

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 27 April 2016

Title and Author of Paper: Visit Feedback Themes – 4th Quarter: January 2016 to March 2016
Gary O'Hare, Executive Director of Nursing and Operations

Paper for Debate, Decision or Information: Information

Key Points to Note:

This is the first quarterly report following the introduction of the new service visiting arrangements.

Areas visited:

Name of Service	Date	Senior Manager
Redburn and wider Ferndene Staff Group	2 nd February 2016	Gail Bayes
Cuthbert Ward	26 th February 2016	Russell Patton & Carole Kaplan
Wallsend CMHT	4 th March 2016	Lisa Crichton-Jones
Sunderland IRS, Street Triage and CRHT	7 th March 2016	Esther Cohen-Tovee
Tranwell	9 th March 2016	Maria Quinn
Non Psychosis (NP) Community Team and Recovery Treatment Team (RTT)	15 th March 2016	Tim Docking & Damian Robinson
Northumberland Recovery Partnerships	15 th March 2016	Malcolm Aiston
Tweed Unit	21 st March 2016	Carole Kaplan
Adult ADHD Service	24 th March 2016	John Lawlor
Newcastle & North Tyneside Crisis Assessment, Home Treatment & Street Triage	30 th March 2016	Esther Cohen-Tovee
Older People & WAA Community Services Northumberland	31 st March 2016	Gary O'Hare

Themes / Key Points:

- Anxiety regarding forthcoming CQC visit, although staff are enthusiastic and eager to showcase their services.
- Great MDT discussions around a variety of potential CQC questions that might come up and their potential responses.
- Recruitment and retention of staff.
- Merits of full MDT working may be hindered due to the layout and design of the clinic as only nurses have a constant presence on the ward.
- Service users were very positive about their care and experiences on Cuthbert Ward. Quote 'it is a great ward and I feel much better here'.
- The approach adopted by the reception staff at the clinic was very positive in terms of meet and greet and security checks.
- Well organised and well led service with dedicated staff, respectful communications and concerted efforts to support staff and build resilience which clearly benefits from being co-terminus with the community team.
- Service users in an occupational therapy group described a calm and tidy environment and they actively sought and received support from staff.
- Team Lead advised that waiting times is a key concern and feels continually under pressure to meet waits.
- No major concerns relating to the new model being rolled out.
- High levels of information within Trust and trying to make sure they understood all that was going on / keeping track can be difficult at times alongside clinical duties and pressures.
- Unit should be congratulated on the many improvements to practice which include designing and implementing a clear and easy to assimilate form describing the patient pathway, bringing together CPA and NHSE meetings for each patient so that decisions are made quickly; and reduction of the average time patients stay in the unit by years.
- Very pleasing to hear that design features for IRS have been implemented as per the model, only concern is the lack of multi-disciplinary scaffolding for the initial assessors.

- Overwhelming impression from the visit was the collaborative working across the three organisations – good team ethos, wanting to work together and get it right for service users.
- Passionate about service provided.
- Liaison with CMHTs could be better – difficulties getting referral accepted back to the CMHT.
- Really enjoyable and informative visit, a team who are really doing this work for the right reason – patients do come first.
- Very enthusiastic and dedicated staff who are restricted by lack of access to modernisation as they don't have access to digital dictation, Cisco phones, and no call handlers.
- Building is not fit for purpose.
- Accommodation is generally poor, signage very poor and as it is an old building has leaky ceilings.
- Operational issues due to forensic referrals bouncing between the team and forensic services, although work is already underway to try and make improvements on this.
- Huge frustration with RiO, lost work, repetition etc. Keep hearing it is going to change but nothing ever happens.
- Dedicated and passionate team who are pleased with the investment being made into the service by CCGs.

Outcome required: The Board of Directors is asked to receive this report for information.