015-17.
- This paper outlines the progress that we have made on the strategy's action plans during the past year.



# Workforce Oversight and Assurance

- Quarterly reports to Trust Board
- Workforce Group and now CDT-Workforce
- Organisational Development Group
- Workforce Planning, Education and Training meeting
- Workforce Quality + Performance meeting
- Locality meetings
- Trade Union and Management Forum



# External Work / Networks

- NHS Employers
- Healthcare People Management Association (HPMA)
- NHS Providers HRD network
- HRD networks
- Northern Local Education and Training Board
- Local Workforce Action Group
- E+D networks
- North East Leadership Academy
- Regional Streamlining
- NE and Regional Social Partnership Forums



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# The Structure of Workforce and Organisational Development at the Trust

- The Directorate has seen considerable change in recent times.
- Following Transforming Corporate Services in 2015/16 the services have devolved.
  - Each operational locality has a small team operating in a business partner role.
  - The team responsible for transactional services within HR (such as recruitment) transferred to NTW Solutions in April 2017.
  - The Training Academy as part of Transforming Corporate Services became part of the Nursing Directorate.
  - This has left a small team in the centre that is responsible for Trust Wide advice and developments on Workforce Planning, Medical Staffing, Organisational Development, Policies and Projects and Equality Diversity and Inclusion. The centre also provides operational HR support to corporate departments and to NTW Solutions.
- Each of the teams mentioned above are crucial to the delivery of the Workforce Strategy.



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# The Future Workforce

- Is flexible and fully equipped with the appropriate skills, knowledge and resources to deliver highly effective evidence based treatments across both community and inpatient services. Collective leadership and devolution are at the heart of what we do and how we will work.
- In this future state, the Trust will take a strategic approach to Talent Management and talent is identified and individuals are developed, engaged and retained with the organisation.
- All staff show high levels of engagement and are committed to the Trust and its values and feel a sense of job satisfaction. They are involved in decision making and have the freedom to voice ideas and opportunities to develop their services.
- Our staff will be empowered to maintain their own wellbeing while continuously improving the way in which care is delivered ensuring best quality outcomes for those using our services.



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# The Aims of this Workforce Strategy to enable our Vision

- We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do
- We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making
- We will lead and support staff to work safely and deliver high quality care for all
- We will help staff to keep healthy, maximising wellbeing and prioritising absence management
- We will educate and equip staff with the necessary knowledge and skills to do their job
- We will be a progressive employer of choice with appropriate pay and reward strategies.



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# Highlights to Date



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We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do

Goals	Examples of achievements
An increasingly flexible workforce working across health and social care	Active partner in STP at all levels Workforce plan in place; model designed to further develop approach for 2-5 year period. Worked with HENE on widening participation / commissioning Top 100 apprenticeship employer – supporting health and social care apprentices Active work with local schools to promote NHS as a career Participation in health and social care workforce summit
A workforce able to deliver greater provision of recovery focused self and whole person care	Co producing workforce systems /processes with support of staff networks. 3 peer support workers on CDTW

Goals	Examples of achievements
To be recognised as a diverse and fully inclusive employer	Staff networks established. Board level demographic information ; monitoring through EDS2 and WRES and planning for Workforce Disability Equality Scheme (WDES)
To be more widely recognised as a diverse and inclusive employer of choice	Attended pride and MELA with a workforce focus for the first time. NHS Employers Diversity and Inclusion partner and now alumni. Pilot for WDES. 66 business admin apprentices commenced.



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We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making

Goals	Examples of achievements
Higher levels of staff engagement	Speak Easy approach; corporate and local. External recognition – CIPD award and included in NHS England case study Bespoke work with medical workforce – collective clinical leadership programme / supervision support Improved response to staff survey – increase to 64.5%
Embedded approach to talent management	Scoped approach with TEWV with support from NELA. Early work in tandem with Training Academy



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We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making

Goals	Examples of achievements
Devolved operating model embedded across NTW, notable collective leadership approach.	Collective Leadership programmes in place – CBUs, Corporate and Clinical Coaching plan rolled out and monitored through BDG Bespoke leadership activities; eg Audit one OD Associates Network launched – 2 events held.



Caring | Discovering | Growing | **Together**

# We will lead and support staff to work safely and deliver high quality care for all

Goals	Examples of achievements
To fully use data and intelligence to continuously develop our workforce, including the enhancement of ESR	Launched updated ESR version enabling better access to on line training and 1 <sup>st</sup> stage access to employee self service.
To maximise opportunities and efficiency of process which arise from regional streamlining work	Significant lead roles with this regional work – Executive Sponsor and a Work stream lead. Time being saved through improvements to recruitment, training and OH processes, standardisation of work and sharing of records. Influencing national partners on system issues; DBS update service process / costs Medical recruitment process improved – RPIW. TRAC implemented.



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# We will help staff to keep healthy, maximising well being and prioritising absence management

Goals	Examples of achievements
An embedded health and well being strategy	Strategy in place and wide range of activities and measurement established; health needs assessment undertaken showing clearly defined need and improvement metrics. Bi monthly contract review meetings with team prevent.
Greater support for staff with their physical health, emotional resilience and mental well being.	Regular campaigns held; know your numbers, weight watchers classes, resilience training (inc bespoke sessions), Disability and mental health staff network in place. Mindfulness training commenced.



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# We will help staff to keep healthy, maximising well being and prioritising absence management

Goals	Examples of achievements
An increased awareness and shared understanding of the functions available within the HWB service	Calendar approach to HWB campaigns Visibility across the trust with HWB roadshows. Monthly HWB bulletin, focusing on need identified in HWB assessment.
Effective management led absence management with an increased focus on HWB	Wellness and recovery action plans in place for some teams. Close working with Positive and Safe / Talk First; Safer Care Bulletin in place. Revised sickness absence policy in place. Reducing absence rate. Follow through on audit actions; return to work interviews and training.



# We will educate and equip staff with the necessary knowledge and skills to do their job

Goals	Examples of achievements
To be a great place to work	Values based recruitment embedded with low levels nursing vacancies + improving position with medical vacancies. International recruitment in place – 3 doctors in post with incoming supply Reducing bank + agency spend Commitment to national call to action on Bullying and harassment. Learning from D+G incl'd in Learning group
To have a workforce who feel confident and safe to raise concerns and be treated fairly	Mediation approach rolled out. 12 trained mediators in place. FTSUG and champions in place, with reporting to Board. Staff survey metrics on raising concerns.



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We will educate and equip staff with the necessary knowledge and skills to do their job

Goals	Examples of Achievements
Staff will have the appropriate skills and education to deliver high quality, safe and sustainable care.	New appraisal process designed. Talent management approach scoped. 90 health and social care apprentices signed up for 2018
A comprehensive CPD programme is in place and accessible by all staff	Close working with HE North East on post graduate education and opportunities for development.
NTW Academy introduced with customer focused, co produced statutory, essential training and induction programmes	Trust Board has approved the development of the NTW Academy. Academy Board in place. 40 staff enrolled with a further 20 before end of March 2018.



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# We will educate and equip staff with the necessary knowledge and skills to do their job

Goals	Examples of Achievements
An embedded and customer focused management skills programme in place.	Programme in place. Masterclass programme designed to support new Associate Directors and others in the CBUs. Bespoke sessions held
Vocational learning pathways further developed.	Recognised as a Top 100 employer of apprentices. National recognition of apprenticeship programme. Use of apprenticeship levy.



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We will be a progressive employer of choice with appropriate pay and reward strategies.

Goals	Examples of achievements
Be an authoritative voice on mental health and disability employment issues	HSJ Provider of the year Attendance and speakers at many national and regional conferences Lead for mental health STP work stream Lead roles in Transforming Care
To be recognised as a great place to work	National and regional recognition for our work. Shortlisted twice in HPMA awards, winner CIPD awards, numerous shortlists for NTW Shining a Light Awards Vacancy rates, engagement rates etc Disability Confident Employer Status



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We will be a progressive employer of choice with appropriate pay and reward strategies.

Goals	Examples of achievements
Be an authoritative voice on corporate services future provision	Director level membership of NHSI Carter groups. Strong input to regional and national Streamlining
Recognition and Rewards strategies in place	Reward Information booklet published. Early scoping work with Neyber on financial health for staff.
Strong partnerships in place with Trade Unions	Partnership working with staff side. Regional SPF chaired by Director of Workforce Staff side membership of key committees and Boards – CDTW, CEDAR etc



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# Some metrics

(a sample from performance reports and staff survey findings - \*denotes scale summary score)

Subject	2017	2016
I would recommend my trust as a place to work	62%	64%
Staff motivation at work*	3.91	3.87
Overall staff engagement*	3.83	3.87
% staff reporting errors, near misses or incidents witnessed	94%	96%
Staff satisfaction with quality of work and care delivered*	3.95	4.02
Temporary staffing spend	£17.3m (to date)	£21.8m
Percentage of staff appraised	93%	91%
Quality of non mandatory training or development*	4.08	4.08



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# Some metrics

(a sample from performance reports and staff survey findings - \*denotes scale summary score)

Subject	2017	2016
Percentage of staff experiencing discrimination at work in the last 12 months	10%	10%
% of staff experiencing harassment, bullying abuse from staff	16%	17%
% of staff reporting most recent experience of above	71%	70%
HWB campaigns held (major)	5	5
Sickness absence in month (Feb 18)	5.04%	5.16%
Sickness absence rolling (to Feb 18)	5.52%	5.41%
Organisation and management interest in health and well being*	3.9	3.91



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# Next Steps

- Currently finalising 2018 / 19 key priorities in accordance with the Workforce and OD strategies
- To be agreed through CDTW – April
- Suite of metrics and KPI to be reviewed
- Review of workforce assurance report to Quality and Performance Committee
- Reporting to trust board – quarterly?
- Thank you to the workforce team (across the trust), Locality and Corporate staff and our NTW workforce.



# Questions



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

**Board of Directors Meeting**

Meeting Date: 28<sup>th</sup> March 2018

Title and Author of Paper: Staff Survey 2017

Executive Lead: Lisa Crichton-Jones

Paper for Debate, Decision or Information: Information

**Key Points to Note:**

- Survey ran from middle of September through to the beginning of December
- Questionnaires sent to 6127, after removing ineligible staff gave a sample of 6038
- 3894 questionnaires returned gives us a response rate of 64.5%
- Of the 32 Key Findings 23 are better than average for all Mental Health Trusts – 6 areas have seen deterioration since 2016 and 1 improvement
- Work is taking place at a local level to understand and analyse information at the CBU, and Corporate Directorates/Depts with a view to taking early action to address issues that are highlighted
- On a Trust-wide Basis we have already asked our survey provider for a deep dive analysis of results regarding violence and aggression shown towards staff.
- Revisit our approach to staff engagement
- It is recommended that we do a full analysis of our bottom five scores and those areas that have deteriorated to seek to understand what those results are telling us and how might be address performance in those areas.
- Detailed actions to be drawn up and presented to CDT(W) for consideration at its May meeting

Full report with comparison to all Mental Health Trusts can be found at <http://www.nhsstaffsurveys.com/Page/1071/Latest-Results/Mental-Health-Learning-Disability-Trusts/>

Risks Highlighted to Board :

Does this affect any Board Assurance Framework/Corporate Risks?  
Please state No  
If Yes please outline

Equal Opportunities, Legal and Other Implications: WRES results to note

Outcome Required: to note

Link to Policies and Strategies: Workforce Strategy

# Staff Survey 2017



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# National Key Findings

Key findings are the overall measures within the survey grouping together the answers to individual questions.

- Of the 32 key findings in the survey 21 worsened and 11 improved. Questions were scored out of 5.
  - Staff confidence in quality of care, willingness to recommend the NHS as a place to work, staff engagement, and most health and wellbeing markers was worse than in 2016.
  - The overall key finding on whether staff are willing to recommend the NHS as a place to work or be treated fell from 3.65 to 3.64.
  - The key finding on whether staff feel satisfied with the quality of care they are able to deliver also fell from 3.93 to 3.90.
  - The overall staff engagement index fell from 3.82 to 3.80.
  - The key finding on whether staff experience work related stress rose from 36 to 38 per cent.



# Our 2017 Survey

- Survey ran from middle of September through to the beginning of December
- Questionnaires sent to 6127, after removing ineligible staff gave a sample of 6038
- 3894 questionnaires returned gives us a response rate of 64.5%
- Of the 32 Key Findings 23 are better than average for all Mental Health Trusts – 6 areas have seen deterioration since 2016 and 1 improvement



# Top Five Ranking Scores

- Percentage of staff/colleagues reporting most recent experience of harassment bullying or abuse
- Percentage of staff working extra hours
- Percentage of staff feeling unwell due to work related stress in the last 12 months
- Percentage of staff experiencing harassment bullying or abuse from staff in the last 12 months
- Percentage of staff believing that the organisations provides equal opportunities for career progression and promotion



# Bottom Five Ranking Scores

- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months
- Percentage of staff experiencing physical violence from staff in last 12 months
- Staff motivation at work
- Percentage of staff experiencing harassment, bullying or abuse from patients , relatives or the public in the last 12 months
- Percentage of staff able to contribute towards improvements at work



# Largest Local Change Since 2016 - improvement

- Percentage of staff appraised in the last 12 months



# Largest Local Changes Since 2016 - deterioration

- Staff satisfaction with the quality of work and care they are able to deliver
- Percentage of staff experiencing physical violence from patients relatives or the public in the last 12 months
- Staff motivation at work
- Staff confidence and security in reporting unsafe clinical practice
- Staff satisfaction with resourcing and support



# Friends and Family

Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

		Your Trust in 2017	Average (median) for mental health	Your Trust in 2016
Q21a	"Care of patients / service users is my organisation's top priority"	80%	73%	82%
Q21b	"My organisation acts on concerns raised by patients / service users"	81%	75%	83%
Q21c	"I would recommend my organisation as a place to work"	62%	57%	64%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	68%	61%	72%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.81	3.67	3.87

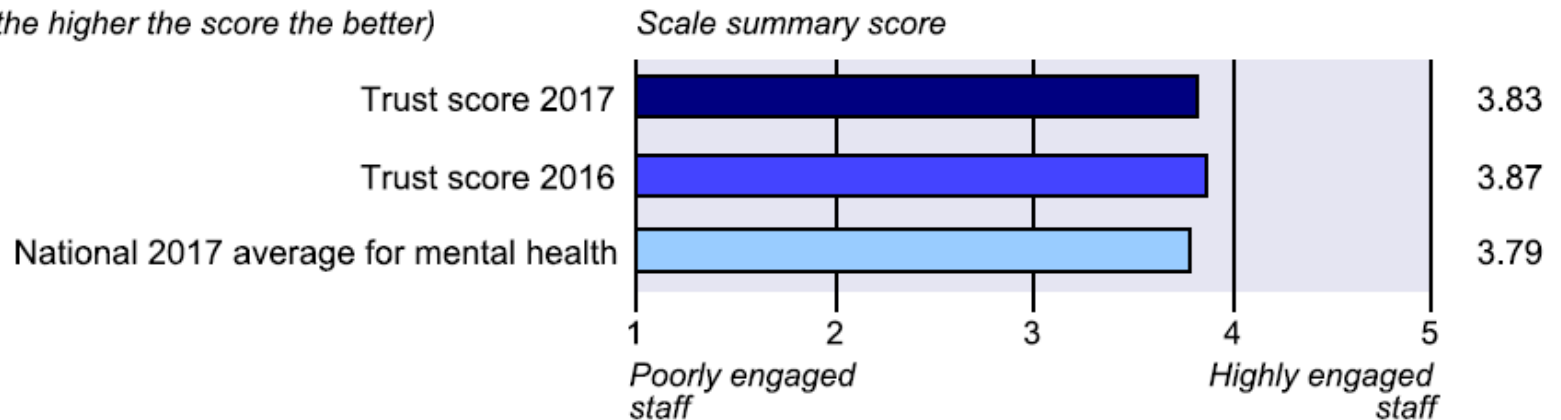


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# Staff Engagement

## OVERALL STAFF ENGAGEMENT

*(the higher the score the better)*



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# Staff Engagement - analysis

	Change since 2016 survey	Ranking, compared with all mental health
<b>OVERALL STAFF ENGAGEMENT</b>	<b>! Decrease (worse than 16)</b>	<b>✓ Above (better than) average</b>
<b>KF1. Staff recommendation of the trust as a place to work or receive treatment</b> <i>(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)</i>		
	<b>! Decrease (worse than 16)</b>	<b>✓ Above (better than) average</b>
<b>KF4. Staff motivation at work</b> <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>		
	<b>! Decrease (worse than 16)</b>	<b>• Average</b>
<b>KF7. Staff ability to contribute towards improvements at work</b> <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>		
	<b>• No change</b>	<b>• Average</b>

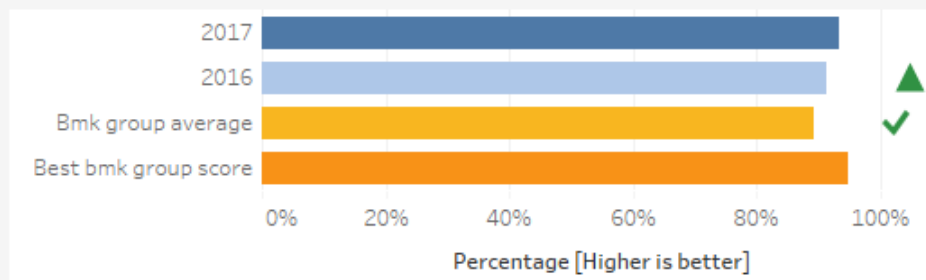


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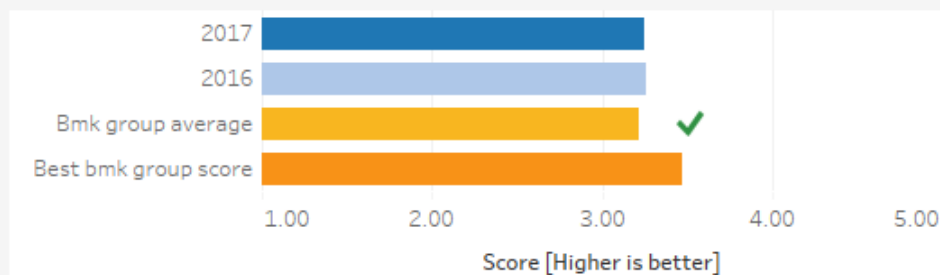
## Appraisals and Support for Development



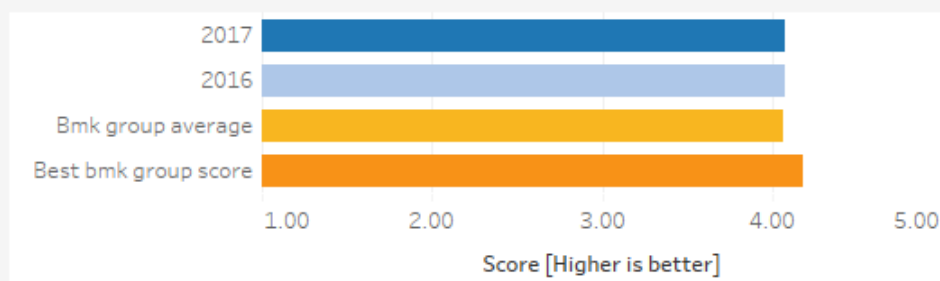
KF11 - Percentage of staff appraised in last 12 months



KF12 - Quality of appraisals



KF13 - Quality of non-mandatory training, learning or development



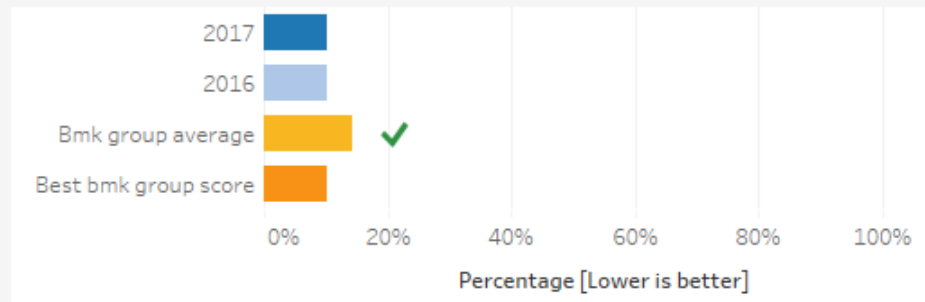
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Northumberland, Tyne and Wear NHS Foundation Trust

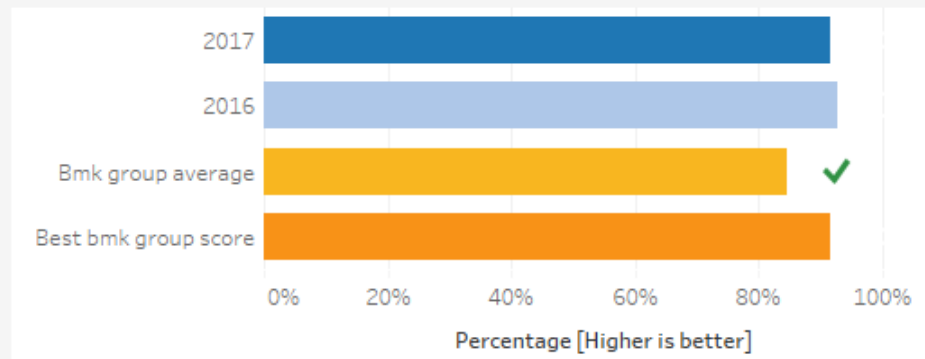
## Equality and Diversity



KF20 - Percentage of staff experiencing discrimination at work in the last 12 months



KF21 - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



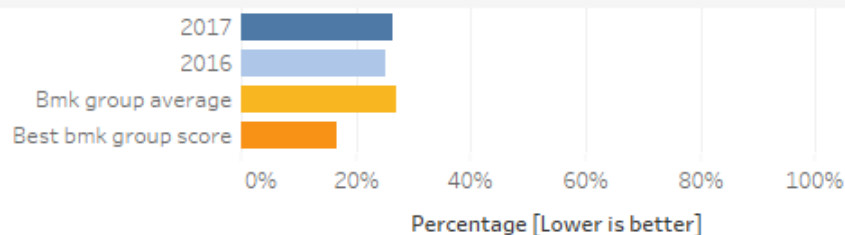
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Northumberland, Tyne and Wear NHS Foundation Trust

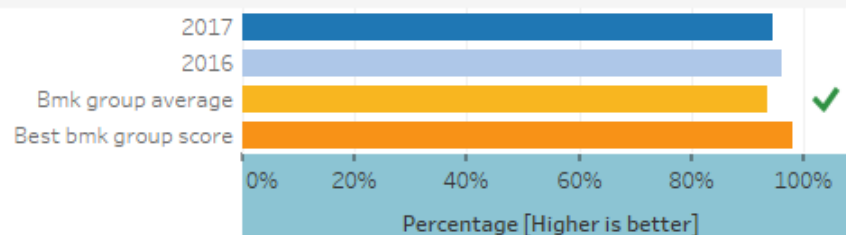
# Errors and near misses



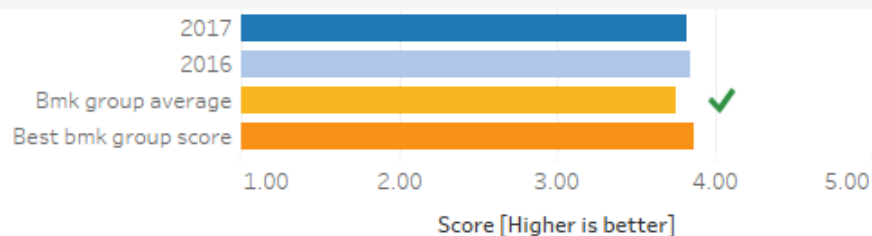
KF28 - Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month



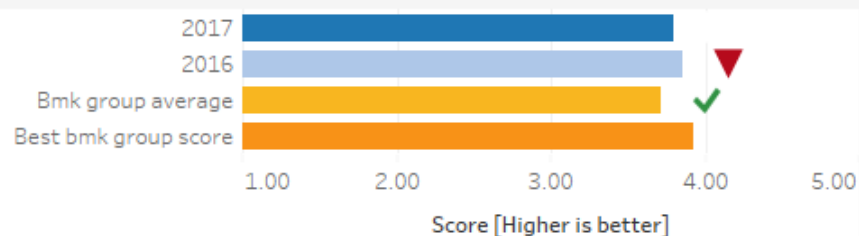
KF29 - Percentage of staff reporting errors, near misses or incidents witnessed in the last month



KF30 - Fairness and effectiveness of procedures for reporting errors, near misses and incidents



KF31 - Staff confidence and security in reporting unsafe clinical practice



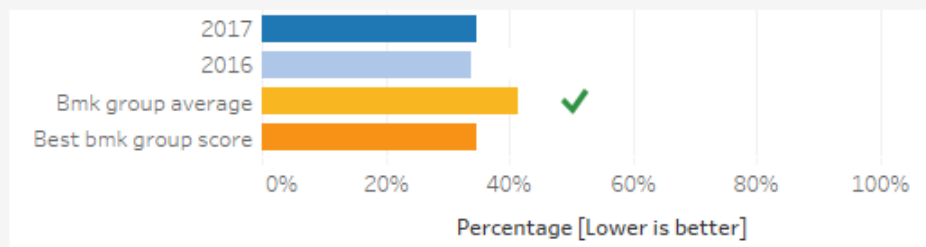
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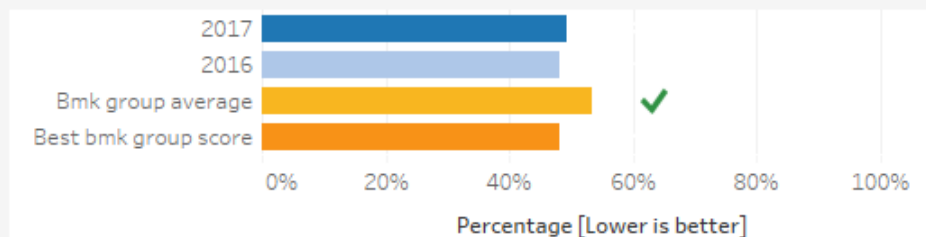
## Health and wellbeing



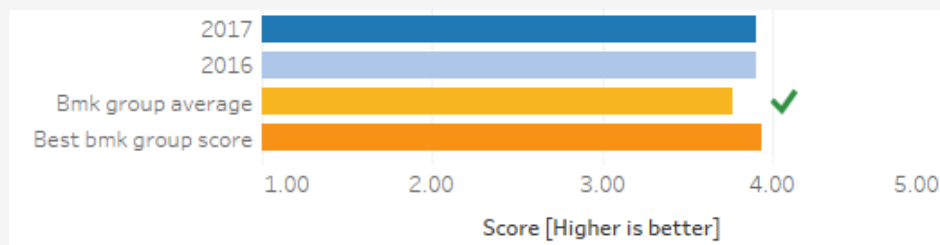
### KF17 - Percentage of staff feeling unwell due to work related stress in the last 12 months



### KF18 - Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves



### KF19 - Organisation and management interest in and action on health and wellbeing



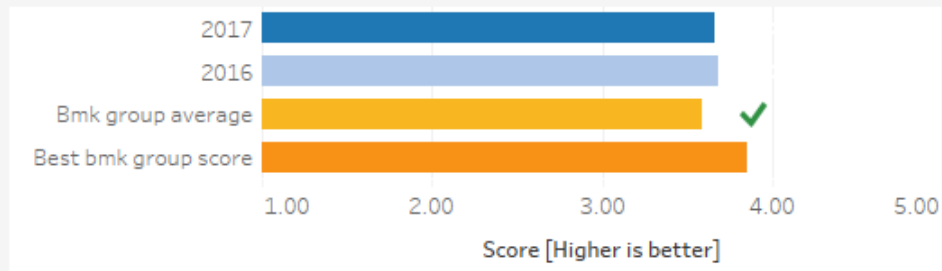
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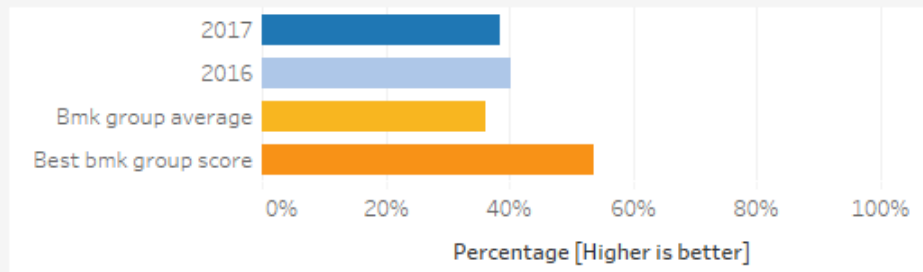
## Managers



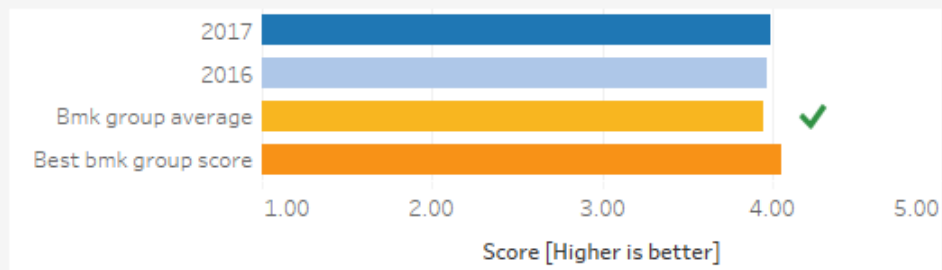
### KF5 - Recognition and value of staff by managers and the organisation



### KF6 - Percentage of staff reporting good communication between senior management and staff



### KF10 - Support from immediate managers



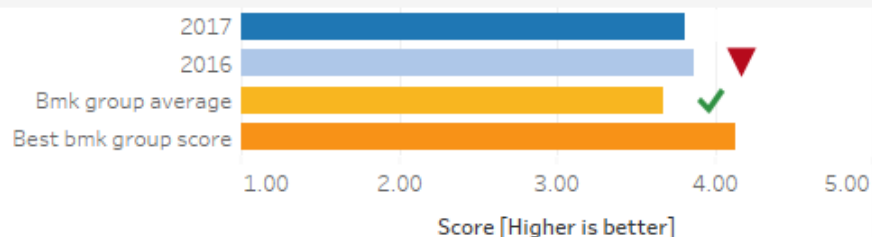
Select an organisation:

Northumberland, Tyne and Wear NHS Foundation Trust

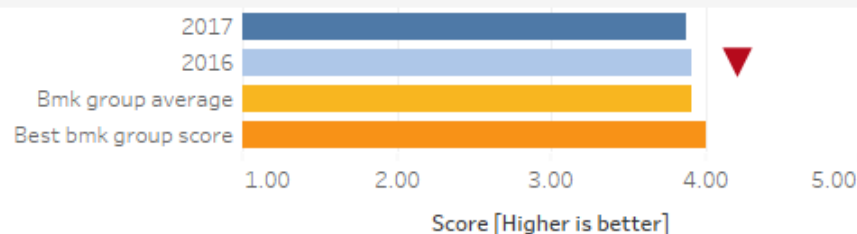
## Job Satisfaction



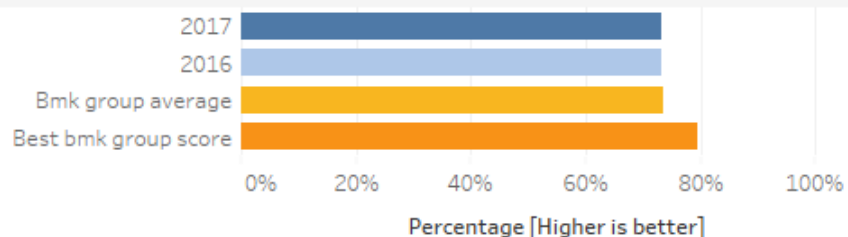
KF1 - Staff recommendation of the organisation as a place to work or receive treatment



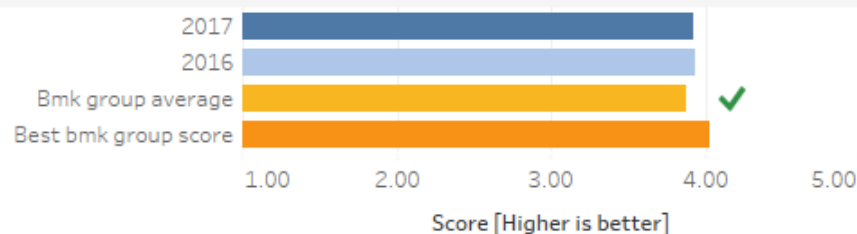
KF4 - Staff motivation at work



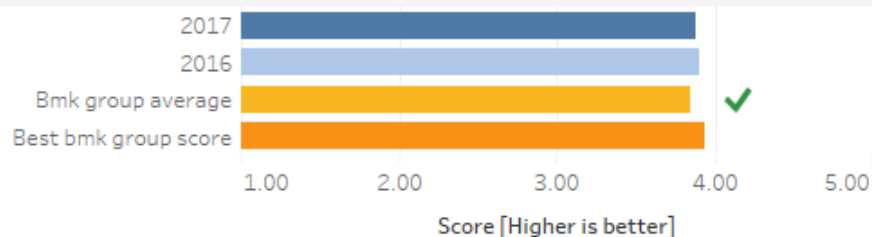
KF7 - Percentage of staff able to contribute towards improvements at work



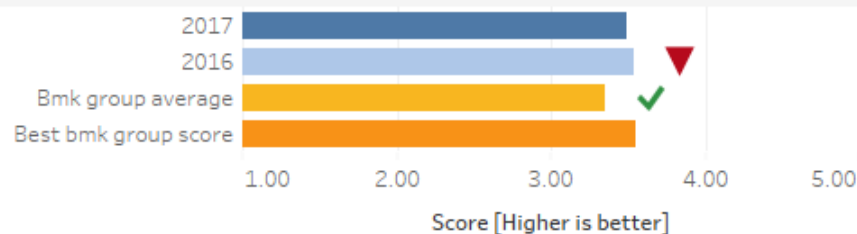
KF8 - Staff satisfaction with level of responsibility and involvement



KF9 - Effective team working



KF14 - Staff satisfaction with resourcing and support



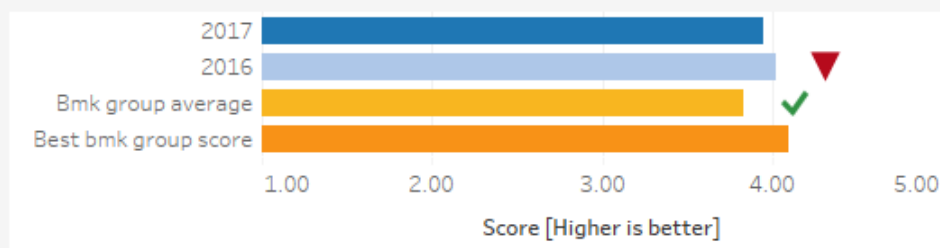
Select an organisation:

Northumberland, Tyne and Wear NHS Foundation Trust

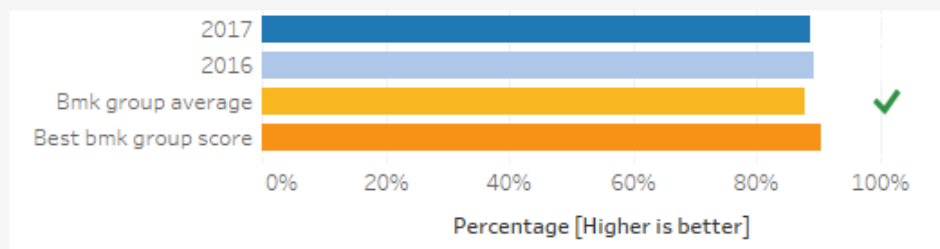
## Patient care and experience



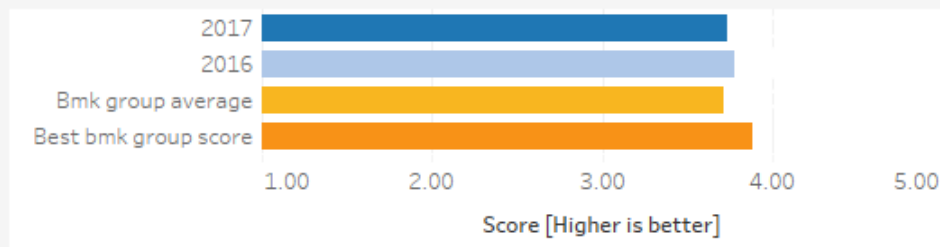
### KF2 - Staff satisfaction with the quality of work and care they are able to deliver



### KF3 - Percentage of staff agreeing that their role makes a difference to patients / service users



### KF32 - Effective use of patient / service user feedback



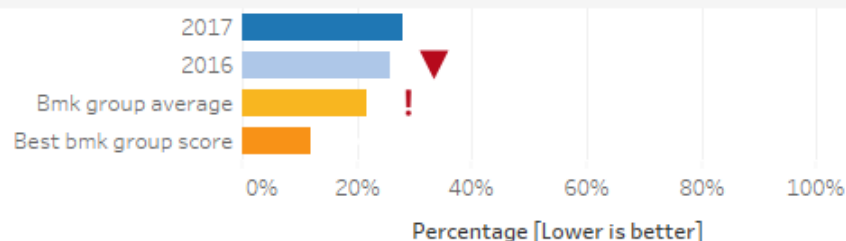
Select an organisation:

Northumberland, Tyne and Wear NHS Foundation Trust

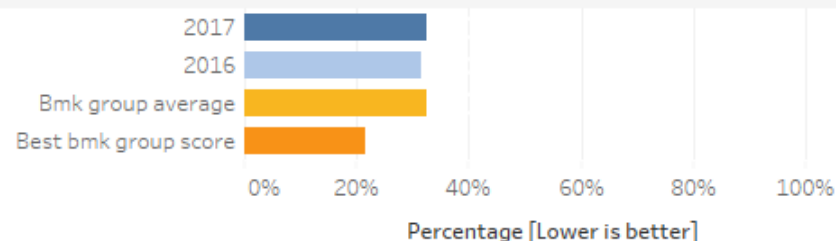
## Violence, harassment and bullying



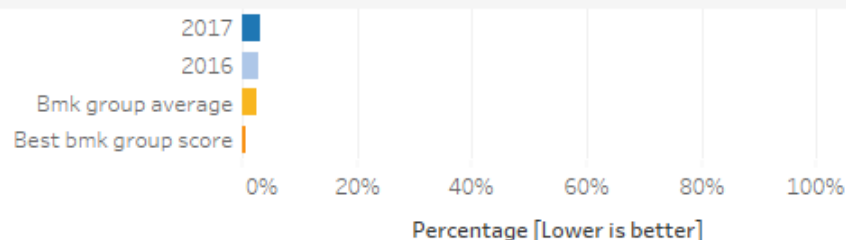
KF22 - Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months



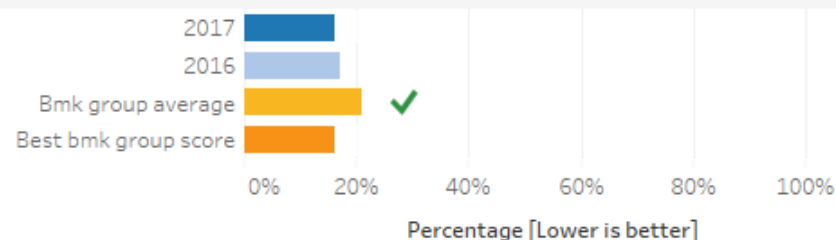
KF25 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



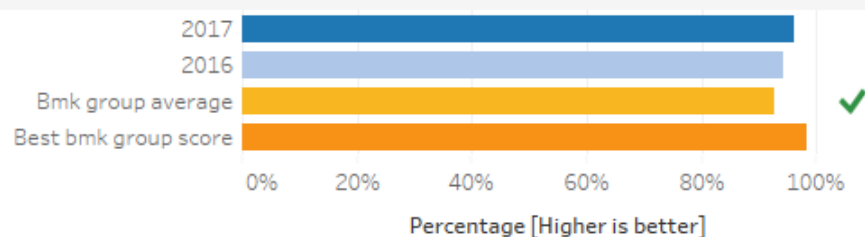
KF23 - Percentage of staff experiencing physical violence from staff in last 12 months



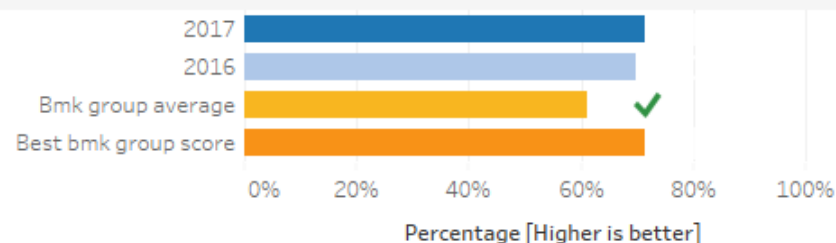
KF26 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



KF24 - Percentage of staff/colleagues reporting most recent experience of violence



KF27 - Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse



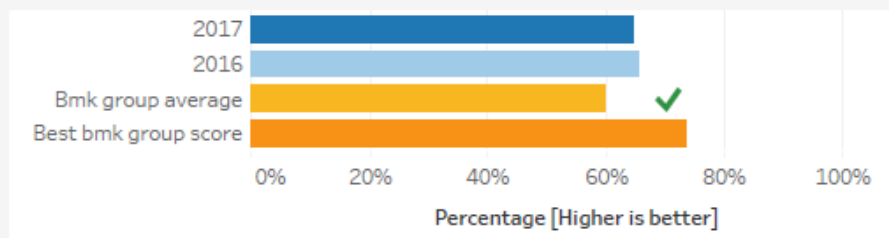
**Select an organisation:**

Northumberland, Tyne and Wear NHS Foundation Trust

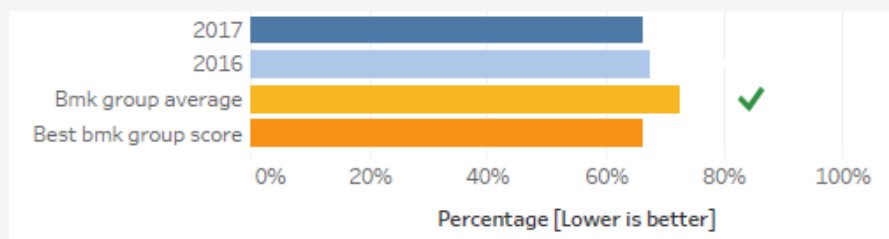
## Working Patterns



KF15 - Percentage of staff satisfied with the opportunities for flexible working patterns



KF16 - Percentage of staff working extra hours



Select an organisation:

Northumberland, Tyne and Wear NHS Foundation Trust

### Workforce Race Equality Standard (WRES)

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, no data is displayed if the staff group in question contributed fewer than 11 responses to that score. Instead, a percentage sign (%) will be displayed.



		Your score in 2017	Benchmark group median	Your score in 2016
KF25 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	34%	32%	31%
	BME	44%	36%	50%
KF26 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	16%	21%	17%
	BME	25%	26%	24%
KF21 - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	92%	87%	93%
	BME	81%	77%	84%
Q17b - In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	5%	6%	5%
	BME	8%	14%	12%

# Next Steps

- Work is taking place at a local level to understand and analyse information at the CBU, and Corporate Directorates/Depts with a view to taking early action to address issues that are highlighted
- On a Trust-wide Basis we have already asked our survey provider for a deep dive analysis of results regarding violence and aggression shown towards staff.
- It is recommended that we do a full analysis of our bottom five scores and those areas that have deteriorated to seek to understand what those results are telling us and how might be address performance in those areas.
- Revisit our approach to staff engagement
- Detailed actions to be drawn up and presented to CDT(W) for consideration at its May meeting.





# Supplementary Supporting Information

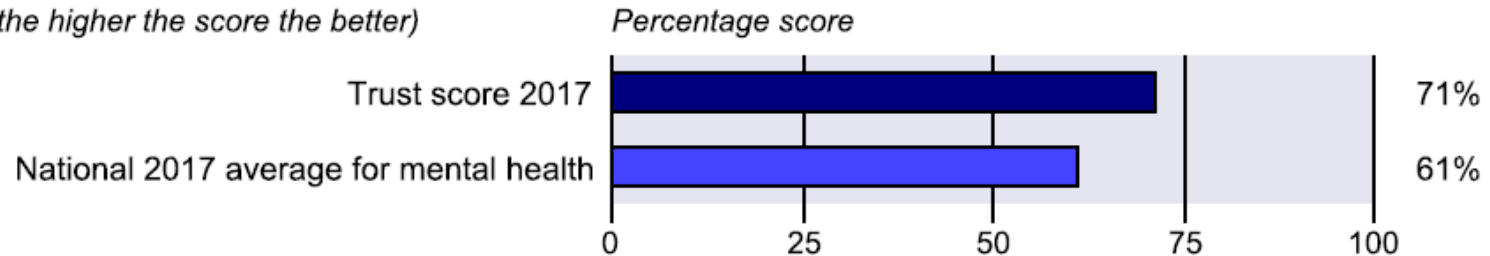


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# Top Five Ranking Scores

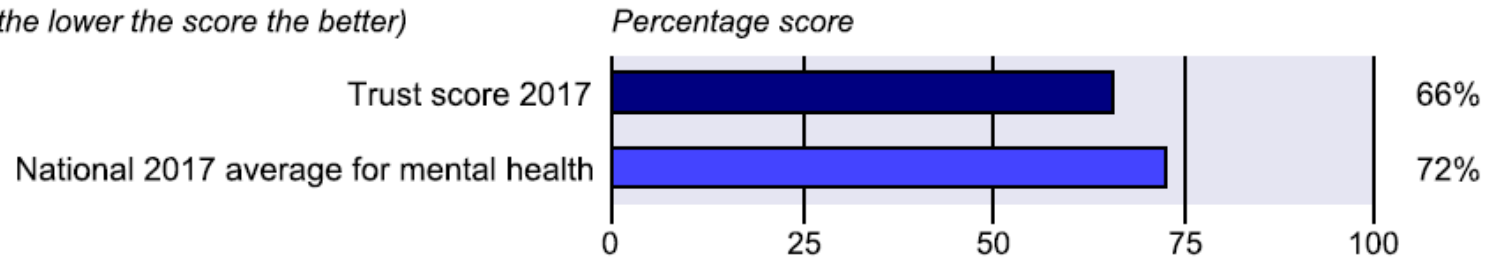
## ✓ KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

*(the higher the score the better)*



## ✓ KF16. Percentage of staff working extra hours

*(the lower the score the better)*

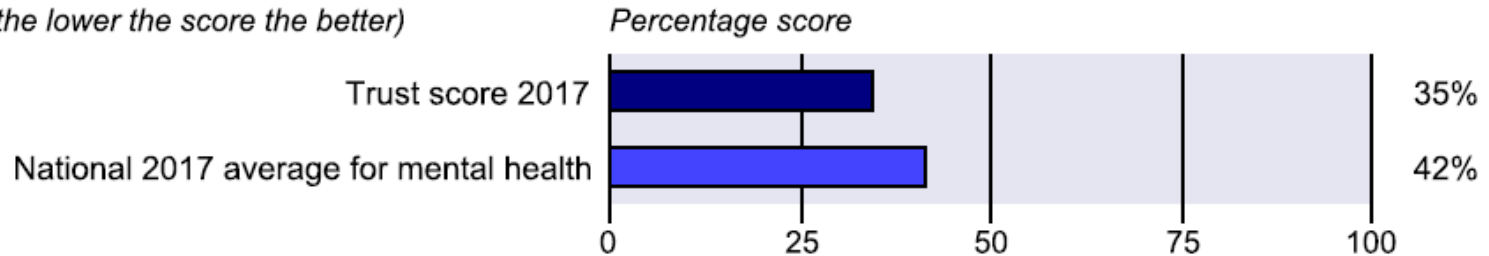


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# Top Five Ranking Scores

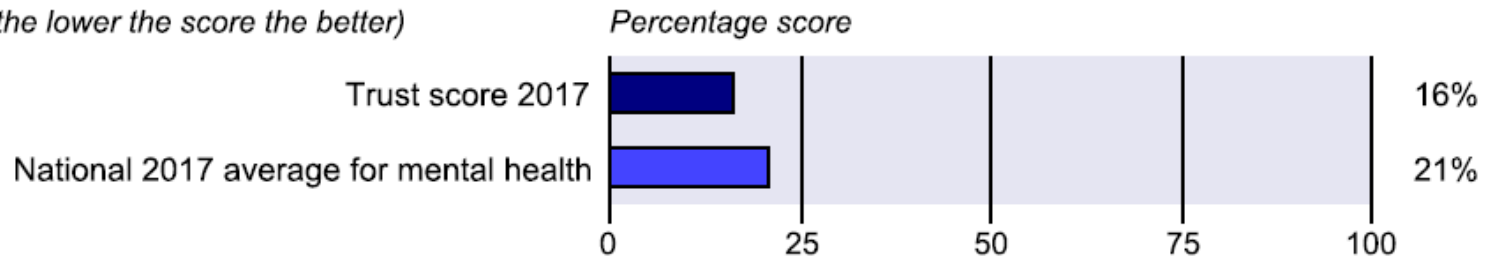
## ✓ KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



## ✓ KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)

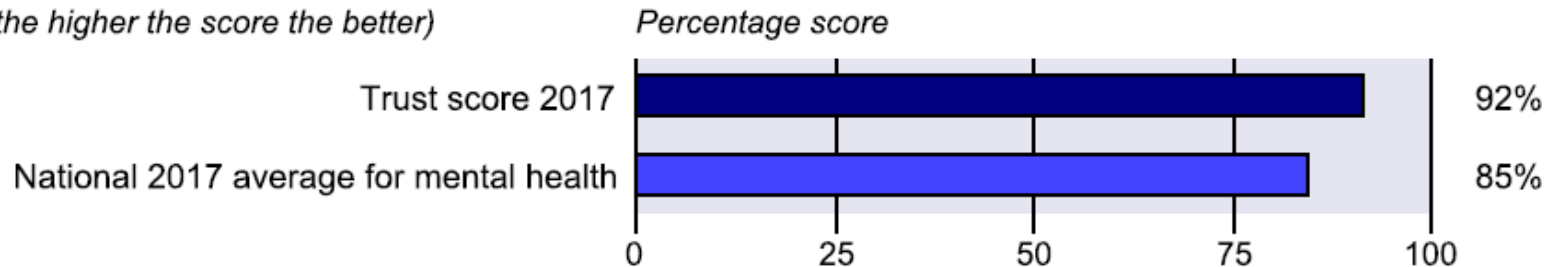


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# Top Five Ranking Scores

✓ **KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

*(the higher the score the better)*

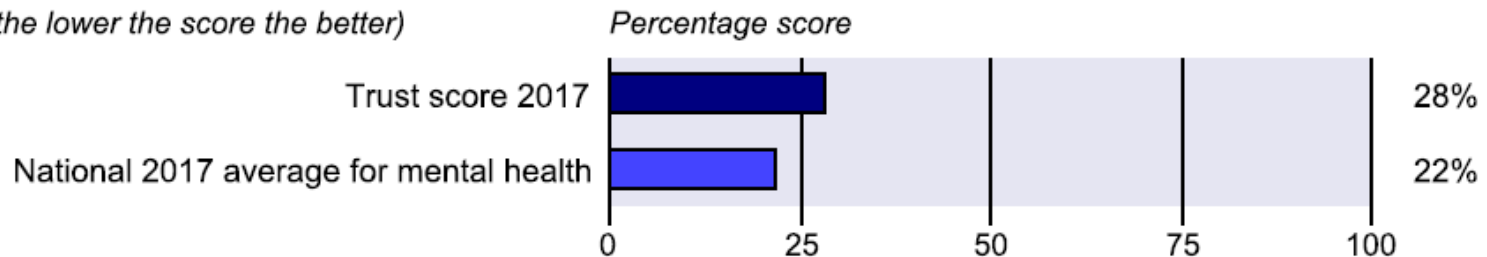


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# Bottom Five Ranking Scores

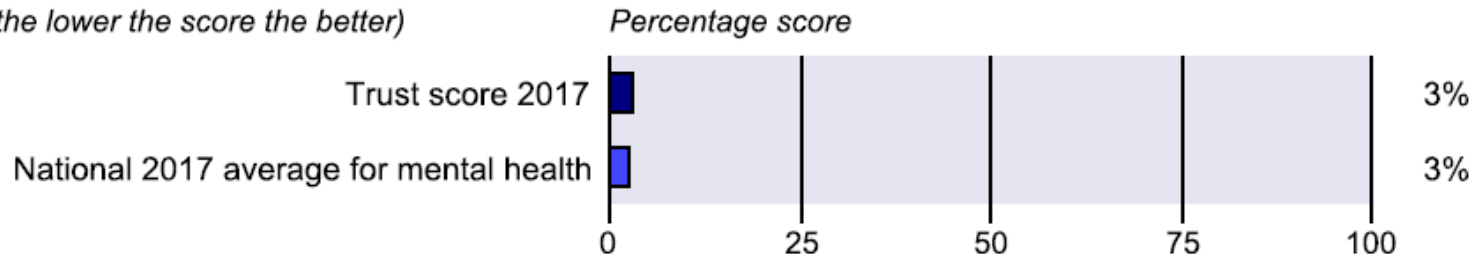
## ! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

*(the lower the score the better)*



## ! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

*(the lower the score the better)*

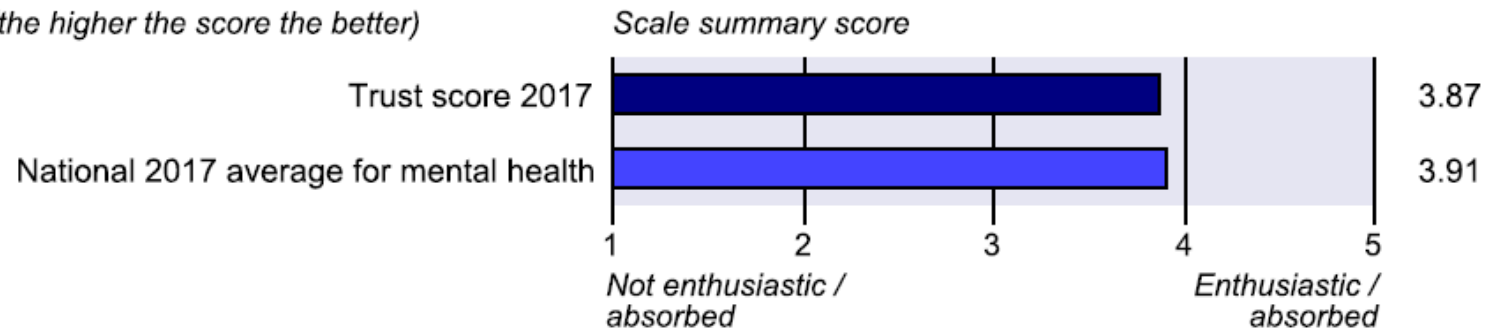


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# Bottom Five Ranking Scores

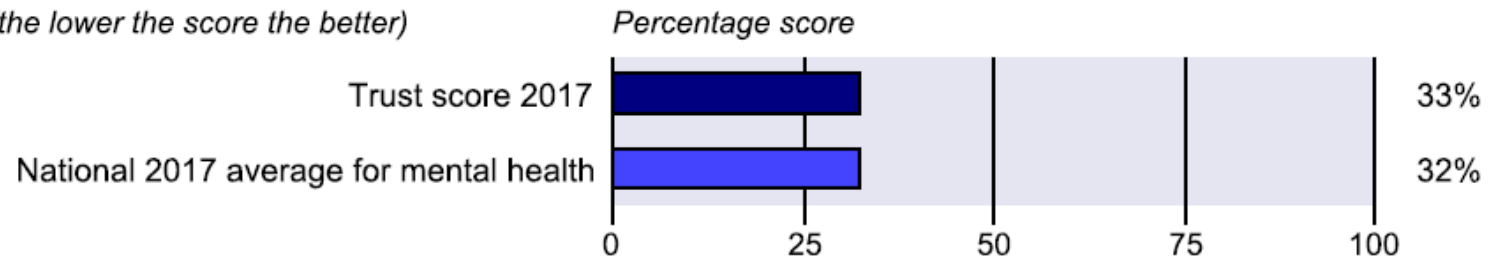
## ! KF4. Staff motivation at work

(the higher the score the better)



## ! KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)

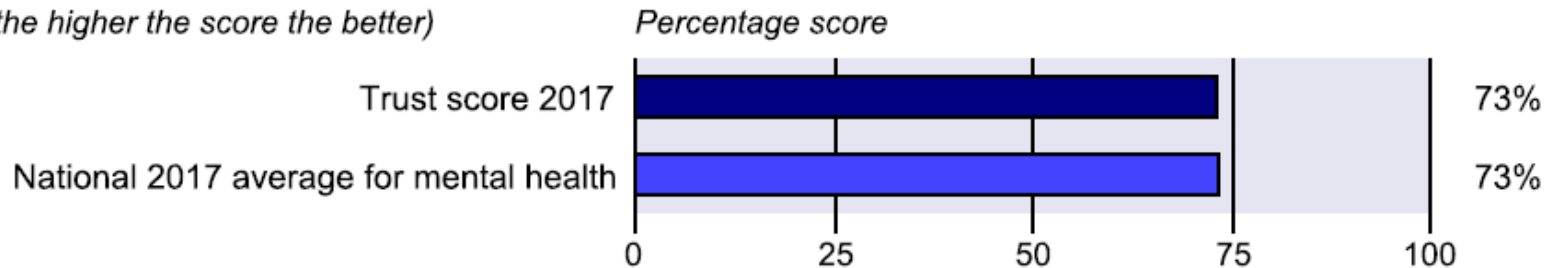


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# Bottom Five Ranking Scores

## ! KF7. Percentage of staff able to contribute towards improvements at work

*(the higher the score the better)*

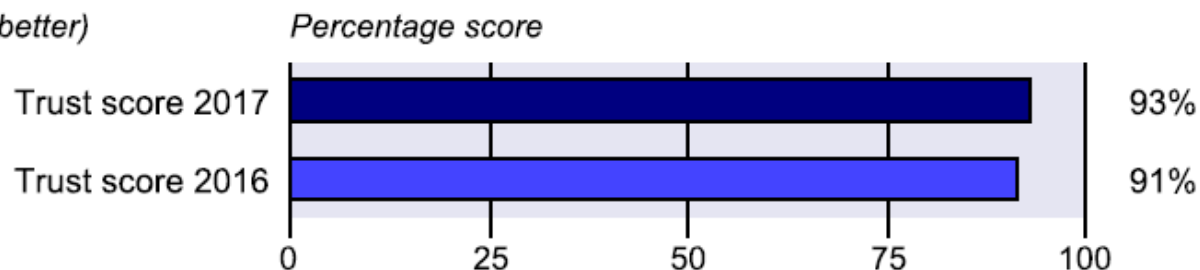


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# Largest Local Changes Since 2016 - improvement

## ✓ KF11. Percentage of staff appraised in last 12 months

*(the higher the score the better)*

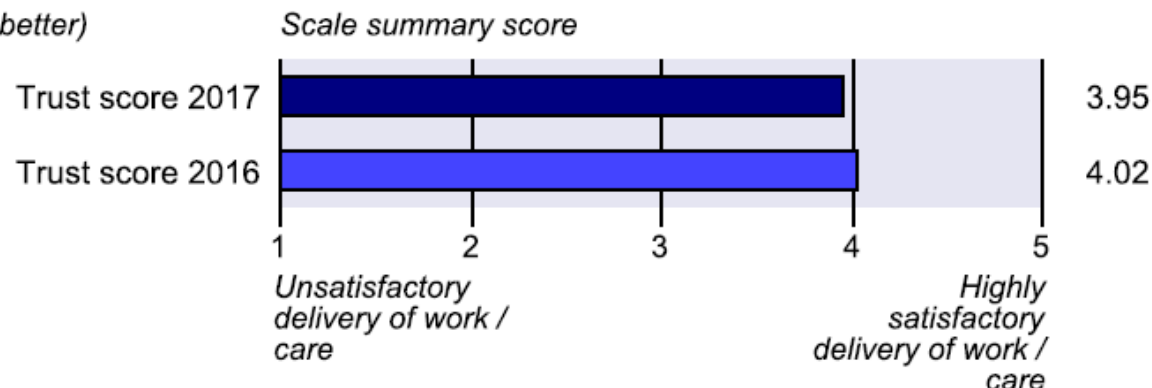


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# Largest Local Changes Since 2016 - deteriorated

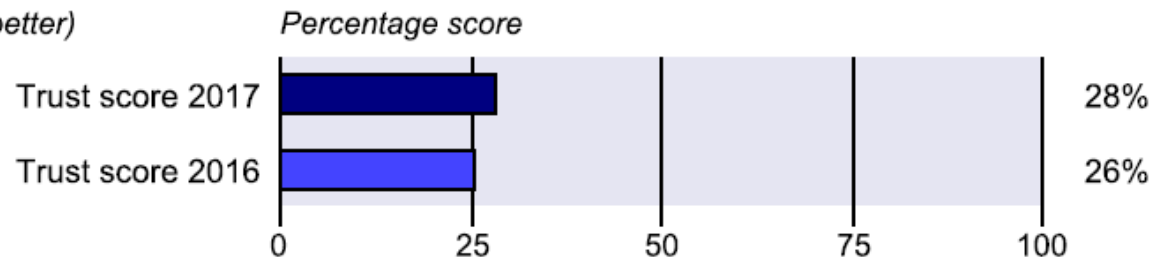
## ! KF2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



## ! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)

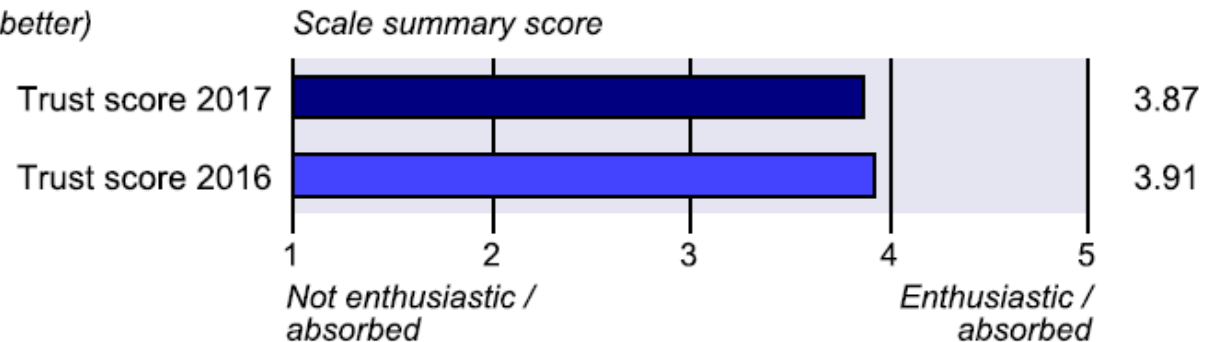


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# Largest Local Changes Since 2016 - deteriorated

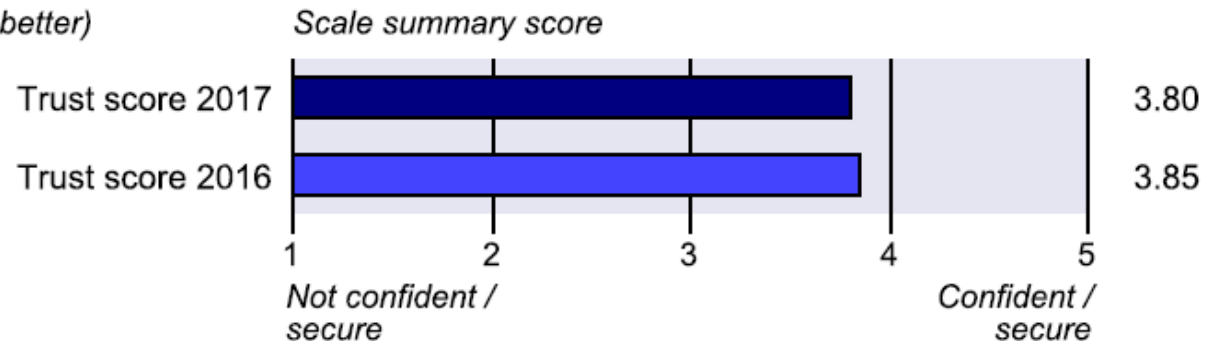
## ! KF4. Staff motivation at work

(the higher the score the better)



## ! KF31. Staff confidence and security in reporting unsafe clinical practice

(the higher the score the better)

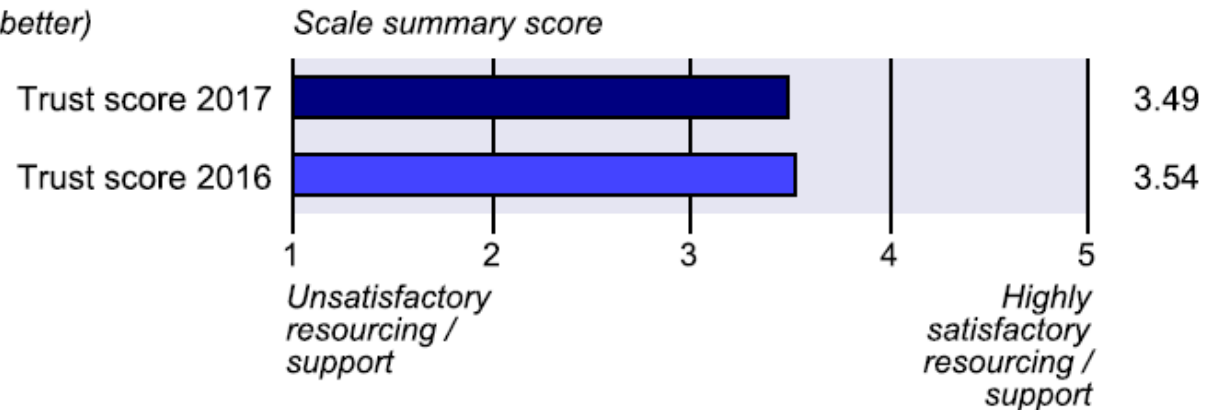


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# Largest Local Changes Since 2016 - deteriorated

## ! KF14. Staff satisfaction with resourcing and support

(the higher the score the better)



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Northumberland, Tyne and Wear NHS Foundation Trust

Trust Board of Directors

**Meeting Date:** 28 March 2018

**Title and Author of Paper:** Gender Pay Gap Report  
Jacqueline Tate, Workforce Projects Manager

**Executive Lead:** Lisa Crichton Jones, Executive Director Workforce and Organisational Development

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

**Key Points to Note:**

- Gender pay gap regulations require employers to publish statutory calculations every year to show the size of the pay gap in between male and female employees.
- Snapshot of information taken at 31 March 2017.
- There are six information requirements.
- The Office of National Statistics indicates that the median pay gap is the figure to focus on and that anything below 18.4% is not a cause for concern.
- Mean gender pay gap is 12.45%
- Median gender pay gap is 3.18%
- Mean gender bonus gap is 22.38%
- Median gender bonus gap is 39.63%
- Proportion of males receiving bonus payment and proportion of females receiving bonus payment is 2.08% and 0.52% respectively.
- Proportion of males and females in each of the four pay quartiles is:

Quartile	Male	Female
Lower	24.36%	75.64%
Lower Middle	29.77%	70.23%
Upper Middle	26.15%	73.85%
Upper	32.82%	67.18%

- The information must be published on both the Government's website and the Trust's internet site by 30 March each year.

**Risks Highlighted:** N/A

**Does this affect any Board Assurance Framework/Corporate Risks:**

**Please state Yes or No** No

**If Yes please outline**

---

**Equal Opportunities, Legal and Other Implications:**

Work and support required to address the bonus gender gap

**Outcome Required / Recommendations:**

To note content

**Link to Policies and Strategies: Trust Strategy, Workforce and OD Strategy.  
Range of Workforce Policies.**



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

# **Gender Pay Gap Report**

## **2016-2017**

## Contents

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## Introduction

Legislation has been introduced which makes it statutory for organisations with 250 or more employees to report annually on their gender pay gap.

These regulations underpin the Public Sector Equality Duty and require relevant organisations to publish their gender pay gap by 30 March 2018 (and annually thereafter), including: the mean and median gender hourly pay; the mean and median gender gaps in bonus pay; the proportion of men and women who receive bonuses; and the proportion of male and female employees in each pay quartile.

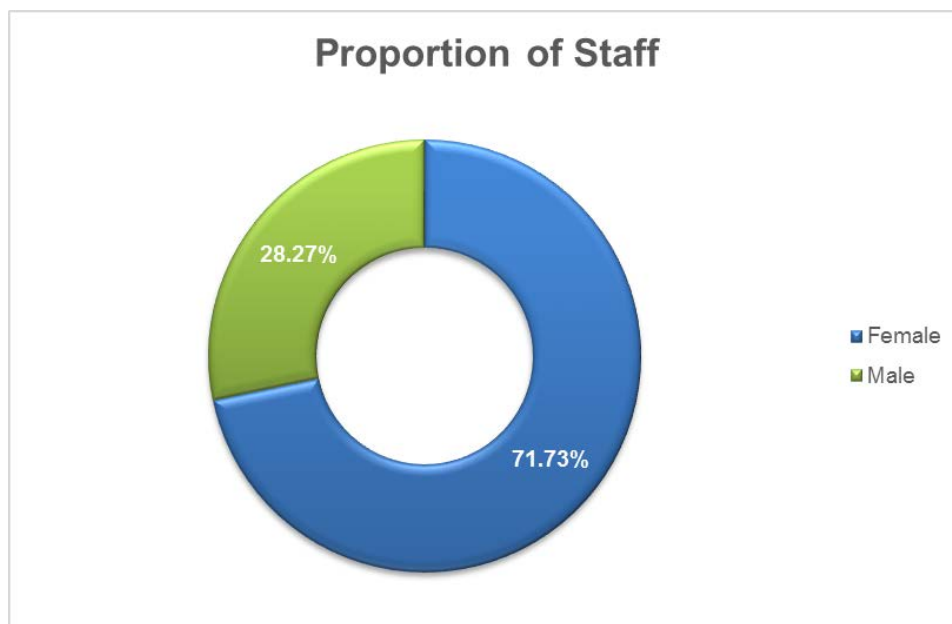
The gender pay gap shows the difference in the average pay between all men and women in the workplace. If there is a high gender pay gap, this indicates that there may be a number of issues to deal with.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs, or work of equal value.

Northumberland Tyne and Wear NHS Foundation Trust supports the fair treatment and reward for all of its staff irrespective of gender. Its pay system approach is based on the principles of fairness, consistency and transparency, irrespective of gender.

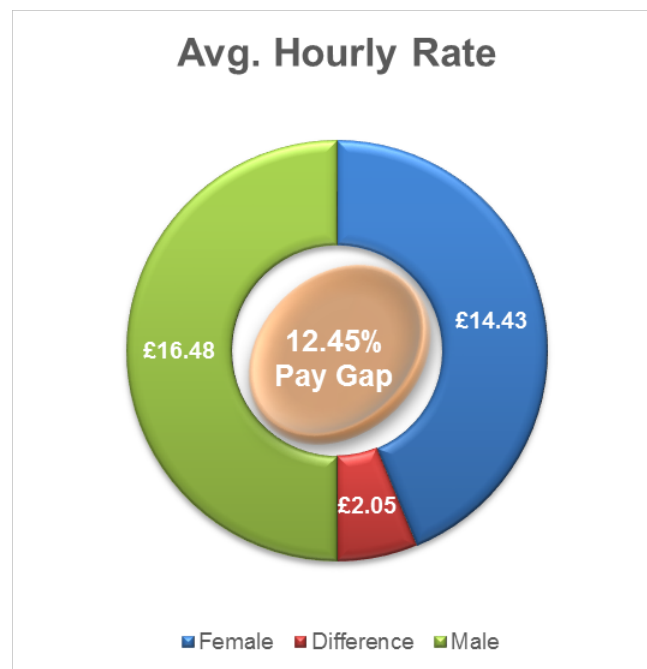
This report fulfils legislative requirements and sets out what Northumberland Tyne and Wear NHS are doing to close the gender pay gap.

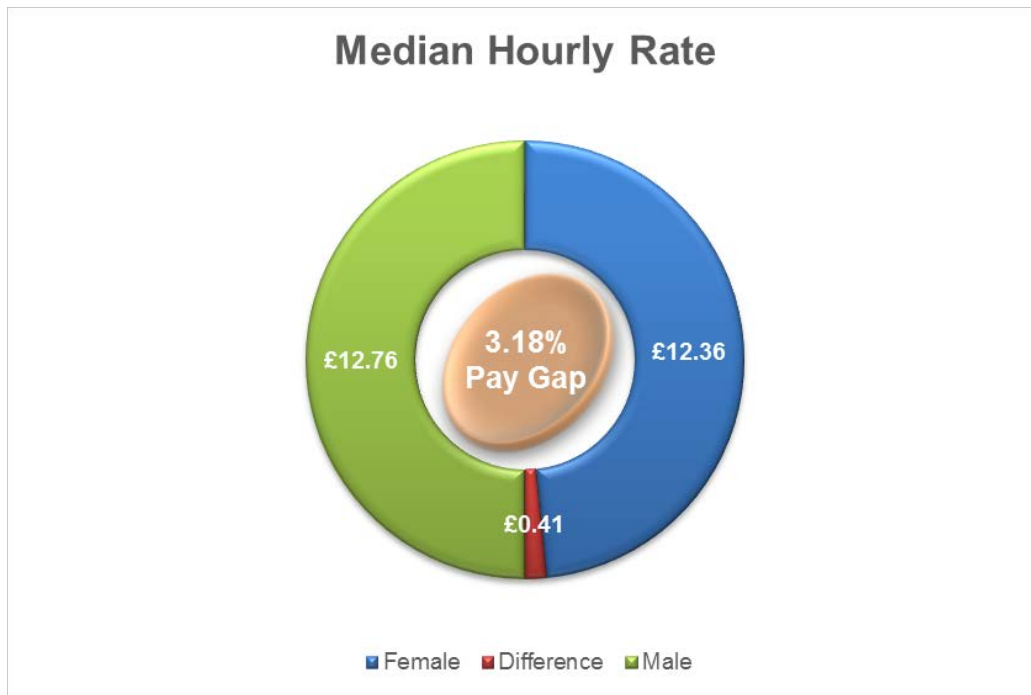
## Gender Profile



## Mean and Median Pay Analysis

Gender	Avg. Hourly Rate	Median Hourly Rate
Female	£14.43	£12.36
Difference	£2.05	£0.41
Male	£16.48	£12.76
Pay Gap %	12.45	3.18





The Trust uses Agenda for Change pay grades and local pay scale grades for some senior staff. Each grade has a specific pay range with some spot salaries for senior staff. Grades vary by level of responsibility. Generally those who have spent longer in the same grade would be expected to earn more regardless of their gender. The hourly rate calculation includes: basic pay, bank work shifts, allowances (other than Clinical Excellence Awards) and bonuses. Medical and Dental staff have a separate pay infrastructure.

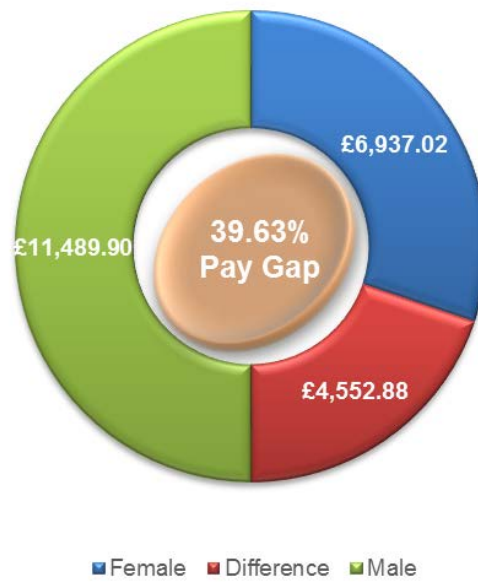
### Bonus Gender Pay Gap

Gender	Avg. Bonus Pay	Median Bonus Pay
Female	£11,435.31	£6,937.02
Difference	£3,297.77	£4,552.88
Male	£14,733.07	£11,489.90
Pay Gap %	22.38	39.63

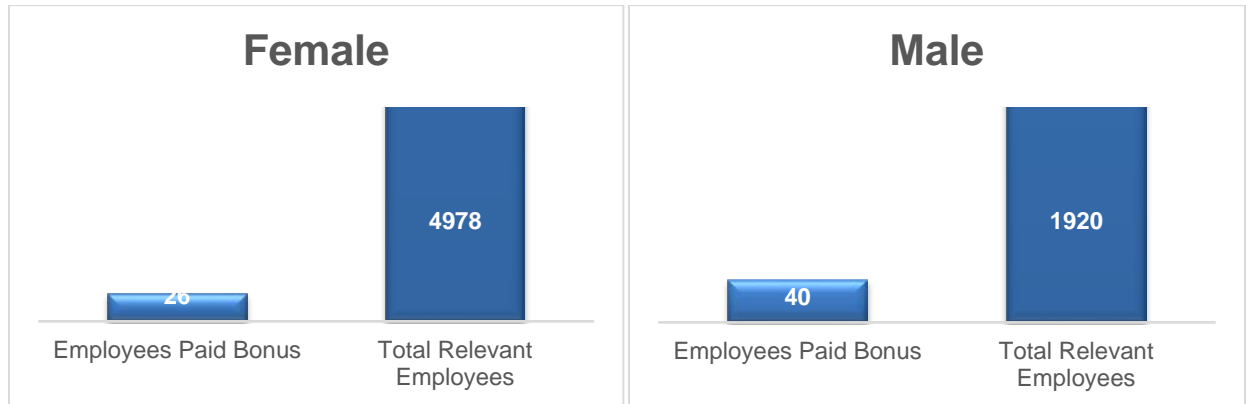
## Avg. Bonus Pay



## Median Bonus Pay



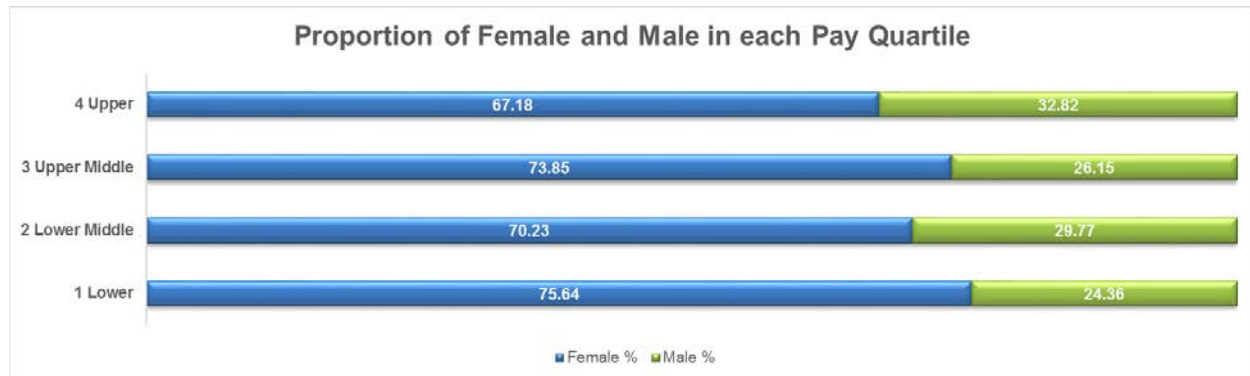
Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	26	4978	0.52%
Male	40	1920	2.08%



For the purposes of this calculation bonus payment means Clinical Excellence Awards. Applications for the awards are voluntary and eligibility depends on application rather than by gender. Applications for the period came predominantly from males.

## Proportion of male and female in each pay quartile

Quartile	Female	Male	Female %	Male %
1 Lower	1214	391	75.64	24.36
2 Lower Middle	1123	476	70.23	29.77
3 Upper Middle	1200	425	73.85	26.15
4 Upper	1083	529	67.18	32.82



Although 71.73% of our staff are female the pay gap is partly a consequence of a high proportion of females occupying more junior roles.

### Summary information

Gender split is 71.73% female, 28.27% male

2803 females work part time compared with 801 males (part time salary is used in the calculations).

There are more females than males in band 2 and 3 positions

### Actions to remove the gender pay gap

Northumberland Tyne and Wear NHS Foundation Trust is committed to addressing the gender pay gap and is undertaking a range of actions to reduce this:

- Continue to review our in-house processes and ensure a gender balance on interview panels.
- Actively support women returning to work following maternity or adoption leave.
- Ensure that women have the opportunity and support to develop their careers.
- Design every job as flexible by default.
- Actively encourage, support female doctors with the application for Clinical Excellence Awards.
- Network group to consider proactive work around gender issues.

- As a Trust we have signed up to the Equality and Human Rights Commission's "Working Forward" campaign to support pregnant women and new parents. Staff will be able to access the support and resources provided by the campaign.

Northumberland Tyne and Wear NHS Foundation Trust can confirm that our data has been calculated nationally via the NHs Employee Staff Record (ESR) system according to the requirements of The Equality Act 2010 (gender Pay Gap Information) Regulations 2017.

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

**Board of Directors Meeting**

Meeting Date: 28 March 2018

Title and Author of Paper:  
Agenda for Change, Contract Refresh, 2018, Proposed Agreement

Executive Lead:  
Lisa Crichton-Jones, Executive Director for Workforce and Organisational Development

Paper for Debate, Decision or Information: Information

Risks Highlighted to Board :

New proposed pay framework may impact on morale, motivation, recruitment and retention.  
Depending on final agreement and implementation requirements, may present capacity challenges for workforce and finance teams.

Does this affect any Board Assurance Framework/Corporate Risks?  
Please state Yes or No.

No, although new risks arising from this will need to be considered and scoped

Equal Opportunities, Legal and Other Implications: Dependent on outcome of consultation led by trade unions, there may be some form of industrial action, although it is far too early for any sense of response to the proposed framework.

Outcome Required: Board members are asked to receive this report

Link to Policies and Strategies:  
Workforce and OD Strategies  
Trust Strategy and Ambition to be a 'great place to work'

**BOARD OF DIRECTORS  
28 March 2018**

**Agenda for Change, Contract Refresh, 2018, Proposed Agreement**

**Introduction**

Details of the long awaited framework agreement for the reform of the NHS pay structure were released last week. This will now be subject to consultation, led by the trade unions with their members.

This paper sets out the main points of the new pay structure, with reference to the wide range of supporting materials on the NHS Employers web site.

*Overview*

The NHS Staff Council has now formally signed off a framework agreement for the reform of the NHS pay structure and terms and conditions for all Agenda for Change staff. The NHS trade unions will now set in motion a consultation period with their members on the proposed agreement, with any ballots likely to report by the beginning of June at the latest. It is hoped that the NHS Pay Review Body would then endorse any deal. The NHS Employers assumption is therefore that any deal will move forward to implementation from July 2018, with backdating to April 2018.

The full details of the proposed agreement are available via:

[www.nhsemployers.org/2018contract](http://www.nhsemployers.org/2018contract). The NHS trade unions have also jointly set up a dedicated micro-site to explain the proposed agreement, which can be found at [www.nhspay.org](http://www.nhspay.org).

In brief, the proposed agreement would deliver:

- A three year fully funded pay deal covering 2018/19 - 2020/21, which would reform the pay structure delivering fewer pay points, faster progression, and higher starting salaries, and award a 6.5 per cent increase over the three years to the top of pay scales.
- A new system of pay progression.
- A minimum rate in the NHS of £17,460 from 1 April 2018 – compliant with Living Wage Foundation Living Wage, and the closure of Band 1.
- Terms and conditions improvements including enhanced shared parental leave, child bereavement leave, and a national framework on buying and selling leave.
- Changes to terms and conditions so that preferential sick pay for those on spine points 1 – 8 will be phased out, and unsocial hours rates for Band 1 – 3 will be adjusted to be more closely aligned with those for bands 4 - 7.
- Closer alignment for ambulance staff with other staff on Agenda for Change.
- Development of a joint programme of work to improve health and wellbeing to improve attendance levels and reduce sickness absence.
- A commitment for the NHS Staff Council to negotiate a provision for apprenticeship pay, and look at the scope for a national agreement on bank and agency working.

The government has confirmed that additional money will be made available to fund the increased salary cost, it won't have to come from existing NHS budgets. NHS Improvement has confirmed that funding for the NHS Agenda for Change staff pay agreement will be provided direct to NHS organisations in 2018/19. An appropriate mechanism for distributing the funding in future years is currently being considered by NHS Improvement and NHS England.

Work has been ongoing with colleagues from the Electronic Staff Records (ESR) national team, to ensure that the system is prepared, and will continue to ensure the system is ready to support the changes to the pay structure and other details set out in the framework agreement in the event of a positive consultation outcome.

NHS Employers believe the proposed agreement represents a great opportunity for the NHS to get funding certainty on pay for the next three years, as well as delivering a

significantly improved pay structure, and some progress towards delivering longstanding employer objectives.

We will be working with our colleagues and with local trade unions in disseminating information to staff, and doing all we can to ensure a strong and engaging approach to consultation.

It is very early days in terms of the announcement of the new pay proposals, therefore we need to continue to understand the detail and will be participating in the local events and scheduled webinars.

Lisa Crichton-Jones  
Director of Workforce and OD

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

**Meeting Date:** 28 March 2018

**Title and Author of Paper:** Quality Priorities Setting 2018-19 Update  
Anna Foster, Deputy Director of Commissioning & Quality Assurance

**Executive Lead:** Lisa Quinn, Executive Director of Commissioning & Quality Assurance

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

**Key Points to Note:**

This paper seeks Board approval of four suggested Quality Priorities for 2018-19, stating the rationale and ambition for each and summarising feedback from stakeholder engagement activity.

**Risks Highlighted to Board :**  
None identified

**Does this affect any Board Assurance Framework/Corporate Risks?**  
Please state **Yes** or **No** NO  
If Yes please outline

**Equal Opportunities, Legal and Other Implications:** None

**Outcome Required:** Decision whether to approve proposed 2018-19 quality priorities

**Link to Policies and Strategies:** Quality Priorities Quarterly Updates, Quality Account guidance

**BOARD OF DIRECTORS**  
**28 March 2018**  
**Quality Priority Setting 2018-19**

**PURPOSE**

1. To provide the Board of Directors with an update of progress towards development of Quality Priorities for 2018-19, following engagement with stakeholders in the period November 2017 to January 2018.

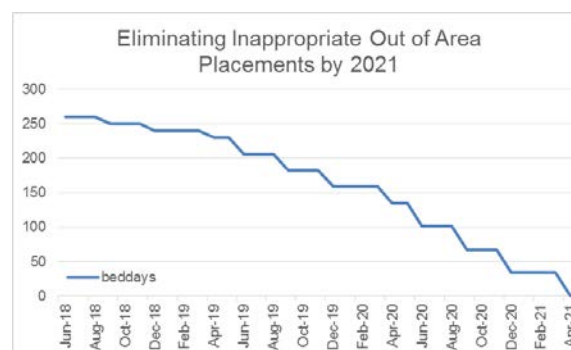
**PROPOSING NEW QUALITY PRIORITIES FOR 2018-19:**

2. Following a review of evidence from complaints, incidents, service user and carer feedback, staff comments and CQC feedback received during the first half of 2017-18, four suggestions for 18-19 quality priorities reflecting some of the organisation's most pressing challenges have been identified as follows:

**Improving the inpatient experience**

We will ensure that there is a bed available for anyone who may need admission. Evidence suggests that high bed occupancy negatively impacts upon the quality and experience of inpatient care, and occupancy levels are currently above optimal levels. We will move towards an average 90% bed occupancy rate over the next three years.

Inappropriate out of area placements are planned to reduce to zero by 2021 as follows:



We will also reduce out of locality bed usage (defined as occupancy on NTW wards that are not commissioned by an individual's Clinical Commissioning Group).

We will measure the impact of this quality priority by monitoring feedback from service users and carers.

### **Waiting Times**

To ensure Trust services are responsive and accessible, we will continue to monitor and report waiting times to first contact within adult community services, with the intention that no-one waits more than 18 weeks. We aim to reduce waiting times to treatment to no more than 18 weeks by the end of 2020-21.

Within community services for Children and Young People, we will seek to ensure that no-one is waiting more than 18 weeks for treatment by the end of 2018-19.

We will continue to report waiting times for specialist adult services such as the adult ADHD diagnosis, adult ASD diagnosis and Gender Dysphoria services.

We will report delivery of existing Five Year Forward View for Mental Health Access and Waiting times standards (eg EIP, CYPS eating disorders) and implement reporting of further standards (eg crisis services) as they are developed.

### **Triangle of Care**

Building on our achievement of being awarded stage 2 Triangle of Care, we will continue to embed the principles and practice of Triangle of Care to ensure that we work in collaboration and partnership with carers in the service user and carer's journey through services. We will focus particularly upon the "Getting to Know you" tool and "Carer Awareness" training, and through promoting the "Carer Champion" role.

We will roll out the Triangle of Care into services for Children and Young People.

We will closely monitor feedback from carers to measure the impact of this initiative.

### **Embedding Trust Values**

To ensure that Trust values are embedded and consistently displayed throughout the organisation, to ensure that we celebrate good practice and that processes are in place to identify any support needs.

We will ensure alignment of themes to facilitate triangulation of intelligence from complaints, PALs, staff feedback and service user & carer feedback.

We will review evidence from staff, service user and carer feedback to evaluate the progress of this quality priority.

## **STAKEHOLDER ENGAGEMENT:**

3. Views on the suggested quality priorities were sought at a stakeholder event held in late 2017, and views were also sought via an online survey which was open to responses from December 2017 to January 2018.
4. At the stakeholder event:
  - a. there was support for waiting times and triangle of care
  - b. there were mixed views and considerable discussion generated around inpatient admissions and bed availability.
5. The results from the online survey showed that the majority of responses were from staff and all three suggested quality priorities were supported. General themes arising from comments received include capacity of community provision, acknowledgement of waiting times pressures and anxiety over financial pressures.

## **RECOMMENDATIONS**

6. The Board of Directors is asked to approve the proposed quality priorities for 2018-19.

**Anna Foster**  
**Deputy Director of Commissioning & Quality Assurance**  
**March 2018**

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

**Meeting Date:** 28th March 2018

**Title and Author of Paper:** Integrated Commissioning & Quality Assurance Report (Month 11 February 2018) – Anna Foster, Deputy Director of Commissioning & Quality Assurance

**Executive Lead:** Lisa Quinn, Executive Director of Commissioning & Quality Assurance

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

**Key Points to Note:**

- This report provides an update of Commissioning & Quality Assurance issues arising in the month, including progress against quality standards.
- Achievements include a continued improvement against the FFT recommend score (@ 89%) and a reduction in sickness in the month from 6.26% to 5.04%.
- Challenges remain to waiting times across many adult and childrens services.
- There are also risks to the delivery of two CQUIN indicators in the quarter.
- There has been little change in the month in relation to other workforce, training and quality standards.
- The executive summary on page 1 provides further points to note.

**Risks Highlighted:** waiting times, sickness and CQUIN delivery.

**Does this affect any Board Assurance Framework/Corporate Risks:** Yes

**Equal Opportunities, Legal and Other Implications:** none

**Outcome Required / Recommendations:** for information and discussion

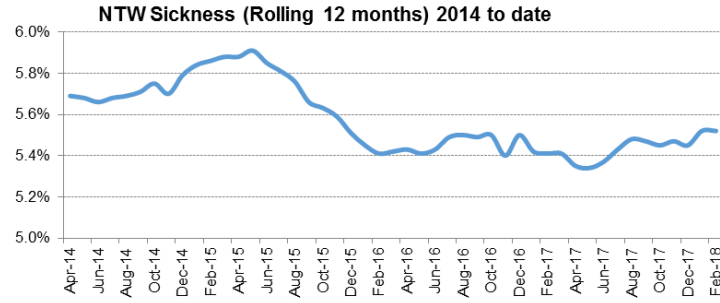
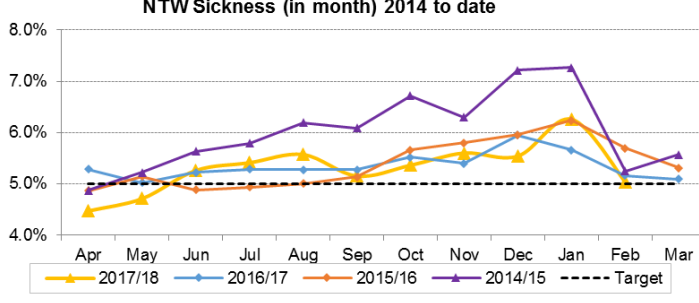
**Link to Policies and Strategies:** NHS Improvement – Single Oversight Framework, 2017/18 NHS Standard Contract, 2017-19 Planning Guidance and standard contract, 2017-18 Accountability Framework

## NTW Integrated Commissioning & Quality Assurance Report 2017-18 Month 11 (February 2018)

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## 1. Executive Summary:

- The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF). (page 4).
- At Month 11, the Trust has a year to date surplus of £7.0m which is ahead of plan and equates to a finance and use of resources score of 1 (this is a sub theme of the Single Oversight Framework), the forecast year-end risk rating is a 1. The Trust needs to continue to improve its underlying financial position to maintain this year's control totals. The main financial pressures during the month were staffing pressures in CYPS inpatient, Older People's and Adult inpatients, and income being less than plan for Secure Services. See pages 24-25.
- South Tyneside, Sunderland, Newcastle and Gateshead and NHS England fully achieved the contract requirements during the month however, there are a number of contract requirements largely relating to CPA metrics which were not achieved across local CCGs during month 11 (page 11)
- There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group has developed action plans which are being monitored via the Business Delivery Group and the Executive Management Team. (page 22)
- Two CQUIN schemes are identified as having risks to quarter end delivery. Improving physical healthcare which has been rated red for the discharge summary section. Improving staff health and wellbeing has been rated red on the staff health and wellbeing element of the CQUIN with the flu and healthy food elements forecast to be achieved. (page 12)
- Three of the five quality priorities are forecast to be achieved at quarter end, whilst Positive and Safe plus waiting times remain RAG rated as amber. (page 27)
- The Accountability Framework for each group is currently forecast as 4 due to the continuing underperformance in each group against a number of quality metrics. (p 28)
- Reported appraisal rates have marginally increased in the month to 81.8% (was 81.6% last month). (p26)
- The in month sickness absence rate has decreased significantly to 5.04% in the month. The 12 month rolling average sickness rate has remained at 5.52%. (p 26)
- Training rates have continued to see most courses above the required standard. The only courses more than 5% below the required standard are Rapid Tranquilisation Training (73.8% was 75.1% last month), MHA Combined Training (75.0% was 75.4% last month) and Information Governance (88.2% was 88.1% last month). (p 26)
- The service user and carer FFT recommended score remains at 89% in February which is higher than the national average. (page 31)
- Inclusion of local CCG Service Development and Improvement plan update at Quarter 3 (page 13)

SOF:	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).			
Waiting Times	<ul style="list-style-type: none"><li>The number of people waiting across adult services (excluding gender dysphoria, adult autism diagnosis etc) and the number waiting over 18 weeks has increased marginally in the month.</li><li>The number of people waiting for specialised adult services has decreased slightly in the month but the proportion of those waiting more than 18 weeks has continued to increase.</li><li>Waiting times to treatment for children and young people have increased in the month in Sunderland and Gateshead, while in Northumberland, Newcastle and South Tyneside there have been reductions in the month.</li></ul>				
Quality Priorities:	Quarter 4 forecast achieved:	Quarter 4 forecast part achieved:	Quarter 4 forecast not achieved	In total there are five quality priorities identified for 2017-18 and at month 11 three are forecast as achieved whilst the waiting times and embedding the Positive and Safe strategy are currently assessed as amber.	
	3	2	0		
CQUIN:	Quarter 4 forecast achieved:	Quarter 4 forecast part achieved:	Quarter 4 forecast not achieved	There are a total of ten CQUIN schemes in 2017-18 across local CCGs and NHS England commissioned services. Most have been internally forecast as achieved at month 11 apart from improving physical healthcare (discharge summary element) and improving staff health and wellbeing (staff health and wellbeing element) which are currently forecasting under delivery.	
	8	0	2		
Workforce:	Statutory & Essential Training:			Appraisals:	
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	Clinical Supervision training (84.2%), Medicines Management training (81.2%) PMVA Basic training (82.2%) and PMVA Breakaway (81.9%) are within 5% of the required standard, MHA combined training (75.0%), Information Governance training (88.2%) and Rapid Tranquilisation training (73.8%) are more than 5% below the standard.	
	12	4	3		
Sickness Absence:					
			<p>The "in month" sickness absence rate is above the 5% target at 5.04% in February 2018</p> <p>The rolling 12 month sickness average has remained at 5.52% in the month</p>		
					

Finance:	<p>At Month 11, the Trust has a year to date surplus of £7.0m which is ahead of plan due to a gain on an asset sale. Pay spend at Month 11 was £207.2m which is £1.5m above plan and includes £7.0m agency spend which is £1.0m under the planned trajectory to hit our agency ceiling of £8.6m. Income was £0.8m less than plan and this and the pay over spend are partially offset by non-pay spend being less than plan.</p> <p>The Trust is forecasting to meet its control total of £7.1m by delivering a surplus before Sustainability and Transformation Fund (STF) funding of £5.2m and receiving its STF funding of £1.9m. The Trust's finance and use of resources score is currently a 1 (this is a sub theme of the Single Oversight Framework) and the forecast year-end risk rating is also a 1.</p> <p>The main financial pressures at Month 11 are staffing pressures in CYPS, Older People's &amp; Adult in-patients and income for Secure Services being less than plan. The Trust needs to reduce pay and non-pay spend in March to improve the underlying financial position and to achieve this year's control total.</p> <p>To achieve this, spending on temporary staffing (agency, bank and overtime) needs to reduce. Work is ongoing to reduce overspends across the main pressure areas and to improve efficiency and productivity across the Trust.</p>							
	Contract Summaries:	NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
		100% of metrics achieved in month 11	90% of metrics achieved in month 11	100% of metrics achieved in month 11	100% of metrics achieved in month 11	100% of metrics achieved in month 11	75% of metrics achieved in month 11	62% of metrics achieved in month 11
	The areas of under performance continue to relate mainly to CPA metrics							

## 2. Compliance

### a) NHS Improvement Single Oversight Framework

**Self assessment as at Quarter 4 2017 to date against the “operational performance” metrics included within the Single Oversight Framework:**

Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	Frequency	Source	Standard	Quarter 4 to date self assessment	NTW % as per most recently published MHSDS/RTT/EIP/IAPT data	National % from most recently published MHSDS data	Comments. NB those classed as "NEW" were not included in the previous framework	Data Quality Kite Mark Assessment
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	Monthly	UNIFY2 and MHSDS	92%	99%	100%	87.80%	National data includes all NHS providers and is at January 2018	
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	Quarterly	UNIFY2 and MHSDS	50%	86.3%	78%	72.30%	Published data is as at January 2018	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:								
a) inpatient wards	Quarterly	Provider return / CQUIN audit	90%	96%	no data	no data	from weekly sheet 08.03.18	
b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	95%	no data	no data	from weekly sheet 08.03.18	
c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	86%	no data	no data	from weekly sheet 08.03.18	
Data Quality Maturity Index Score (DQMI)			95%	92%			Published data is at Quarter 2 2017	
Number of Out of Area Placements (Active at period end)					5	700	Published data relates to October 2017	
Improving Access to Psychological Therapies (IAPT)/talking therapies							(Sunderland service only)	
- proportion of people completing treatment who move to recovery	Quarterly	IAPT minimum dataset	50%	51.7%	51.0%	50.4%	NEW metric 1079 published data November 2017	
- waiting time to begin treatment :								
- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.2%	100.0%	89.1%	published data November 2017	
- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	98.8%	published data November 2017	

## NHS Improvement Single Oversight Framework & Model Hospital Portal

As at the end of February 2018, the Trust remains segment 1 within the Single Oversight Framework as assessed by NHS Improvement. There are currently 15 mental health providers nationally achieving this rating. There is currently one MH provider in the lowest segment (segment 4) and five providers remain in segment 3.

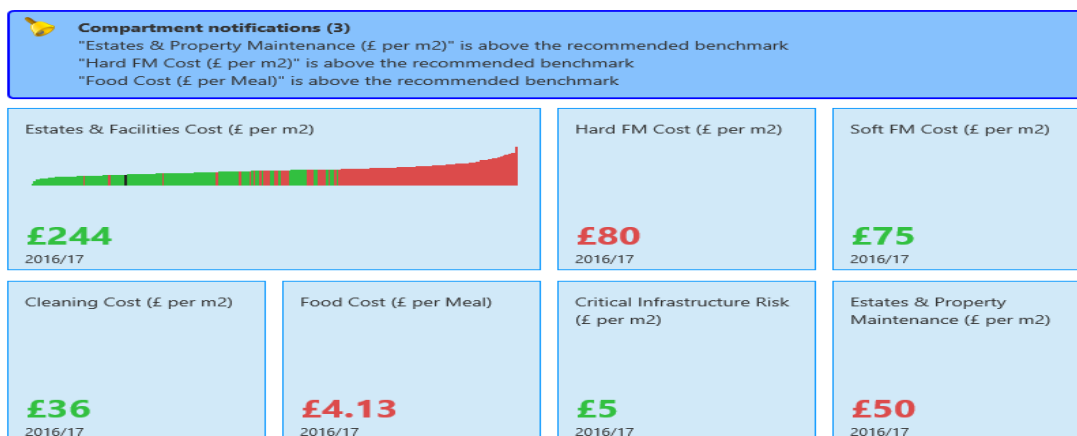
### Sickness

The Trust last month had a notification for overall staff sickness, this has now been removed.

### Estates and Facilities

During February information relating to Estates and Facilities was updated with information from Estates Return Information collection (ERIC) and Patient Led Assessments of the Care Environment (PLACE); new metrics with more specific detail around recycling and disposing of waste had been added.

There are now 3 notifications showing in Model Hospital against metrics for Estates and Facilities, these are for Hard Facilities Management (FM) cost, Estates and Property Maintenance and Food Costs, this is due to NTW being in quartile 4 (highest 25% of Trusts).



The information shown within this report is an exception report, there is further data on a range of other metrics available within the model hospital portal.

### Allied Health Professionals

There are a range of metrics available through the model hospital portal for Allied Health Professionals, these include: Workforce Numbers, Workforce Comparisons, Trust spend on AHP's, DNA's – outpatient attendances and follow up attendances, Sickness, Retention rates, Staff survey data

There are currently no notifications showing for any of these metrics.

## **2. Compliance**

### **b) CQC Update February 2018**

#### **CQC Well Led with Core Service Inspection**

On the 8 January 2018 the trust was notified of the Care Quality Commission's intention to undertake a well led with core service inspection. A letter was received from Jenny Wilkes, CQC Head of Hospitals Inspections requesting the trust complete a Routine Provider Information Request (RPIR) by the 29 January 2018. The RPIR was submitted to the CQC within the required timescale.

Due to the timing of the notification the trust is expecting to receive unannounced inspections to core services at some point in the period from March to June 2018. There will also be a scheduled "well-led" inspection organised for key staff to attend focus groups and interviews. The date of the "well-led" inspection is yet to be confirmed by the CQC and is expected to be no later than June 2018.

#### **Focussed Inspections**

Publication of the reports following a focussed inspection visit to two core services (acute wards for adults of working age/psychiatric intensive care units and long stay rehabilitation mental health wards for working age adults) in May 2017 are awaited. The delay in publication relates to an ongoing investigation.

#### **Registration notifications made in the month:**

No registration notifications have been made to the CQC this month.

#### **Mental Health Act Reviewer visits in the month:**

##### Akenside, Campus for Ageing and Vitality – visited on 12<sup>th</sup> February 2018

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. We interviewed all five patients subject to the Mental Health Act in private. We spoke to ward staff and interviewed the clinical lead. We toured the ward to view patient areas. We reviewed three full patient records and part of a fourth record.

During the previous visit on 22 January 2016 four issues were raised, two of which remained an issue, these were in relation to:

1. In the two records reviewed, staff had not told patients about their section 132 rights at the set review dates or appropriate times. The CQC raised this issue at our last visit. *This issue has led to an action at the last three visits starting in 2013. The trust told us they would address this by; "Daily audit of patients' rights to be carried out on the ward to ensure that diarised reviews are followed up."*

2. The quality of care plans was variable. The CQC found the use of acronyms and professional language. They could not establish how patients were involved in their care plan. CQC heard staff did not offer patients and carers copies of their care plans.

#### Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Bradford District Care NHS Foundation Trust	Oct to Nov 2017  9 core services visited	Feb 2018	Requires improvement	Under the new CQC process of inspection this trust's overall rating has changed from 'good' to 'requires improvement'. The key questions for Safe, Effective and Well-led all changed from 'good' to 'requires improvement'.	<a href="#">here</a>
Cornwall Partnership NHS Foundation Trust	Sept to Oct 2017	Feb 2018	Requires improvement	The trust's overall rating has changed from 'good' to 'requires improvement'. The key questions for Safe, Effective and Well-led all changed from 'good' to 'requires improvement'.	<a href="#">here</a>
Greater Manchester Mental Health NHS Foundation Trust	Sept to Dec 2017  5 core services visited	Feb 2018	Good	Under the new CQC process of inspection this trust's overall rating remains the same. However their rating for well-led improved from 'good' to 'outstanding'.	<a href="#">here</a>
North Staffordshire Combined Healthcare NHS Trust	Oct to Nov 2017  5 core services visited	Feb 2018	Good	Under the new CQC process of inspection this trust's rating remains the same overall and for each of the domains.	<a href="#">here</a>

## **CQC Recent News Stories:**

### **Monitoring the Mental Health Act in 2016/17**

The CQC have published their annual report on the use of the Mental Health Act (MHA) under its statutory duty to provide an annual review of how health services in England apply the MHA. Highlights from the [report](#) and [summary](#) include:

#### **Assessment, transport and admission to hospital**

- Services are finding it difficult to access appropriate support to prevent admission to hospital.
- Patients are not receiving the care when they need it from specialist children and young people's mental health services.
- A reduction in beds nationally is having an effect on AMHPs ability to complete assessments in a timely manner, particularly when patients need specialist beds.

#### **An equality and human rights focus in mental health care**

- Detention rates for the 'Black or Black British' population group are more than four times that for the White population group. The reasons behind this are not widely understood.

#### **Protecting patients' rights and autonomy**

- No evidence that staff had discussed rights with the patient on admission in 11% (378) of patient records checked. In a further 9% (286) of records, there was no evidence that patients received the information in an accessible format.
- No evidence that patients were reminded of their rights from time to time in line with the MHA in 16% (448) of records checked.

#### **Care, support and treatment in hospital**

- Decrease in the percentage of wards that have had problems in accessing GP services. In 2016/17 it was 7%.
- Problems with adequately monitoring detained patients' physical health. In 2016/17, the care records of 2,303 patients who had been detained for less than a year in hospital were reviewed. Of these, there was no evidence in 8% (193) of records that a health assessment had been carried out at admission.
- Lack of evidence of clinicians recording evidence of their conversations with detained patients over their proposed treatment, recording patients' views on that treatment, patient consent, refusing consent or is incapable of consent.

#### **Leaving Hospital**

- No evidence of patient involvement in 32% (1,034) of the care plans reviewed.
- MHA reviewers check care plans for individualised risk assessments that are updated as a patient's circumstances change.

The CQC'S findings from this review will inform the independent review of the MHA, which is being chaired by Professor Sir Simon Wessely.

## **Never Events fieldwork to begin in April**

The CQC has been asked by the Department of Health and Social Care to examine the underlying issues in organisations that contribute to the occurrence of never events. Fieldwork will be carried out to inform this review from April-June 2018. This activity may be linked into part of an inspection, or be a standalone visit. Further information about this local fieldwork and inspection activity can found [here](#) and a fuller briefing will also be shared with Chief Executive and nominated individuals shortly.

## **Improvement and assessment framework for children and young people's services**

NHS Improvement (NHSI) has published an [improvement framework for children and young people's services](#) aimed at supporting trusts to drive quality improvements. The framework integrates policy guidance with the most frequent reasons the CQC gives for rating children's services as 'requiring improvement' or 'inadequate', as identified in NHSI's review of CQC reports. NHSI recommends the framework forms part of an organisation's quality improvement programme and is implemented using the quality improvement methodology.

## **Reporting and rating of NHS Trusts' Use of Resources**

The response to the consultation on reporting and rating of NHS Trusts' Use of Resources has been published. In response to this the CQC published updated guidance for providers on 5 March 2018 which includes the final approach to awarding Use of Resources and combined ratings. CQC will now begin to publish formal ratings for trusts' use of resources alongside its existing quality ratings, for non-specialist acute trusts in the first instance.

## 2. Compliance

### c) Five Year Forward View for Mental Health

Children and Young People Eating Disorders	Quarter 3 UNIFY Submission	April – September 2017 England
Number of Urgent cases seen within one week	86.6%	72.1%
Number of Routine cases seen within four weeks	79.4%	80.6%

Children and Young People		
Under 18 admitted to Adult wards	NTW February 2018	Quarter 1 2017/18 England
Number of patients	0	57
Number of Bed Days	0	428

IAPT - Sunderland	NTW February 2018	April – September 2017 England
% seen within 6 weeks	99.2%	88.9%
% moving to recovery	51.7%	50.7%


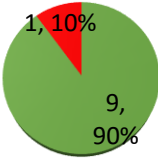
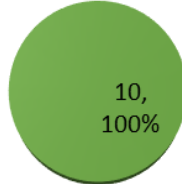
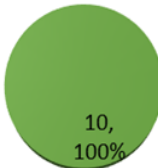
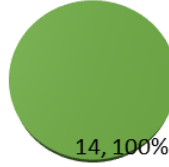
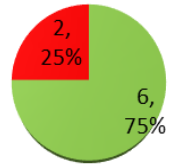
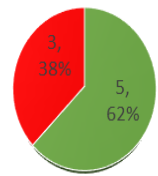







EIP	NTW February 2018	April – September 2017 England
% starting treatment within 2 weeks of referral	92.3%	75.9%

	NTW February 2018	April – September 2017 England
7 day follow up	97.5%	96.7%

Latest NHS England Five Year Forward View CCG dashboards are available [here](#)

### 3. Contract Update February 2018

#### a) Quality Assurance – achievement of quality standards February 2018

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
 <p>16, 100%</p>	 <p>1, 10%</p> <p>9, 90%</p>	 <p>10, 100%</p>	 <p>10, 100%</p>	 <p>14, 100%</p>	 <p>2, 25%</p> <p>6, 75%</p>	 <p>3, 38%</p> <p>5, 62%</p>
All achieved in month 11	The contract underperformed in month 11 on CPA review in 12 months (40 patients, 94.9%)	All achieved in month 11	All achieved in month 11	All achieved in month 11	The contract under performed in month 11 on Crisis & Contingency (3 patients, 91.4%) and Ethnicity MHMDS only (21 patients, 87.8%).	The contract under performed in month 11 on Completion of Risk assessment (3 patients, 66.7%), Crisis & Contingency (1 patient, 75.0%) and CPA review in 12 months (1 patients, 83.3%)
						

### 3. Contract update February 2018


#### b) CQUIN update February 2018

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				Comments
			Q1	Q2	Q3	Q4	
1.Improving Staff Health and Wellbeing	£625k	To improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.					The staff health and wellbeing element is forecast to be unachieved at quarter end (£153,370 loss of income)
		Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff					
		Healthy food for NHS staff, visitors and patients					
2. Improving physical healthcare to reduce premature mortality in people with serious mental illness(PSMI)	£625k	Assessment and early interventions offered on lifestyle factors for people admitted with serious mental illness (SMI).					3a - on track for delivery in Q4
							3b - GP Summary currently below 50% requirement to receive any payment. Discharge summary information is not yet available but given timescale since go live unlikely we will meet requirements. (£36,823 loss of income)
3. Improving services for people with mental health needs who present to A&E	£625k	Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E.					
4. Transitions out of Children and Young People's Mental Health Services	£625k	To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.					
5. Preventing ill health by risky behaviours – alcohol and tobacco	£625k	To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.					
6. Health and Justice patient Experience	£5k	NHS England has a national priority and focus on patient experience in order to improve the quality of services.					
7. Recovery Colleges for Medium and Low Secure Patients	£1.2m	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.					
8. Discharge and Resettlement		To find initiatives to remove hold-ups in discharge when patients are clinically ready to be resettled into the community. To include implementation of CUR for MH at pilot sites					
9. CAMHS Inpatient Transitions		To improve transition or discharge for young people reaching adulthood to achieve continuity of care through systematic client-centred robust and timely multi-agency planning and co-ordination.					
10. Reducing Restrictive Practices within Adult Low & Medium Secure Services		The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, to improve patient experience whilst maintaining safe services.					
<b>Grand Total</b>	<b>£3.7m</b>						

### 3. Contract update February 2018

#### c) Service Development and Improvement Plan – Quarter 3 update for CCGs

Description	Applicable CCGs	Milestones	Progress
<p><b><u>Children &amp; Young People's Mental Health (Community CYPS)</u></b></p> <p>Joint working between CCGs, NTW and other relevant providers to review the Local Transformation Plans for Children &amp; Young People's Mental Health (submitted by CCGs) and to jointly develop plans in order to meet the required trajectories and the new access &amp; waiting times' standards.</p> <p>This will incorporate reviewing:</p> <ul style="list-style-type: none"> <li>• Access &amp; Waiting Times</li> <li>• CYPS IAPT</li> <li>• Evidence based interventions</li> </ul>	<p>South Tyneside CCG</p> <p>Newcastle Gateshead CCG</p> <p>Northumberland CCG</p>	<p>Assessment of current position against future trajectories / Requirements.</p> <p>Assessment of potential gaps and the requirements to address the gaps</p> <p>Development of service and workforce plan.</p> <p>Following service review – refresh of service specification to update for any material changes (if required)</p>	<p>Newcastle/Gateshead – NTWFT is fully engaged with the CCG and other partners in the work on the CCG transformation plans including the development of a single point of access. This single point of access has gone live from 1.12.17 but is carrying out a phased roll out as recruitment can be achieved.</p> <p>Work is currently ongoing on mobilisation plans to move from current service provision to that proposed in the “getting help” and “getting more help” draft service specifications.</p> <p>Guidance in relation to National Crisis Waiting Times now available. Potential impact currently being assessed by the Trust</p>
<p><b><u>Children &amp; Young People's Mental Health (Community CYPS)</u></b></p> <p>Joint working between CCGs and NTW to review the Local Transformation Plans developed prior to April 1st 2017 for Children &amp; Young People's Mental Health (submitted by CCGs) and to jointly develop plans in order to meet the required trajectories and the new access &amp; waiting times standards.</p> <p>Specifically for NTW in Sunderland this will entail:</p>	<p>Sunderland CCG</p>	<p>Assessment of current position against future trajectories / Requirements.</p> <p>Data set to be agreed to support the jointly agreed plan</p> <p>Assessment of potential gaps and the requirements to address the gaps</p> <p>Development of service and workforce plan.</p>	<p>The service has continued to contribute to the existing transformation work streams and to provide the necessary information where requested.</p> <p>CYPS Waiting Time improvement plan developed and shared with CCG. On-going monitoring via Contract meeting.</p>

Description	Applicable CCGs	Milestones	Progress
<ul style="list-style-type: none"> <li>Full pathway review to deliver provision within agreed 16/17 financial envelopes or as jointly agreed.</li> <li>Any efficiencies realised to be re-invested to manage requirements of 5YFV for CYPs.</li> </ul>		Following service review – refresh of service specification to update for any material changes (if required)	Guidance in relation to National Crisis Waiting Times now available. Potential impact currently being assessed by the Trust
<b><u>EDICT (All)</u></b>  Following the completion of the review of EDICT by CCGs in 2016/17 and based on the outcomes from this NTW & Commissioners will explore best practice; improve early identification and establish robust data monitoring around eating disorder services.	Sunderland CCG  South Tyneside CCG  Newcastle Gateshead CCG  North Tyneside CCG  Northumberland CCG	<i>To be added when review complete</i>	<p>The service continues to work towards achieving the access and waiting time standards published in 2016. Data quality is improving incrementally.</p> <p>NTWFT has participated in the CEDs network events held regionally.</p> <p>As part of the New Care Models pilot wave 2 proposals there is an opportunity to further explore developments in the eating disorder pathway to enhance the local service to this group of young people. An executive summary of the new care models pilot is being developed for commissioners.</p> <p>NTWFT are committed to working with the CCGs on a review of EDICT. Information from an internal review is to be shared with commissioners via NECs</p>
<b><u>Perinatal Mental Health</u></b>  CCGs, NTW and relevant stakeholders will work together to ensure implementation / roll out of newly funded community perinatal service across all CCGs, in line with CCG caveats given in support of the NTW bid  Review of M&B services during 2018/19 (once service embedded) to ensure compliance against NICE standards	Sunderland CCG  South Tyneside CCG  Newcastle Gateshead CCG  North Tyneside CCG  Northumberland CCG	During Year 1 plan to be developed for the review of the sustainability of service post 18/19	<div>  </div> <p>PMH CSDF Progress report January 2018.</p> <p>Progress report for Q3 embedded</p>

Description	Applicable CCGs	Milestones	Progress
<b><u>Adult Mental Health: EIP</u></b>  NTW & Commissioners will work together to ensure that sufficient staff of the requisite skill-mix are employed and appropriately trained to ensure compliance with the improvements identified within Waiting Time Self-Assessment and actions required to deliver 53% waiting time standard in 2018/19 and NICE compliance.	Sunderland CCG South Tyneside CCG Newcastle Gateshead CCG North Tyneside CCG Northumberland CCG	For each quarter NTW to report against action plan & demonstrate compliance against required EIP targets as per national requirements.	Meetings have taken place NTW/CCG to discuss findings of the EIP self-assessment element of the waiting time standard and areas for improvement which were achievable within current resources and those which would require additional investment. Bid to be developed for non-recurring resources in 2017/18 to support identified pressures. Compliance against 2 week wait requirement monitored via monthly waiting data.  2017/18 National audit currently underway. Findings to be communicated with commissioner when available.
<b><u>Adult Mental Health: Liaison Teams</u></b>  During 2017/18 - CCGs (in conjunction with NTW and relevant stakeholders) to review current Liaison services.	Sunderland CCG South Tyneside CCG Newcastle Gateshead CCG North Tyneside CCG Northumberland CCG	Report in line with agreed action plans once developed.  Plan to incorporate review of longer term sustainability of service .  NTW, CCGs and relevant stakeholders to link into A&E delivery board for any bids to access national monies & to monitor requirements for 24 hr Liaison services and Core 24/7 requirements (dependant on national funding availability) and agree process for STP sign off	Successful Bid developed for national funding to move to Core 24 services in Newcastle & Gateshead. Business Case to be developed to support recurring funding for 2018/19.  Draft guidance in relation to National Waiting Times now available. Potential impact currently being assessed by the Trust
<b><u>Adult Mental Health: Crisis Teams</u></b>  NTW, CCG and other relevant stakeholders to review urgent and crisis services and plan for the best model for our local area	Sunderland CCG South Tyneside CCG Newcastle Gateshead CCG North Tyneside CCG Northumberland CCG	Report in line with agreed action plans	Draft guidance in relation to National Waiting Times now available. Potential impact currently being assessed by the Trust

Description	Applicable CCGs	Milestones	Progress
<p><b><u>Adult Mental Health: common mental Health problems (IAPT)</u></b></p> <p>NTW to work with CCG &amp; Partner agencies to develop and implement a project plan in line with the national early implementer requirements.</p> <p>NTW to work with CCG and partner agencies to develop plan to deliver 25% access target and business case for recurring funding.</p>	Sunderland CCG	<p>Implementatiion in line with Early Implementer project plan</p> <p>Business Case to support recurring funding to developed and agreed by Q3.</p>	Action plan in place to deliver expanded IAPT service. Monthly meetings in place to monitor progress and develop business case to support the securement of recurring funding.
<p><b><u>Adult Mental Health: Community Services</u></b></p> <p>NTW working with CCGs and other stakeholders to review community services</p>	<p>Sunderland CCG</p> <p>South Tyneside CCG</p> <p>Newcastle Gateshead CCG</p> <p>North Tyneside CCG</p> <p>Northumberland CCG</p>	To be developed	As a 5YFV priority we would recommend this be rolled over into the 18/19 SDIP if agreed with commissioners.
<p><b><u>Adult Mental Health: Access to psychological therapies</u></b></p> <p>Following the outcome of the review of Psychotherapy and CBT by CCGs in 2016/17 NTW and the commissioners will work together to develop a plan to address any recommendations that result.</p>	<p>Sunderland CCG</p> <p>South Tyneside CCG</p> <p>Newcastle Gateshead CCG</p> <p>North Tyneside CCG</p> <p>Northumberland CCG</p>	To be developed	Draft report co-produced NECS/NTW. To be shared with CCGs in the February 2018 work plan meeting.
<p><b><u>Suicide prevention</u></b></p> <p>NTW to support the CCG in the development of local multi-agency prevention plans and to engage with the work required to achieve this. This plan to cover all age groups</p>	<p>Sunderland CCG</p> <p>South Tyneside CCG</p> <p>Newcastle Gateshead CCG</p> <p>North Tyneside CCG</p>	NTW to provide support to CCG where required – review to be led by Public Health	NTW to identify support and information as and when requested by commissioner.

Description	Applicable CCGs	Milestones	Progress
	Northumberland CCG		
<b><u>ADHD and Autism (All)</u></b>  To continue with the work developing the plans for the Adult ADHD and Autism Diagnostic service following on from the 2016/17 discussions / agreements.	Sunderland CCG South Tyneside CCG Newcastle Gateshead CCG North Tyneside CCG Northumberland CCG	CCGs to feedback on outcome of service reviews & service specification development and joint working between NTW & CCGs to implement any changes required resulting from the work underway during during 2016/17	Comments were received from the CCGs on the initial paper shared and a meeting was held to review and discuss the proposals on the 21 <sup>st</sup> December 2017.  Based on these comments and additional work done, in conjunction with the clinical service, a revised paper is to be circulated.  NTW are to set up two separate workstreams to review this service with Gail Kay leading on the ADHD element & Tony Quinn leading on the ASD element.  Demand for the service continues to increase and is impacting on waiting times.
<b><u>Review of Clinical Pathways for the Over 65's (North Tyneside only)</u></b>  The CCG and NTW will work together, with relevant stakeholders, to review and develop services for older people.	North Tyneside CCG	To be developed	Discussions on-going NTW/CCG
<b><u>LD Transformation</u></b>  NTW is fully committed to work collaboratively with CCGs to meet the requirements of the Transforming Care	Sunderland CCG South Tyneside CCG Newcastle Gateshead CCG	To work collaboratively with CCGs towards the implementation of transforming care including the following areas: <ul style="list-style-type: none"> <li>Developing shared plans for the future configuration of</li> </ul>	We continue to work closely with the CCG & Transforming care Board on the requirements around the future models of Care for Learning disabilities.

Description	Applicable CCGs	Milestones	Progress
agenda, and any emerging guidance, policy or requirements.	North Tyneside CCG Northumberland CCG	services To embed a MDT approach to support the delivery of individual care plans	A workshop is planned in January 2018 to review the service and pathways associated with Rose Lodge ward.
<b><u>LD Assessment &amp; Treatment Beds</u></b>  The CCGs (all who commission beds at Rose Lodge ) and NTW will work together to review the current provision of assessment and treatment beds at Rose Lodge and agree any next steps required	Sunderland CCG South Tyneside CCG Newcastle Gateshead CCG North Tyneside CCG Northumberland CCG	<ul style="list-style-type: none"> <li>Review to be completed in April 2017</li> <li>Findings and any next steps to be incorporated into an implementation plan by end of Q1</li> </ul>	A workshop is planned in January 2018 to review the service and pathways associated with Rose Lodge ward.
<b><u>Outcomes</u></b>  NTW and CCGs to work jointly in moving towards an outcome based commissioning model and responding to the national requirements in relation to this	Sunderland CCG South Tyneside CCG Newcastle Gateshead CCG North Tyneside CCG Northumberland CCG	To be developed	The Trust is continuing to work towards embedding an outcomes focussed culture across the organisation.  Key achievements during the quarter include: <ul style="list-style-type: none"> <li>The trust wide Clinical Outcomes Measures Lead (Julie Green) has just commenced in role and the vacant Experience &amp; Effectiveness Officer post (providing analysis of outcomes data) has been appointed to.</li> <li>NTW has commissioned NEQOS to undertake an analysis of the use of SWEMWBS nationally, advising best practice and recommended analytical techniques. An initial report has been received and further work will be undertaken in quarter 4.</li> <li>A review of outcomes recommended via 5YFVMH access and waiting times standards has taken place</li> <li>Continuing progress towards outcomes linked payment in IAPT services</li> </ul>

Description	Applicable CCGs	Milestones	Progress
			<ul style="list-style-type: none"> <li>A workshop has been arranged with NECS and Commissioners to explore outcomes linked payment schemes</li> </ul>
<p><b>SEND</b> Comply with new requirements of Children and Families Bill response to requests for input in accordance with the SEN code of practice to be implemented from 2014.</p> <p>Covering children and young people 0-25 years</p>	All CCGs	<p>Develop the systems to enable NTW to comply with the following:</p> <ul style="list-style-type: none"> <li>Ensure all relevant staff are aware of the requirements of the Children and Families Bill and inspection process</li> <li>Agree process with LA regarding notification of EHC plan. Ensure NTW contribution in line with statutory timescales of 6 weeks.</li> <li>Agree process with LA regarding NTW contribution to the annual review process – attendance at the review or submission of a report</li> <li>Identify staff to participate in SEN steering groups where required</li> <li>Agree format and structure of the NTW element of the SEN report</li> <li>Identify new referrals from 01.10.2017 with an SEN statement</li> <li>Provide information and support to develop the local offer following agreement and implementation of new process in conjunction with</li> </ul>	<p>A lead for SEND has been identified and a working group has been established with clear terms of reference and deliverables (see below). The group continue to work through the actions associated with this element of the SDIP</p>

Description	Applicable CCGs	Milestones	Progress
		partners and other stakeholders	
<p><b><u>SEND Inspection</u></b></p> <p>Covering children and young people 0-25 years</p>	All CCGs	<ul style="list-style-type: none"> <li>Identify a named NTW Lead for SEN – and notify the CCG/ NEC's.</li> <li>Identify Key operational and clinical staff to participate in the Inspection focus groups as they arise</li> <li>Contribute to action plans arising from SEND inspections</li> <li>Contribute to SEND continuous improvement processes from a specialist mental health perspective</li> </ul>	<p>A group has been established to ensure the requirements of SEND are fully embedded. There are representatives from each locality area identified to lead on SEND who are part of this working group.</p> <p>Key deliverables for the group are set out below. The group continues to meet monthly and to work through the actions associated with this.</p> <ul style="list-style-type: none"> <li>Plan and deliver a training and awareness programme to all staff</li> <li>Agree and implement a system to capture the information required to meet SEND inspection requirements</li> <li>Agree local protocols to ensure we are responding to requests for EHCP and to ensure we have systems in place to report this and meet required timeframes for return</li> <li>Development of a template for our EHCP reports and annual review updates</li> <li>Agree we can identify outcome measures that will demonstrate our effectiveness</li> <li>Ensure that all the above is in place to capture where SEND applies to someone aged 0-25 years</li> <li>Share good practice from previous inspections to ensure all Teams are Inspection ready</li> </ul>

### 3. Contract update February 2018

#### d) Mental Health Currency Development Update

Mental Health Currency Development Update														
Key Metrics	Contract Standard	Internal Standard	Q1 2017-18			Q2 2017-18			Q3 2017-18			Q4 2017-18		
			Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			58.0%	58.5%	58.9%	59.1%	59.3%	59.6%	59.4%	59.6%	59.8%	60.1%	60.3%	
Current Service Users on CPA			10.1%	10.0%	9.8%	9.7%	9.6%	9.5%	9.4%	9.5%	9.4%	9.4%	9.4%	
Current in scope patients assigned to a cluster			86.7%	86.6%	86.9%	87.6%	87.5%	87.6%	87.6%	87.7%	88.1%	88.1%	88.2%	
Number of initial MHCT assessments that met the mandatory rules			85.3%	85.5%	85.2%	84.8%	85.6%	84.8%	84.4%	84.9%	84.4%	85.6%	86.1%	
Number of Current Service Users within their cluster review threshold		85%	77.4%	78.2%	79.0%	79.4%	78.8%	78.7%	78.8%	79.4%	79.1%	79.5%	79.3%	
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	92.3%	92.7%	93.0%	92.8%	92.5%	94.0%	94.0%	93.9%	93.8%	93.6%	93.8%	
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.0%	92.2%	92.8%	93.5%	93.2%	92.7%	92.4%	91.5%	92.1%	91.3%	91.8%	
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		85%	68.9%	70.7%	67.7%	71.4%	68.1%	69.4%	72.4%	71.2%	72.9%	75.0%	77.5%	
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of review within CPP spell		85%	54.7%	55.2%	53.6%	53.5%	55.1%	57.8%	52.1%	56.3%	57.6%	57.3%	58.0%	
Current Service Users on CPA reviewed in the last 12 months	95%	95%	95.2%	95.7%	97.3%	96.4%	96.6%	97.7%	95.9%	96.8%	97.4%	97.0%	96.5%	

## 4. Waiting Times

As at 28<sup>th</sup> February 2018, there were almost 6,400 people waiting for a first contact to NTW adult community services and 1,800 waiting for treatment within community CYPS. There were also 3,000 people waiting for a healthcare professional allocation.

Key points to note from February 2018:

- The number of people waiting has slightly increased in the month across adult services (excluding gender dysphoria, adult autism diagnosis etc), while the number waiting over 18 weeks in these areas has slightly increased during the month.
- The number of people waiting to access specialised adult services has slightly decreased in the month but the proportion of these waiting more than 18 weeks for specialised adult services continues to increase.
- Waiting lists for treatment for children and young people have increased in the month in Sunderland and Gateshead, while in Northumberland, Sunderland and South Tyneside there have been increases in the number of young people waiting more than 30 weeks for treatment.

<b>Waiting Times Summary February 2018</b>				
	As at 28th February 2018:		As at 31st January 2018:	
1. Number of service users waiting to access <b>Adult Services</b> *	4942		4884	
Proportion waiting more than 18 weeks at that date:	270	5.5%	256	5.2%
Proportion waiting more than 30 weeks at that date:	69	1.4%	64	1.3%
<i>excluding ** gender dysphoria, adult autism diagnosis, adult ADHD etc</i>				
2. Number of service users waiting to access <b>Specialised Adult services</b> *:	1456		1464	
Proportion waiting more than 18 weeks at that date:	938	64.4%	924	63.1%
Proportion waiting more than 30 weeks at that date:	675	46.4%	645	44.1%
<i>* gender dysphoria, adult autism diagnosis, adult ADHD etc</i>				
3. Total number of children and young people waiting for <b>treatment</b> by <b>community CYPS</b> services:				
<b>Northumberland</b>	365		396	
Proportion waiting more than 18 weeks at that date:	86	23.6%	100	25.3%
Proportion waiting more than 30 weeks at that date:	16	4.4%	6	1.5%
<b>Newcastle</b>	298		316	
Proportion waiting more than 18 weeks at that date:	34	11.4%	29	9.2%
Proportion waiting more than 30 weeks at that date:	0	0.0%	1	0.3%
<b>Gateshead</b>	292		274	
Proportion waiting more than 18 weeks at that date:	34	11.6%	31	11.3%
Proportion waiting more than 30 weeks at that date:	0	0.0%	3	1.1%
<b>South Tyneside</b>	188		191	
Proportion waiting more than 18 weeks at that date:	96	51.1%	89	46.6%
Proportion waiting more than 30 weeks at that date:	51	27.1%	31	16.2%
<b>Sunderland</b>	699		674	
Proportion waiting more than 18 weeks at that date:	254	36.3%	221	32.8%
Proportion waiting more than 30 weeks at that date:	81	11.6%	51	7.6%
4. Services in scope for RTT ( <b>referral to treatment</b> ) measurement:				
Incomplete waiters less than 18 weeks	100%	achieved	100%	achieved
Incomplete waiters more than 52 weeks	100%	achieved	100%	achieved
5. Number of service users with <b>no recorded HCP/care co-ordinator</b> or <b>record of CPA status</b>	3091		3210	

## Gender RTT Waiting Times

The service is working towards achievement of an RTT 18 week standard and has recently commenced submission of waiting times data to NHS England, which is shown below for information. Note that the national procurement exercise is still pending.

There have been improvements during February and currently there are 559 people waiting for treatment to commence, of whom 356 have not yet had a first contact.

	As at 31.10.17	As at 30.11.17	As at 31.12.17	As at 31.01.18	As at 28.02.18
Number of Patients waiting for first contact	360	374	374	372	356
Proportion waiting less than 18 weeks for first contact	30%	36%	28%	28%	24%
Proportion waiting more than 18 weeks for first contact	70%	64%	72%	72%	76%
Number of Patients waiting for treatment	576	590	580	577	559
Proportion waiting less than 18 weeks for treatment	15%	21%	16%	15%	12%
Proportion waiting more than 18 weeks for treatment	85%	79%	84%	85%	88%

## 5. Finance Update February 2018

### Financial Performance Dashboard

#### NTW Income & Expenditure

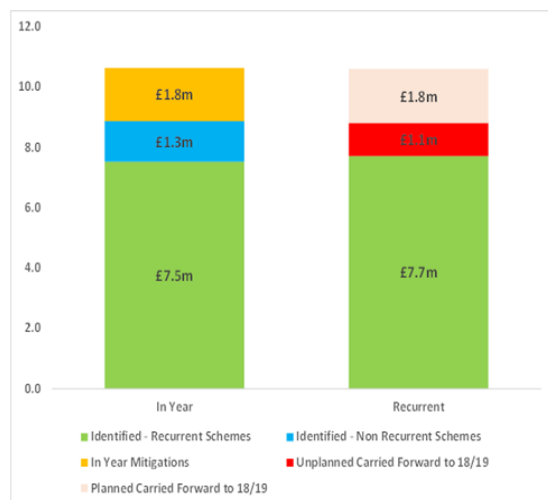
	Plan £m	YTD £m	Variance £m
Income	288.4	287.6	0.8
Pay	(226.6)	(228.1)	1.5
Non Pay	(45.5)	(44.5)	(1.0)
<b>EBITDA</b>	<b>16.3</b>	<b>15.0</b>	<b>1.3</b>
Cost of Capital	(10.1)	(9.7)	(0.4)
Gain on Disposal	0.0	1.7	(1.7)
<b>Surplus/(Deficit)</b>	<b>6.2</b>	<b>7.0</b>	<b>(0.8)</b>

#### Control Totals

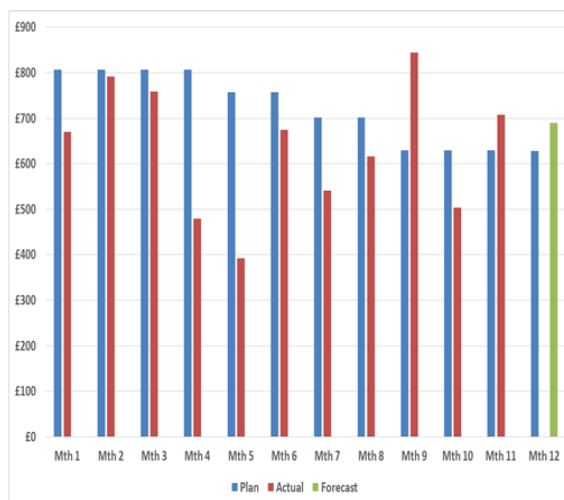
	Plan £m	YTD £m	Variance £m
North	23.3	22.2	1.1
Central	25.7	23.6	2.1
South	28.6	29.5	(0.9)
Central	(71.4)	(70.0)	(1.4)
Gain on Disposal	0.0	1.7	(1.7)
<b>Surplus/(Deficit)</b>	<b>6.2</b>	<b>7.0</b>	<b>(0.8)</b>

Key Indicators	Current	Fore-cast
Risk Rating	1	1
Agency Spend	£7.0m	£7.7m
FDP Delivery	£9.7m	£10.6m
Cash	£17.2m	£19.8m
Capital Spend	£4.6m	£6.9m

#### Financial Delivery Plan



#### Agency Spend



#### Key Issues/Risks

- Surplus - £7.0m at Mth 11 which is ahead of plan.
- Control Total – The Trust is forecasting delivery of its £7.1m Control Total.
- Risk Rating – The Use of Resources rating is a 1 at Mth11 & the forecast year-end rating is a 1
- Pay costs are £1.5m above plan at Mth11. Monthly pay spend needs to reduce if the Trust is to meet its control total this year and to achieve its targets going forward.
- Main pressures - CYPS, Older Peoples & Adult In-patients and below plan income in Secure Services.
- Agency Spend – Target spend in 17/18 is £8.6m. Spend at Mth11 is £7.0m which is £1.0m below target trajectory. Forecast spend is £7.7m.
- Financial Delivery Plan - Planned savings of £9.7m have been achieved at Mth11.
- Cash – £17.2m at Mth11 which is £1.7m below plan. Forecast cash is £19.8m which is in line with plan.
- Capital Spend - £4.6m at Mth10 which is £6.6m below plan.

## Agency Dashboard – Month 11 2017/18

### Key issues

1. Monitor introduced capped rates for Agency staff in November 2015 as well as a requirement to use approved suppliers for agency nursing and a ceiling on qualified nursing agency spend of 3%. Trust spend was below this at 2.2% in March 2016.
2. Cap rates reduced on 1<sup>st</sup> Feb and reduced further on 1st April 2016 when the need to use suppliers on approved frameworks for all staff groups and agency spend ceilings were also introduced.
3. The Trust's ceiling in 16/17 was £8.6m, which was a £5m reduction on 15/16 spend. Agency spend in 16/17 was £11.3m.
4. The Trust's ceiling for 17/18 remains at £8.6m but a medical agency spend target of £3.1m has also been introduced.
5. Agency spend at Mth11 is £7.0m which is £1.0m below trajectory.
6. Medical agency spend at Mth11 is £2.9m which is in line with target.
7. Forecast agency spend is £7.7m which is £0.9m below ceiling.
8. The number of price cap breaches has reduced significantly since price caps were introduced. In February, the Trust reported an average of 22 above price cap shifts (breaches) per week (17 medical & 5 nursing). At the end of February, 3 medics were being paid above the capped rate. Agency medics are brought in at or below capped rates except in exceptional circumstances.

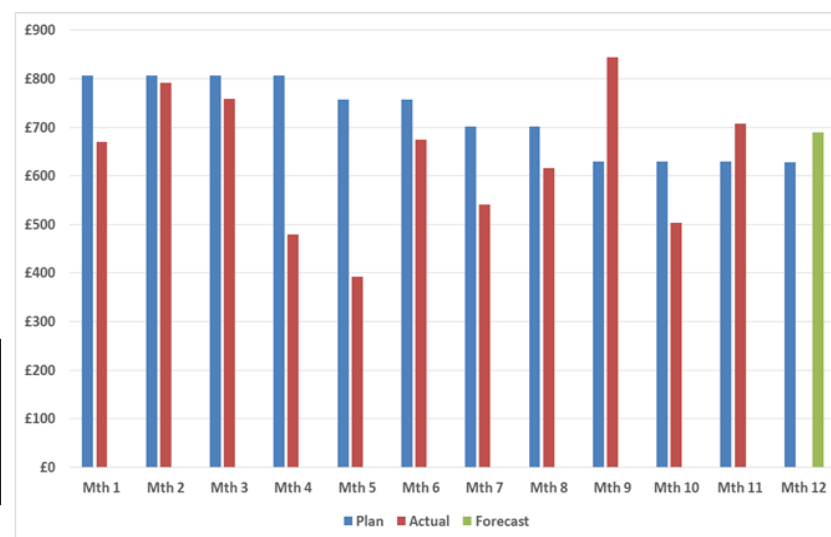
### Monitor Agency Price Cap Breaches (Number of shifts)

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb
Staff Group	3/4 - 30/4	1/5 - 28/5	29/5 - 25/6	26/6 - 30/7	31/7 - 3/9	4/9 - 1/10	2/10 - 29/10	30/10 - 3/12	4/12 - 1/1	2/1 - 29/1	5/2 - 26/2
Medical	70	40	45	70	72	64	81	110	88	78	69
Nursing	15	20	20	20	25	20	20	25	20	20	20
Total	85	60	65	90	97	84	101	135	108	98	89

### NTW - Temporary Staffing Spend 2017/18

	Year to date - Mth 11			
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
North	2.4	1.8	1.2	5.4
Central	1.5	3.3	0.2	5.0
South	1.8	3.2	0.3	5.2
Support Services	1.3	0.0	0.4	1.7
	<b>7.0</b>	<b>8.3</b>	<b>2.0</b>	<b>17.3</b>

### Agency Spend v Agency Ceiling



## 6. Monthly Workforce Update February 2018

Workforce Dashboard											
Training and Appraisals	Standard	M11 position	Overall Trend	North Locality Care Group	Central Locality Care Group	South Locality Care Group	Support & Corporate	Doctors in Training *	Staffing Solutions - Nursing	Staffing Solutions - Psychology	NTW Solutions
Fire Training	85%	86.9%	▼	87.4%	87.2%	90.6%	85.3%	32.0%	83.1%	81.5%	93.1%
Health and Safety Training	85%	92.1%	▲	94.1%	92.3%	93.4%	91.5%	41.2%	90.7%	85.2%	97.2%
Moving and Handling Training	85%	93.2%	▬	95.4%	93.3%	94.2%	91.9%	40.5%	96.3%	88.9%	97.4%
Clinical Risk Training	85%	91.3%	▲	90.5%	92.9%	91.8%			79.8%		
Clinical Supervision Training	85%	84.2%	▼	83.2%	85.4%	84.1%			81.8%		
Safeguarding Children Training	85%	93.0%	▲	95.9%	94.6%	94.3%	92.5%	39.2%	93.5%	92.6%	93.6%
Safeguarding Adults Training	85%	92.7%	▲	93.7%	95.1%	93.6%	92.4%	39.9%	94.1%	92.6%	93.6%
Equality and Diversity Introduction	85%	93.1%	▼	95.7%	93.3%	94.8%	91.7%	41.2%	92.0%	92.6%	96.0%
Hand Hygiene Training	85%	92.2%	▼	94.9%	93.4%	93.4%	91.6%	40.5%	89.8%	92.6%	93.6%
Medicines Management Training	85%	81.2%	▲	79.0%	82.1%	82.2%	84.1%		79.8%		
Rapid Tranquilisation Training	85%	73.8%	▼	77.6%	84.2%	72.8%			47.5%		
MHCT Clustering Training	85%	88.1%	▲	86.2%	87.9%	90.4%					
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	75.0%	▼	74.7%	78.7%	79.4%			52.9%		
Seclusion Training (Priority Areas)	85%	93.9%	▲	91.4%	96.8%	90.8%					
Dual Diagnosis Training (80% target)	80%	88.7%	▲	94.1%	93.9%	88.0%			59.7%		
PMVA Basic Training	85%	82.2%	▲	87.8%	88.4%	84.2%			67.7%		
PMVA Breakaway Training	85%	81.9%	▼	86.0%	81.8%	78.3%					
Information Governance Training	95%	88.2%	▲	90.4%	89.0%	90.6%	87.7%	35.3%	82.0%	77.8%	91.8%
Records and Record Keeping Training	85%	97.4%	▼	99.5%	98.5%	98.7%	95.6%	52.3%	98.7%	92.6%	100.0%

NB - NTW Solutions Sickness absence in the month was 4.56%

NTW Sickness (in month) 2014 to date

NTW Sickness (Rolling 12 months) 2014 to date

\* NB Prior learning may not be reflected in these figures and is being investigated

Appraisals	85%	81.8%	▲	84.5%	82.9%	83.4%	65.8%				88.7%
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Best Use of Resources	Target	M11 position	Trend
Agency Spend		£707,960	▼
Admin & Clerical Agency (included in above)		£141,302	▼
Overtime Spend		£203,711	▲
Bank Spend		£760,179	▼

Recruitment, Retention & Reward	Target	M11 position	Trend
Corporate Induction	100%	100.0%	▬
Local Induction	100%	99.8%	▲
Staff Turnover (includes NTW Solutions)	<10%	*17.00%	▼
Current Headcount		6291	

Behaviours and Attitudes	M11 position
Disciplinarys (new cases since 1/4/17)	191
Grievances (new cases since 1/4/17)	32

\*Trainee Doctors rotate every 4-6 months and it takes approx. one month for them to complete all of the training they are required to complete. There have been issues identified relating to ESR. Time delays are incurred when receiving information from other organisations when training has been completed outside of NTW. These issues are currently being addressed and this involves streamlining the process, part of this work has involved the recent activation between ESR and Intrepid whereby an issues with Intrepid meant the data did not transfer over. These issues have been rectified and will be active for the rotation in February 2018 whereby the training record will move with the Doctor.

## 7. Quality Goals/Quality Priorities/Quality Account Update February 2018

Progress for the quarter three requirements for each of the 2017-18 quality priorities is summarised below.





Three of the seven priorities are currently rated green and two are rated amber against the Quarter 4 milestones.

Quality Goal:	2017-18 Quality Priority:		Quarterly Forecast Achievement:				Comments
			Q1	Q2	Q3	Q4	
Keeping you safe	1	Embedding the Positive & Safe Strategy (includes Risk of Harm Training which continues from 2016/17)					There was slippage into quarter 4 on some elements of this quality priority
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.					There are continuing challenges in maintaining waiting times.
	3	Implement principles of the Triangle of Care					Progressing as planned
	4	Co-production and personalisation of care plans					Progressing as planned
Ensure the right services are in the right place at the right time to meet all your health and wellbeing needs	5	Use of the Mental Health Act – Reading of Rights					Progressing as planned

## 8. Accountability Framework

N.B reflects the revised Accountability Framework for 2017-18 which took effect from 1<sup>st</sup> April 2017

	Overall Rating	North Locality Care Group		Central Locality Care Group		South Locality Care Group		Comments:
		Q3 actual	Q4 forecast	Q3 actual	Q4 forecast	Q3 actual	Q4 forecast	
		4	4	4	4	4	4	
Quality Governance	Performance against National Standards:	1	1	1	1	1	1	
	CQC Information:	2	2	2	2	1	2	South Locality Care Group - Although the Group have implemented changes in how older people's care plans are developed further work is currently taking place to ensure this is embedded through-out the services
	Performance against Contract Quality Standards:	3	3	3	3	2	1	
	Clinical Quality Metrics:	3	3	4	4	4	4	South Locality Care Group - A number of metrics have breached for 3 consecutive quarters. Improvement plans required.
Use of Resources	YTD Contribution	4	4	4	4	1	1	
	Forecast Contribution	4	4	4	4	1	1	
	Agency Spend	1	1	1	1	1	1	

		1 	2 	3 	4 
Quality Governance	Performance against national standards	All Achieved or failure to meet any standard in no more than one month	Failure to meet any standard in 2 consecutive months triggered during the quarter	Failure to meet any standard in 3 or more consecutive months triggered during the quarter	Trust is assigned a segment of 3 (mandated support) or 4 (special measures)
	CQC Information	No Concerns -all core services are rated as Good or Outstanding and there are no "Must Do's" with outstanding actions.	No Concerns - all core services are rated as Good or Outstanding however there are "Must Do's" with outstanding actions.	Concerns raised – one or more core services are rated as "Requires Improvement"	Concerns raised – one or more core services are rated as "Inadequate"
	Performance against contract quality standards ( <i>measured at individual contract level</i> )	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2 <sup>nd</sup> consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached and contract penalties applied or are at risk of being applied.
	Clinical Quality Metrics	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2 <sup>nd</sup> consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached in 3 <sup>rd</sup> consecutive quarter.
Use of resources	YTD contribution	Exceeding or meeting plan.	Just below plan (within 1%).	Between 1% and 2% below plan	More than 2% below plan
	Forecast contribution				
	Agency Spend	Below or meeting ceiling.	Up to 25% above ceiling.	Between 25% and 50% above ceiling.	More than 50% above ceiling.
	Use of resources metrics	TBC	TBC	TBC	TBC

## 9. Monthly activity update (Currently in development)

## 10. Service User & Carer Experience Monthly Update February 2018

### Experience Feedback:

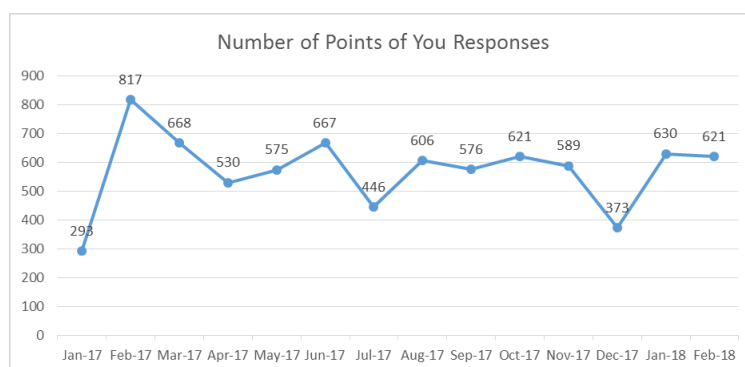
Feedback received in the month – February 2018:

	Responses received February 2018	Results February 2018
Points of You Feedback from Service Users ('Both' option included here)	621	Overall, did we help? Scored: 8.8 out of 10* (8.8 in January)
Points of You Feedback from Carers	182	
Total Points of You responses received	439	FFT Recommend Score**: 89% (89% in January)

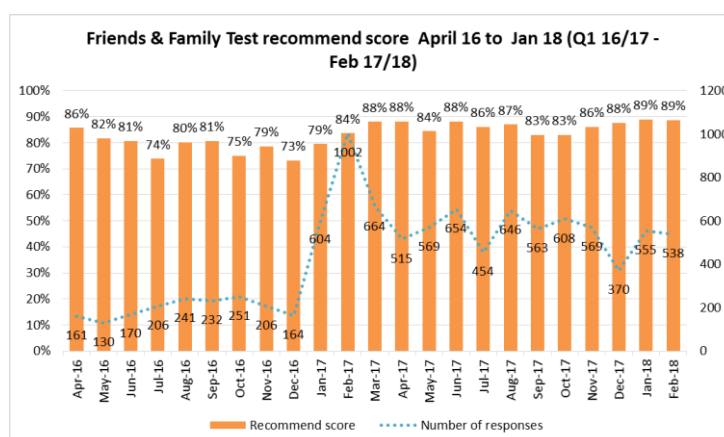
\* score of 10 being the best, 0 being the worst

\*\* national average recommend score resides around 88%

Graph showing Points of You responses received by month:



In February the number of Points of You responses decreased compared to the previous month of January. The results have remained stable with 89% of respondents identifying they would recommend our services to family or friends, which is higher than the national average of 88%.



Nb 15 of the 621 PoY responses in the month did not answer the FFT question within the survey

## 11. Mental Health Act Dashboard

Mental Health Act Dashboard												
Key Metrics	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Record of Rights (Detained) Assessed within 7 days of detention start date	92.0%	92.4%	See Below			88.8%	97.8%	91.8%	91.9%	89.7%	94.6%	
Record of Rights (Detained) Revisited in past 3 months (inpatients)	94.8%	93.5%				93.8%	93.8%	95.5%	94.0%	94.8%	94.6%	
Record of Rights (Detained) Assessed at Section Change within the Period	87.0%	73.9%				88.2%	90.8%	90.8%	93.0%	88.6%	86.6%	
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	50.8%	42.4%				55.4%	36.0%	44.1%	52.9%	64.5%	63.6%	
Community CTO Compliance Rights Reviewed in Past 3 months	45.7%	48.9%				81.1%	85.9%	86.3%	88.5%	91.5%	94.3%	
Community CTO Compliance Rights Assessed at start of CTO	42.9%	33.3%				75.0%	75.0%	85.7%	66.7%	72.7%	100.0%	

The revised local rights recording form went 'live' on the 5<sup>th</sup> June 2017. The dashboard metrics for rights have been amended to link with the structure of the new form.

The provision of 'rights' to detained and CTO patients has been agreed as a Quality Priority for this year. The lead for this priority is Dr R Nadkarni.

In April 2017 compliance with Rights assessed within 7 days of the detention start date (metric 918) – was 92%. For the month of February 2018 the dashboards show compliance as 94.6%. This equated to 88 out of 93\* patients (\*who should have been provided with their rights) being given their rights within 7 days of the section start date.

For April 2017, compliance with rights having been revisited within a period not exceeding 3 months (metric 993) was 94.8%. For the month of February 2018 compliance was recorded on the dashboards as 94.6%. This equated to 371 out of 392\* patients (\*who should have been provided with a repeat of their rights) having their rights repeated within 3 months of the section start date. Compliance with the above metric has been consistently above 93.5% since April 2017.

Compliance in relation to the provision of rights where the section the patient was detained under changed (metric 994) - in April 2017 was 87%. This metric is included within the Rights Quality Priorities for 2017/2018. For the month of February 2018 compliance was recorded as 86.6% which is above the quarter 4 trajectory. This equated to 58 out of 67\* patients (\*who should have been provided with their rights when the section they were detained under changed) being given their rights when there was a change of section.

Compliance in relation to the provision of rights to detained patients continues for the most part, to be good. The above rates of compliance provide assurance of this however further improvement is still needed in relation to all of the above metrics and particularly in relation to the provision of rights where the section the patient is detained under changes.

It has been reinforced throughout the rights awareness training that the provision of rights is a legal requirement and that we should continue to strive to ensure all detained patients receive their rights in accordance with best practice as per the MHA Code of Practice 2015.

Awareness sessions to support the introduction of the new form and the changes in practice required in relation to the provision of rights have been delivered by members of the 'MHA Local Forms and Practice Group' from June 2017 up until the end of November 2017. Registered Nurses were required to attend. The sessions have been, for the most part, well attended and feedback has been good. Some further sessions were delivered during January 2018.

It is anticipated that any registered staff who have not attended an awareness session will have their session delivered via a cascade model. E learning will also be an option.

In relation to CTO patients compliance with the provision of rights at the point the CTO is made (metric 998) in April 2017 was 42.9%. However significant improvement in compliance has been noted since the introduction of the revised form and associated training. For the month of November 2017 significant improvement was noted with compliance at 85.7% however compliance was lower (72.7%) in January 2018. Compliance will therefore need to improve throughout the rest of quarter 4. The quality priority trajectory for quarter 4 is 80%. It was therefore encouraging to note (following some additional measures having been put in place) compliance with this metric for February 2018 was 100%. This equated to 10 out of 10\* patients (\*who should have been provided with their rights at the point the CTO was made) being given their rights at that time.

Compliance with the provision of further explanations within a three month period (metric 985) has been consistently lower for CTO patients than the related metric for detained patients, In April 2017, compliance was 45.7%. Significant improvement in compliance has been noted since the introduction of the revised form and associated training. Compliance for the month of February 2018 is shown on the dashboards as 94.3%. This metric exceeds the quarter 4 'Rights Quality Priorities' trajectory. This equated to 181 out of 192\* patients (\*who should have been provided with a repeat of their rights within 3 months of the CTO start date) being given their rights at that time.

The CTO Task and Finish Group has been merged with the Local Forms Review Group. The new Group (The MHA Local Forms and Practice Group) will continue to monitor compliance and consider other options to improve compliance for both detained and CTO patient groups. Levels of compliance are reported at each of the CBU Quality Standards Group meetings. Ownership for ongoing monitoring of the provision of rights to detained and CTO patients will need to be transferred to these groups.

Compliance in relation to recording capacity assessments/discussions about consent to treatment (at the point of detention – metric 916) - in relation to section 58 treatment (medication for mental disorder) has been consistently under 68.3%. The average for the year 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017 was 61%. For April 2017 the compliance rate was 50.8% and for May 2017 42.44%. This is despite a prompt to undertake this, from the MHA office when the section papers are received. Compliance for June 2017 has gone up to 55.1% however compliance for July 2017 is down to 49.1%. The data for September showed compliance at 55.4%. In October compliance was recorded at 36%. There was some improvement noted for November, with compliance shown on the dashboards at 44.1%. An improvement has been noted in December 2017, compliance being 52.9%. In February 2018 compliance was noted as to 63.6%

Following review of the capacity/consent to treatment recording forms the revised forms went live on 08/03/18. Consideration of how to improve practice issues is also underway by the MHA Local Forms & Practice Review Group. As with the 'The Provision of Rights' the group will strive to develop measures for improvement together with a communication strategy.

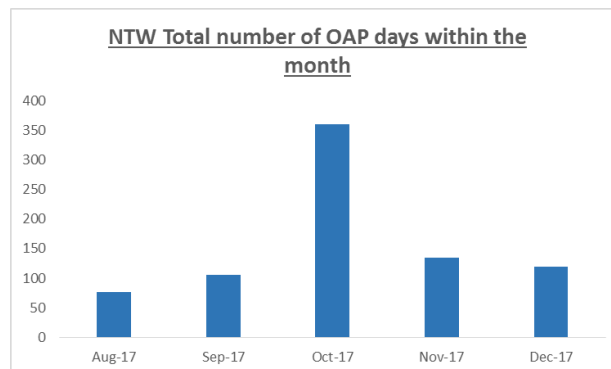
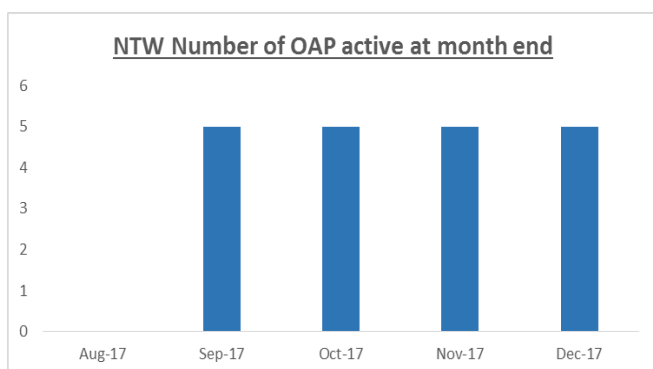
## 12. Outcomes/Benchmarking/National datasets Update and Other Useful Information

### Benchmarking

The collection for the Perinatal benchmarking has been submitted and we are awaiting the output from the Benchmarking team.

### Out of Area Placements (OAP)

The Government set a national ambition to eliminate inappropriate Out of Area Placements (OAPs) in mental health services for adults in acute inpatient care by 2020-21. Inappropriate OAPs are where patients are sent out of area because no bed is available for them locally which can delay their recovery. The OAP collection captures the details of all OAPs in England from both NHS and independent providers. The data is submitted on a monthly basis to NHS Digital. The graphs below represent the data relating to NTW from August 2017. Please note October data includes activity from previous months.



## Improving Access to Psychological Therapies (IAPT)

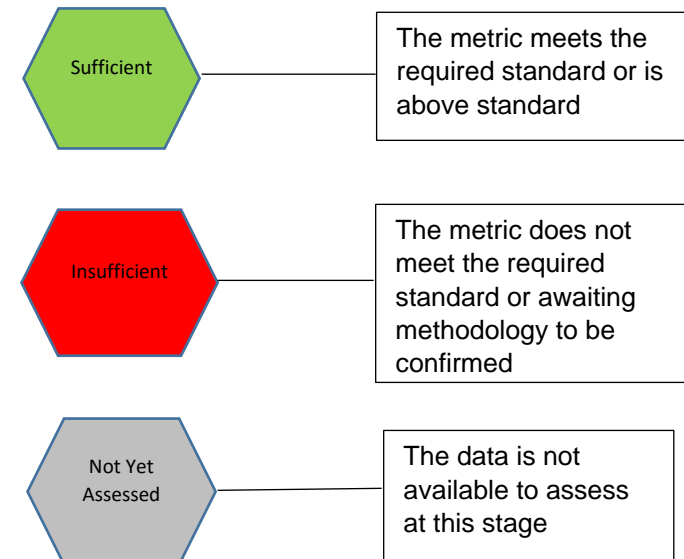
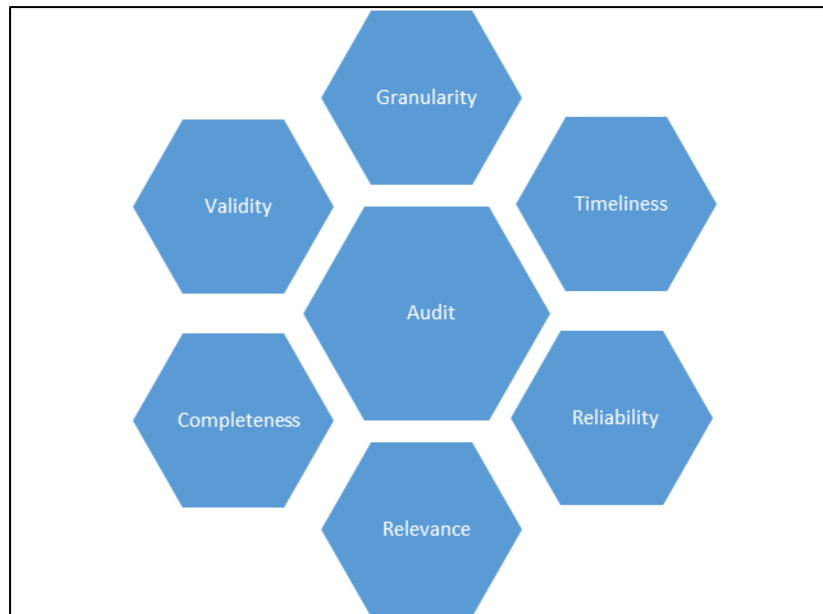
Listed below are the Sunderland IAPT Outcome Measures for February 2018.

Outcome Measure	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Access - BAME (% of total service users entering treatment)	TBA	4.44%	2.53%	2.41%	2.04%	2.32%	1.94%	1.68%	2.77%	3.02%	2.88%	3.95%	
Access - Over 65 (% of total service users entering treatment)	TBA	7.71%	6.94%	7.94%	7.95%	7.65%	5.06%	3.35%	7.02%	5.96%	6.19%	6.72%	
Access - Specific Anxieties (% of total service users entering treatment)*	TBA	14.09%	10.68%	10.30%	11.17%	10.13%	12.36%	13.49%	10.55%	10.69%	15.00%	10.24%	
Choice - % answering no	TBA	0%	0%	0%	0.37%	0%	0%	0%	0%	0%	0%	0.59%	
Choice - % answering partial	TBA	1.94%	5.26%	4.85%	0.38%	1.27%	0.86%	1.67%	0.49%	0.57%	1.16%	1.76%	
Choice - % answering yes	TBA	98.06%	94.74%	95.15%	99.25%	98.73%	99.14%	98.33%	99.51%	99.43%	98.84%	97.65%	
Employment Outcomes - Moved from Unemployment into Employment or Education	TBA	2	2	6	1	2	5	3	3	2	1	5	
Patient Satisfaction (Average Score)	TBA	19.31	19.34	19.36	19.42	19.51	19.27	19.35	19.54	19.68	19.8	19.82	
Recovery	50% of patients completing treatment	53.57%	51.20%	49.78%	51.50%	51.64%	51.70%	51.56%	51.30%	50.70%	50.60%	51.70%	
Reduced Disability Improved Wellbeing	TBA	36.31%	32.00%	30.90%	33.19%	32.16%	30.48%	30.17%	33.45%	28.88%	29.32%	32.39	
Reliable Improvement	TBA	73.53%	68.73%	72.53%	71.06%	67.32%	72.86%	68.81%	70.69%	70.66%	69.14%	71.26%	
Self Referrals ( % of discharges who had self referred)	TBA	73.81%	75.60%	73.82%	77.87%	78.43%	77.32%	79.66%	77.59%	76.00%	81.48%	76.11%	
Waiting Times	95% entering treatment within 18 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Waiting Times	75% entering treatment within 6 weeks	99.61%	100%	99.83%	99.66%	100%	99.83%	99.66%	99.82%	99.80%	99.24%	99.25%	

An element of the IAPT contract payment will be linked to these outcomes from April 2018

## Appendix 1 Data Quality Kite Marks

### Data Quality Kite Mark Assessment



Each metric has been assessed using the seven elements listed in blue to provide assurance that the data quality meets the standard of sufficient, insufficient or Not Yet Assessed

**Data Quality Kite Mark** – This page provides guidance relating to how the metrics have been assessed within NHS Improvements, Single Oversight Framework and Contract Standards

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Timeliness	Is the data the most up to date and validated available within the system?	The data is the most up to date available	Data is not available for the current period due to problems with the system or process	The data is not the most up to date and decisions may be made on inaccurate data	Understand why the data was not completed within given timeframes. Report this to relevant parties as required
Granularity	Can the data be broken down to different levels e.g. Available at Trust level down to client level?	Where relevant the Trust has the ability to drill down into the data to the correct level	The Trust is unable to drill down into the data to the correct level	It is not possible to drill down to the relevant level of data to understand any issues	Work with relevant teams to ensure the data can be broken down to varying levels
Completeness	Does the data demonstrate the expected number of records for that period?	There is assurance that effective controls are in place to ensure 100% of records are included within the metrics as required and no individual records are excluded without justification	There is inadequate assurance or no assurance that effective controls are in place to ensure 100% of records are included within the metrics	Performance cannot be assured due to the level of missing data	Understand why the data was not complete and request when the data will be updated. Report this to relevant parties as required

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Validity	Is the data validated by the Trust to ensure the data is accurate and compliant with relevant rules and definitions?	The Trust have agreed procedures in place for the validation and creation of new metrics and amendments to existing metrics	A metric is added or amended to the dashboard without the correct procedures being followed	The data has not been validated therefore performance cannot be assured	The metrics are regularly reviewed and updated as appropriate
Audit	Has the data quality of the metric been audited within the last three years?	The data quality of the metric has been audited within the last three years	The metric has not been audited within the last 3 years	The system and processed have not been audited within the last three years therefore assurance cannot be guaranteed	Ensure metrics that are outside the three year audit cycle are highlighted and completed within the next year. Review the rolling programme of audit
Reliability	The process is fully documented with controls and data flows mapped	Mostly a computerised system with automated controls	Mostly a manual system with no automated controls	Process is not documented and/or for manual data production controls and validation procedures are not adequately detailed	Ensure processes are reviewed and updated accordingly and changes are communicated to appropriate parties
Relevance	The indicator is relevant to the measurement of performance against the Performance question, strategic objective, internal, contractual and regularity standards	This indicator is relevant to the measurement of performance	This indicator is no longer relevant to the measurement of performance	The metric may no longer be relevant to the measurement of standards	Ensure dashboards are reviewed regularly and metrics displayed are relevant and updated or retired if no longer relevant

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

**Board of Directors Meeting**

**Meeting Date:** 28<sup>th</sup> March 2018

**Title and Author of Paper:** Business Case: The Riding at Ferndene

**Executive Lead:** Gary O'Hare, Executive Director of Nursing & Chief Operating Officer

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

**Key Points to Note:**

Further to the Business Case presented to and approved by the Board in September 2017 for a New Care Models 2 year pilot in relation to Children & Young Peoples Tier 4/Specialised Services, this business case seeks approval for the closure of the Riding as outlined in that original business case. The closure of the Riding is part of the Transforming Care National Strategy. Its Closure is in line with the national and regional bed reduction trajectory.

This business case also seeks support for the approach to the ward closure and associated phased development of alternative service provision in the community.

**Risks Highlighted to Board :** Risks are identified within the Business Case

**Does this affect any Board Assurance Framework/Corporate Risks?**

Please state **No**

If Yes please outline

**Equal Opportunities, Legal and Other Implications:** None

**Outcome Required:** Approval to proceed

**Link to Policies and Strategies:** Service Strategy and Trust Strategic Plan

# Summary Business Case

Project Title: Closure of the Riding Ward at Ferndene	
Targeted area for improvement	Closure of the Riding Ward at Ferndene
Service / Group	Specialist Children and Young Peoples Services (CYPS) CBU North Locality
Project Lead	John Padget (Associate Director – Specialist CYPS)
Author(s)	Garry Schulz (Project Manager, NTW CYPS New Care Models), John Padget (Associate Director – Specialist CYPS)
Date of completion	20 <sup>th</sup> March 2018
Project Details	
Background to Case of Need	<p>In June 2017, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) submitted a successful proposal to NHS England to become a New Model of Care Wave 2 pilot site for Tier 4 Children and Young People's Services across Mental Health and Learning Disability services as part of NHS England's 'Five Year Forward View for Mental Health'.</p> <p>The New Model of Care project will develop a revised pathway across Northumberland, Tyne, Wear and North Cumbria for Tier 4 Mental Health services and across the whole of the North East and North Cumbria for Tier 4 Learning Disability services; the aim being to reduce, wherever possible, the reliance on Tier 4 beds with more services being delivered in the community and closer to home. Any savings that may arise from the new pathway will subsequently be invested into local services for children and young people.</p> <p>The aim of the Wave 2 New Model of Care pilot is to introduce new integrated models that ensure the individual is at the centre of care with specialist service provision wrapped around them, no matter where they are located.</p> <p>The pilot's key objectives are as follows:</p> <ul style="list-style-type: none"> <li>• <i>Greater focus on prevention and early intervention</i></li> <li>• <b>Provision of integrated care closer to home</b></li> <li>• <b>Reduced reliance on inpatient beds</b></li> <li>• <i>Better use of resources across the whole pathway</i></li> <li>• <i>Delivery of the specialised service element of Transforming Care</i></li> </ul> <p><b><i>This approach was supported by Trust Board in September 2017 and the project commenced in October 2017.</i></b></p>
Strategic Fit	<p>Ferndene is based at the former Prudhoe Hospital site and provides an inpatient regional and national service for children and young people aged up to 18 years of age. Ferndene comprises of four inpatient wards (Riding, Fraser, Stephenson and Redburn, including Redburn PICU) providing a total of forty beds.</p> <ul style="list-style-type: none"> <li>• The Riding is a six bed unit providing comprehensive assessment and treatment for patients aged from 4-18 years with mild to moderate learning disability (4 to 12 year olds) or moderate to severe learning disability (13 to 18 year olds). In addition young people admitted to Riding will present</li> </ul>

	<p>requiring assessment and treatment for complex mental health/behavioural and emotional needs. Referrals to the Riding have been in decline and there is currently no waiting list. The service has maintained a low occupancy rate.</p> <ul style="list-style-type: none"> <li>• Fraser ward is a 12 bed unit providing comprehensive assessment and treatment for patients aged from 12 to 18 years with mental health and developmental needs and mild to moderate learning disability.</li> <li>• Stephenson is an eight bed low secure unit providing comprehensive assessment and treatment for patients aged from 14 to 18 years with mild to moderate learning disability and a requirement for high levels of supervision in a safe environment.</li> <li>• Redburn is a fourteen bed unit providing comprehensive assessment and treatment for patients under the age of 18 with early onset psychosis or complex mental health disorders.</li> </ul> <p>This business case aligns to a number of national strategies and programmes. Bed reduction is required through the ongoing Learning Disability Transformation Programme whilst the emphasis on the development and implementation of New Care Models was born of the Five Year Forward View.</p> <p>NTW has committed to achieving the Transforming Care bed reductions through the development of sustainable new models of care (the business case for which was supported by Trust Board in September 2017), key to which is realignment of existing budget to provide enhanced community provision in which services are wrapped around the child.</p>
<p><b>The Case for Change</b></p>	<p>The Five Year Forward View has encouraged efforts to deliver more healthcare out of acute hospitals and closer to home, with the aim of providing better care for patients. NTW's commitment to developing New Care Models sets the organisation on a course to ensure:</p> <ul style="list-style-type: none"> <li>• <i>Greater focus on prevention and early intervention</i></li> <li>• <b>Provision of integrated care closer to home</b></li> <li>• <b>Reduced reliance on inpatient beds</b></li> <li>• <i>Better use of resources across the whole pathway</i></li> </ul> <p>The bed closures proposed and agreed as part of the Transforming Care programme are to be delivered as part of the New Care Models project, which has the objective of reducing the reliance on inpatient beds through the development of a range of enhanced community services. The new model is designed specifically to address the Transforming Care agenda and the delivery of the agreed learning disability bed reduction trajectories to 15 CYP Tier 4 beds (with an inpatient trajectory of 70 patients for adult and CYP) as agreed by the local Transforming Care Board.</p> <p>A key component of the model and of transforming care is to re-provide the function of the Riding inpatient service and deliver it as an outreach model of care. A small, highly specialist team will work intensively with young people and will skill up the specific team around the child to support the family in the longer term. This service will link into the community services and will provide scaffolding, advice and support to those who do not fall into the scope of this model. The Riding ward provides service not only to the young people of Northumberland, Tyne and Wear but also for young people from Tees, Esk and Wear Valleys and for North Cumbria. The developing community model will also ensure equitable service standards across those localities, either through a direct provision or through ensuring a standard</p>

	<p>quality of provision. Work with providers in those areas is ongoing in that regard.</p> <p>Whilst this business case seeks formal approval for the closure of the Riding, the Transforming Care agenda is broader than only the Riding and will see further reduction in learning disability beds on the Ferndene site. The Transforming Care bed trajectories which NTW has signed up to through the Transforming Care Board, require that by the end of March 2018, in addition to a two bed closure on the Riding, there will also be a two bed reduction to Fraser ward. This is followed by a further four bed reduction on the Riding in September 2018, which will see the ward close. In 2019, Transforming Care requires us to close one bed on Stephenson ward in March and a further two beds on Fraser ward in June.</p> <p>The proposed development of an enhanced community team supports not only the aforementioned closure of the Riding but also the bed reductions required across the Learning Disability Wards on the Ferndene site:</p> <ul style="list-style-type: none"><li>• Riding 6 beds reduction</li><li>• Fraser 4 beds reduction</li><li>• Stephenson 1 bed reduction</li></ul> <p>These bed closures will only be achieved by enhancing the level of community support for Learning Disability and Mental Health. New Care Models will increase the level of community-facing skills and expertise through the developments of enhanced community Learning Disability services, enhanced ICTS and enhanced community Eating Disorders services.</p> <p>It is anticipated that there will be a small proportion of patients that would currently be admitted to the Riding, and for whom enhanced community support may not be sufficient to avoid admission. These patients who do go on to require an inpatient admission are likely to be admitted to Fraser ward in the future model. This will necessitate a suitable LD in-reach function, which will also be a key component of the new enhanced community service, to provide expert input in order to affect timely discharge and maintain sufficient “flow” on the ward, sustaining the required Fraser bed reduction (from 12 to 8).</p>		
Description of Options reviewed	<b>Option 1 – Do nothing</b>		
	<b>Advantages</b>	<b>Disadvantages</b>	<b>Viable Option</b>
	<ul style="list-style-type: none"><li>• No disruption to the status quo</li></ul>	<ul style="list-style-type: none"><li>• Service users will continue to require inpatient admission</li><li>• Failure to meet NTW’s commitment to achieving Transforming Care trajectories</li><li>• Failure to meet NTW’s commitment to develop New Models of Care; a key component of the Five Year Forward View</li></ul>	No
	<b>Option 2 – Approve bed closures in line with Transforming Care trajectories with budget reduction synchronised to bed reduction timelines</b>		
	<b>Advantages</b>	<b>Disadvantages</b>	<b>Viable Option</b>

	<ul style="list-style-type: none"><li>• Achieves the bed closures previously agreed as part of Transforming Care</li></ul>	<ul style="list-style-type: none"><li>• Loss of staff will see the loss of skills which will be required again only a few months later</li><li>• No opportunity to develop, test and refine the new model on a small scale</li><li>• If the model proves ineffective patients will require inpatient admissions, but once the ward is closed this could lead to increased demand for out of area placements while the model is reviewed and amended.</li></ul>	Yes
	<b>Option 3 - Approve bed closures in line with Transforming Care trajectories and use of short-term released resource to develop and test the new model ahead of full roll out ahead of Riding closure in Sept 2018.</b>		
	<b>Advantages</b>	<b>Disadvantages</b>	<b>Viable Option</b>
	<ul style="list-style-type: none"><li>• Achieves the bed closures previously agreed as part of Transforming Care</li><li>• Allows for adequate testing of the model and “groundwork” to increase likelihood of success</li><li>• Retains highly skilled staff for redeployment into new model.</li></ul>		Yes
<b>Outline of Preferred Option / Proposal</b>	<b>The preferred option is option 3.</b>		
	<p><i>Implement a planned, phased approach to the ward closure as prescribed by Transforming Care, ensuring trajectories are achieved. Ensure budget is maintained to facilitate the development and testing of the enhanced community model as outlined in the New Care Models business case presented to Trust Board in September 2017. This option maximises the opportunity for the delivery of a suitably effective enhanced community team to enable the full closure of the Riding by the end of September 2018.</i></p> <p>Specifically, the preferred model would see the existing resource associated with the Riding remain in place until full ward closure in September 2018. This will facilitate a smoother transition between models and enable detailed development and testing of the proposed intensive Positive Behavioural Support (PBS) model ahead of full implementation. The first step towards closure would see the immediate formal closure of 2 Riding beds and an increase in resource into the Community (most likely Sunderland) in order to focus on LD admissions and:</p> <ul style="list-style-type: none"><li>• Develop Pathways between CYPS Community / Inpatient teams (LD, ICTS, Non NTW Teams, Ferndene)</li><li>• Review of process for developing an ‘at risk register’ and links with CCG process</li></ul>		

**Outline of Preferred Option / Proposal**

	<ul style="list-style-type: none"> <li>• Review process / pathways / training in relation to the CETR process</li> </ul> <p>Alongside this the project would make use of time-limited funding of circa £100K to provide training for LD and associated issues to ICTS staff. This funding was received further to a bid for £250K from NHS England to test the model for 24/7 ICTS. That bid was partially successful, whereby full funding was not received and instead a lesser amount of £100K was offered to enhance the skills of the ICTS team to work with those with an LD and autism.</p> <p>This will provide a period of advance testing and refinement of the model, which will inform and support the phased roll out of the enhanced community service in the lead up to full closure of the Riding in September 2018. The learning from this period of testing and refinement will ensure that our community model is more mature in its ability to assure high quality, equitable service standards across NTW, North Cumbria and TEWV at the point of closure in September 2018.</p> <p>The closure of the Riding ward presents a cost pressure to NTW. The loss of income will in part be mitigated by reinvestment back into NTW services but as the Riding provides a service to the North East and North Cumbria the detail of the NTW specific reinvestment is still to be agreed. Furthermore, at this moment in time, the precise future use of the Riding has not been agreed and as such this must be noted as a risk. The New Care Models project continues to work on a range of new service models, which present a range of opportunities for the future use of the Riding. These will continue to be developed in the coming months and a further business case is anticipated to come to Trust Board in July 2018 in which an outline of reinvestment options across the North East and North Cumbria will be presented, including proposals for the use of the Riding in mitigation of the financial risk associated with ward closure. Whatever the future use of the Riding is determined to be will have capital implications to bring the building to the standards required.</p>
<p><b>Outline of Benefits, Outcomes and Impact</b></p> <p><b>(Include baseline position, any metrics expected to improve as a result of the proposal etc.)</b></p>	<p>Some of the main benefits include:</p> <ul style="list-style-type: none"> <li>• Earlier access to specialised clinical intervention for young people that would otherwise have had to wait for an inpatient admission</li> <li>• Reduction in Beds which supports current demand levels and future bed model, in line with Transforming Care.</li> <li>• Reduced admissions</li> <li>• No increase in (there are currently zero) LD out of area placements</li> <li>• The planned phased transition ensures continuity of service and an opportunity to test the future model prior to full implementation</li> <li>• Contributes to delivery of the Five year forward view aim to provide care closer to home.</li> <li>• Increased patient satisfaction as a result of earlier intervention and the provision of care closer to home.</li> </ul>

<b>Contribution towards requisite quality standards / targets</b>	NTW is committed to the NCM being the delivery vehicle for the specialised service elements of Transforming Care and to delivering the commitments set out within Building the Right Support (NHS England, Local Government Association, Associate of Directors of Adult Social Service, October 2015).			
	In particular, the Transforming Care Programme makes it incumbent upon NTW CYPS to close 11 inpatient Learning Disability beds over the coming two years, reducing from 26 to 15 learning disability beds.			
	Quality measures will be monitored through the NCM Quality Governance group who will provide regular reports to the NCM Partnership Board.			
<b>Quality Impacts</b>				
<b>Safety</b>	<b>Clinical Effectiveness</b>	<b>Patient Experience</b>	<b>General</b>	
<p>This work will create a greater knowledge base within local teams, supported by scaffolding options.</p> <p>There is potential that Patient Safety could be compromised if demand for beds increases and wards operate at full capacity for long durations.</p>	<p>The Five Year Forward View has encouraged efforts to deliver more healthcare outside of acute hospitals and closer to home, with the aim of providing better care for patients.</p>	<p>There should be no adverse impact on the overall patient experience arising from this reduction in beds.</p> <p>Our engagement with young people indicates that they would prefer to receive care in their own communities rather than in hospital.</p>	<p>Systems will be developed across the pathways to ensure they are effective in fulfilling their purpose.</p> <p>The new service provision will ensure a greater level of sustainability across the local and regional health economy.</p>	
<b>Resource Requirements and Risks</b>				
<b>Outline Resources Required</b>	<b>Staffing</b> Staff impacted by this change (29WTE Riding and 35.9WTE Fraser) will go through a full formal consultation process. Opportunities for staff will arise from the development of new teams created as part of the New Care Models implementation, including enhanced community learning disability service and enhanced Eating Disorders service. Furthermore, Ferndene currently has a regular usage of bank and agency staff; the closure of the Riding and release of associated staffing presents an opportunity to reduce the use of bank and agency across the site.			
	<b>Estates</b> The building currently used to provide the Riding will be vacated and become available for other use. There are a number of potential uses for this which will be explored as part of other proposals contained within the New Care Models project. At present, the Board is asked to note this as a financial risk and the New Care Models project proposes to develop a further business case to present to Board in July 2018 in which new service developments will be proposed to mitigate this risk. It must also be noted that the future use of the building is likely to require capital investment owing to the absence of en suite facilities in the current provision.			
	<b>IMT</b> Liaison with other provider organisations			
	<b>Non Staff Costs</b>			

	Travel costs will be incurred as part of an outreach model	
	<b>Pharmacy</b> There could be a reduction in pharmacy costs associated with ward closure	
<b>Interdependencies</b>	<ul style="list-style-type: none"> <li>The timing of the closure will depend on the ability to effect timely discharge for the patients residing on the Riding in the lead up to the planned closure date.</li> <li>Enhanced Community Services being implemented locally and regionally</li> </ul>	
<b>Risks and Mitigations</b>	<b>Risks</b>	<b>Mitigations</b>
	Displacement of staff team	Staff will be formally consulted with and supported to find employment in the new teams (including enhanced community learning disability service and enhanced Eating Disorders service. Furthermore, Ferndene currently has a regular usage of bank and agency staff; the closure of the Riding and release of associated staffing presents an opportunity to reduce the use of bank and agency across the site.)
	Failure to identify suitable alternative care provision for existing service users	Inpatients on the Riding are admitted (planned admissions only) for a standard 12 week programme and then leave the unit. There is no existing waiting list for admissions and plans are in place to monitor referrals and admissions to facilitate the timely closure. In the event that a timely discharge becomes unlikely, intensive work will be undertaken (to include discharge facilitators) to ensure this is managed effectively.
	Overhead costs associated with the premises of the current Riding Ward become a cost pressure until such a time that the building is occupied by another service.	Work is underway to identify how best to make use of the Ferndene site in its entirety as bed numbers change and ward functions change. The development of new care models presents a range of opportunities, including Eating Disorders, which will require a base. A further business case articulating these, in mitigation of this risk, is proposed to come before Trust Board in July 2018. Mitigation is, in part, reliant on the available of capital to ensure the building is suitable for its intended future use.
<b>Finance</b>		

	£	%
Income		
Groups Costs		
<b>Contribution</b>		
Central Costs		
<b>EBITDA</b>		
Financing Costs		
<b>Surplus</b>		
<b>CAPITAL REQUIREMENT</b>		

### Financial impact on clinical service contracts

The table below shows the existing income from NHS England for services at Ferndene and the proposed phasing of the bed closures.

Wards		Income Contract Value excl CQUIN 1718		No of Beds	Bed Closures			Revised Income Contract Value 19/20 excl CQUIN at 1718 prices			Income released from beds closed
		OBDs	£		17/18	18/19	19/20	OBDs	£	No of Beds	£
Redburn	MH	3,103	-2,310,853	10				3,103	-2,310,853	10	0
Redburn PICU	MH	1,241	-924,192	4				1,241	-924,192	4	0
Fraser	LD	3,724	-2,780,635	12	-	2	- 2	2,483	-1,853,757	8	-926,878
Riding	LD	1,862	-2,124,865	6	- 2	- 4		-	0	-	-2,124,865
Stephenson	LD	2,481	-2,558,256	8			- 1	2,170	-2,238,474	7	-319,782
		<b>12,411</b>	<b>-10,698,800</b>	<b>40</b>	<b>- 2</b>	<b>- 6</b>	<b>- 3</b>	<b>8,997</b>	<b>-7,327,275</b>	<b>29</b>	<b>-3,371,525</b>

The functions of some wards will change and adapt through the implementation of this project: Riding will close with most cases being supported in the community, Fraser will reduce from 12 to 8 beds and will also begin to provide for moderate to severe LD referrals that cannot be supported in the community and still require admission; Stephenson will reduce from 8 to 7 beds and will adapt from providing only Learning Disability Low Secure care to include provision for Mental health Low Secure referrals.

The table below shows the planned expenditure budgets against income budgets for 17/18. The variance of £442k is the current shortfall of income against the cost of these services. The largest shortfall is on the MH ward Redburn and Redburn PICU. This shortfall exists before any impact of transforming care closures.

Existing - Full year		Income Contract Value		No of Beds	Expenditure	Variance
Wards		OBDs	£		Total annual £	£
Redburn	MH	3,103	-2,310,853	10	3,927,441	1,616,588
Redburn PICU	MH	1,241	-924,192	4	-	-924,192
Fraser	LD	3,724	-2,780,635	12	2,526,400	-254,235
Riding	LD	1,862	-2,124,865	6	2,083,265	-41,600
Stephenson	LD	2,481	-2,558,256	8	2,603,537	45,281
		<b>12,411</b>	<b>-10,698,800</b>	<b>40</b>	<b>11,140,643</b>	<b>441,843</b>

The table below shows the impact on NTW as a result of proposed transforming care changes. This is net of the £442k underlying shortfall. The impact is phased over the next few years as the changes occur with the full year effect being £1.475m in 2020/21. Appendix 1 details the income released following bed closures and expected expenditure budgets to be removed as a

consequence.

		Proposed 17/18	Proposed 18/19	Proposed 19/20	Proposed 20/21 - FYE
		Variance I&E - Net	Variance I&E - Net	Variance I&E - Net	Variance I&E Net Impact on
Wards		£	£	£	£
Redburn	MH	0	0	0	0
Redburn PICU	MH	0	0	0	0
Fraser	LD	0	267,774	468,604	938,857
Riding	LD	118,048	835,303	726,222	251,042
Stephenson	LD	0	0	164,161	284,948
<b>Total</b>		<b>118,048</b>	<b>1,103,077</b>	<b>1,358,988</b>	<b>1,474,847</b>

To mitigate the above impact options are being considered which include ensuring the space at Ferndene is used optimally and proposing reinvestment in community services provided by NTW. The further business case in July will detail these options. Any reinvestment into NTW services will need approval from the New Care Model's Partnership Board.

### Proposed Timetable / Implementation Plan

- Jan 2018 – 2 of 6 Riding beds closed
- Jan 2018 – community work starts to develop pathways and processes to support enhanced LD community provision
- Mar 2018 – 2 beds close on Fraser Ward (reduce 12 to 10)
- Feb 2018 – Aug 2018 – small scale testing and refinement of the model. As patients are discharged from the Riding, the staffing resource is gradually released in order to 1) scale up the Community model and 2) support LD admissions to Fraser Ward.
- Spring 2018 – formal staff consultation (ideally to include staff affected by Riding Closure and Fraser reduction)
- **July 2018 – present to Trust Board proposals for reinvestment including mitigation of the cost pressure risk associated with ward closure.**
- **September 2018 – remaining 4 Riding beds close to allow the formal ward closure and formal staff redeployment.**
- March 2019 – close one bed Stephenson (reduce 8 to 7)
- June 2019 – close two beds Fraser (reduce 10 to 8)

### Approvals (date)

<b>Project Sponsor</b>	<b>13th March 2018</b>
<b>North Locality Group</b>	<b>13th March 2018</b>
<b>Trust Board</b>	

## Appendix 1

Proposed 17/18											
Income Contract Value excl CQUIN 1718											
Wards		OBDs	£	Less beds closed £	Total 17/18 £	No of Beds 31/3/18	Total annual expenditure £	Expenditure budgets to be reduced £	Total revised expenditure £	Less existing shortfall £	Variance I&E - Net Impact on NTW £
Redburn	MH	3,103	-2,310,853		-2,310,853	10	3,927,441		3,927,441	1,616,588	0
Redburn PICU	MH	1,241	-924,192		-924,192	4	-		-	-924,192	0
Fraser	LD	3,103	-2,780,635		-2,780,635	10	2,526,400		2,526,400	-254,235	0
Riding	LD	1,759	-2,124,865	118,048	-2,006,817	4	2,083,265		2,083,265	-41,600	118,048
Stephenson	LD	2,481	-2,558,256		-2,558,256	8	2,603,537		2,603,537	45,281	0
		11,686	-10,698,800	118,048	-10,580,752	36	11,140,643	0	11,140,643	441,843	118,048
Proposed 18/19											
Income Contract Value excl CQUIN 1718											
Wards		OBDs	£	Less beds closed £	Total 18/19 £	No of Beds 31/3/19	Total annual expenditure £	Expenditure budgets to be reduced £	Total revised expenditure £	Less existing shortfall £	Variance I&E - Net Impact on NTW £
Redburn	MH	3,103	-2,310,853		-2,310,853	10	3,927,441		3,927,441	1,616,588	0
Redburn PICU	MH	1,241	-924,192		-924,192	4	-		-	-924,192	0
Fraser	LD	3,103	-2,780,635	463,439	-2,317,196	10	2,526,400	-195,665	2,330,735	-254,235	267,774
Riding	LD	1,241	-2,006,817	1,416,577	-590,240	-	2,083,265	-699,321	1,383,944	-41,600	835,303
Stephenson	LD	2,481	-2,558,256		-2,558,256	8	2,603,537		2,603,537	45,281	0
		11,169	-10,580,752	1,880,016	-8,700,736	32	11,140,643	-894,987	10,245,656	441,843	1,103,077
Proposed 19/20											
Income Contract Value excl CQUIN 1718											
Wards		OBDs	£	Less beds closed £	Total 19/20 £	No of Beds 31/3/20	Total annual £	Expenditure budgets to be reduced £	Total revised expenditure £	Less existing shortfall £	Variance I&E - Net Impact on NTW £
Redburn	MH	3,103	-2,310,853		-2,310,853	10	3,927,441		3,927,441	1,616,588	0
Redburn PICU	MH	1,241	-924,192		-924,192	4	-		-	-924,192	0
Fraser	LD	2,482	-2,317,196	347,579	-1,969,616	8	2,330,735	-146,749	2,183,986	-254,235	468,604
Riding	LD	-	-590,240	590,240	0	-	1,383,944	-699,321	684,623	-41,600	726,222
Stephenson	LD	2,172	-2,558,256	319,782	-2,238,474	7	2,603,537	-155,621	2,447,916	45,281	164,161
		8,998	-8,700,736	1,257,602	-7,443,134	29	10,245,656	-1,001,691	9,243,965	441,843	1,358,988
Proposed 20/21 - FYE											
Income Contract Value excl CQUIN 1718											
Wards		OBDs	£	Less beds closed £	Total 19/20 £	No of Beds 31/3/20	Total annual £	Expenditure budgets to be reduced £	Total revised expenditure £	Less existing shortfall £	Variance I&E - Net Impact on NTW £
Redburn	MH	3,103	-2,310,853		-2,310,853	10	3,927,441		3,927,441	1,616,588	0
Redburn PICU	MH	1,241	-924,192		-924,192	4	-		-	-924,192	0
Riding	LD	-	0	-	0	-	684,623		684,623	-254,235	938,857
Stephenson	LD	2,172	-2,238,474		-2,238,474	7	2,447,916		2,447,916	-41,600	251,042
Fraser	LD	2,482	-1,969,616	115,860	-1,853,757	8	2,183,986		2,183,986	45,281	284,948
		8,998	-7,443,134	115,860	-7,327,275	29	9,243,965	0	9,243,965	441,843	1,474,847