

**Northumberland Tyne and Wear NHS Foundation Trust**

**Board of Directors Meeting**

**Meeting Date:** 25 October 2017

**Title and Author of Paper:** Visit Feedback Themes – Quarters 1 & 2: April 2017 to September 2017

Johanne Wiseman, PA to Executive Director of Nursing and Chief Operating Officer, and Gary O’Hare, Executive Director of Nursing and Chief Operating Officer

**Executive Lead:** Gary O’Hare, Executive Director of Nursing and Chief Operating Officer

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

**Key Points to Note:**

To provide an update to the Board of Directors on visits that have been undertaken by Senior Managers during the last two quarters, including any outstanding visits not included in the previous quarterly report. A list of all areas visited is available at appendix 1 and copies of individual reports are available by contacting Johanne Wiseman, PA to Gary O’Hare.

Key themes and issues arising from the visits include:

Environmental issues:

- Outside signage was limited with no obvious front door to NTW Mental Health services, which has been raised as a concern by some of our ‘neighbours’ as patients are regularly seen to be wandering around the primary care premises. However the building has benefitted from an upgrade and is of a high standard with numerous offices and hot-desking facilities, although despite the improvements it was felt that the admin / working space was limited.
- Inadequate accommodation at the QE. The team have just one small office in which three people can work but there is no quiet space for confidential discussion or supervision, and no space for admin or a consultant psychiatrist (there is a 0.6 WTE vacancy but recruitment cannot occur until this issue is resolved). There is also an issue with smells from adjacent drains.
- Some of the furniture is becoming a little tatty, particularly sofas, and whilst some have been replaced to PICU standard they are not as comfortable etc. Recent replacement of dining tables and chairs has been appreciated.
- Some notice boards have been taken down and not yet replaced. Appears to be an issue with Robertson’s.
- Issues raised in relation to car parking on the Monkwearmouth site which recently resulted in a one hour delay for an MDT. However, staff on the Monkwearmouth site

have highlighted their concerns and initial discussions of how to improve car parking availability have commenced.

#### Staffing:

- Current issues in practice include the difficulties in relation to medical recruitment and the staff present reported an impact on both length of stay and supervision for junior doctors.
- It was considered that a Monkwearmouth Flexi pool might be helpful as they currently share a resource with Hopewood Park.
- Enthusiastic team, well led, but some concerns around the admin recruitment process not tailored to meet the needs of the service and the lack of management involvement in discussions with commissioners.
- Continue to struggle with staffing levels, although the ward is expected to get three preceptors imminently, and whilst three may be difficult to manage two of them have had management placements on the ward and are familiar with the environment.
- The ward has also struggled with medical input, but again there is some additional input due imminently.
- Following staff redeployment there were little signs of people being unsettled, and the ward manager explained that although it had been a difficult process it had mostly gone well. Staff on duty were also given the opportunity to speak to me without the manager being there and they all came across very happy, with several staff saying they really liked where they work.

#### Other points of note include:

- Concerns raised by staff about the use of paper records due to network issues, although this was found to not be a significant issue following investigation by a senior manager.
- Teams reported good practice in relation to the upskilling of nurses around physical health care and also the collaborative work undertaken with the acute trust.
- A 3<sup>rd</sup> sector organisation were commissioned by the CCG to provide support to clients, but the team are becoming increasingly aware that our services are the one currently undertaking the work. This issue is being escalated to the CCG by the service.
- Co-location has been viewed by all concerned to be a very positive feature that has enhanced patient care as well as providing valuable support to staff.
- Fascinating visit which highlighted some of the commissioning challenges going forward due to the increased demand on services. Colleagues were positive that through embracing the principles of collective leadership they will be very much involved in discussions with commissioners as to how these challenges are met.
- Positive visit, staff were very welcoming and the environment was excellent. It was great to hear about innovative and effective multidisciplinary working empowering

women with complex difficulties to progress on their recovery journeys.

- Smoking is a big issue with difficulties being faced in managing this on the ward. The ward manager is seeking help on how to manage this, taking into account a number of different perspectives.
- Starting to see a difference in how the ward works with the Senior Team. A ward away day was held recently and it was felt that the team got a lot out of this.
- Team stressed due to lack of clarity as to its core business, uncertain interface issues, clinical capacity and a recent move of office with little warning with another move imminent, accompanied by withdrawal of administrative support.
- Really positive visit. Staff clearly committed and service users felt well cared for and supported. Some concerns about the level of the variety of food.
- Enthusiastic and caring staff providing great care to a complex client group. Evidence of risk provided by patients increasing over time and being carefully and thoughtfully managed on an open unit.
- Excellent MPRC functioning with Nurse Consultant providing effective clinical leadership and working alongside multi-professional colleagues, team working clinical leadership welcomed and supported by broader staff group.
- Highly motivated, supportive and committed multi-professional team which delivers high quality patient services in a changing and challenging environment.
- The team felt the organisation could help better them by having Discharge Facilitators managed by CHRTs (vs bed management team); increasing clinical pharmacist resource; a more flexible sickness policy approach enabling greater discretion for managers in managing sickness absence; and having more staff and better mobile network coverage.
- The service have developed a package for dementia champions and have worked closely with the Tyne and Wear Alliance in delivering this to all care homes across Sunderland, South Tyneside, Gateshead and domiciliary care across those regions. The package has been selected as one of the national sites of best practice and staff are due to attend the Dementia Congress in Doncaster to hear outcomes of research around this which has been supported by Leeds Beckett, Bradford University, by a 'What Works Study'.
- A highly functioning team with very good leadership, although some concerns have been raised in relation to M-Modal due to the increased complexity of the assessment process.
- Lovely visit to a very enthusiastic team. Whilst recognising that they have had some particular operational pressures they were full of ideas on how to improve the service they provided. Areas of concern were capacity and demand for the service, both from an access perspective and through-put.
- Team with high morale, clarity about their role and supportive of each other, enabling

colleagues to attend wellbeing promotion opportunities. There is excellent cross pathway working and mutual support, including social services.

- Physical health monitoring of old age patients is a high priority and target for GPs, consequently for the organisation to meet our performance targets there is a need to look up the physical health findings on ICE by the GP, copy them and send them back to the GP.
- Team-working ethos bringing good links with social services, working across old age and adult patient groups to provide best fit for patient need.
- Interesting and informative visit, hearing from the staff about some of the key issues they faced including: future configuration of the service; admin pressures which have now started to improve; issues still remain in relation to boundaries in terms of seeing patients and how teams work. Overall the team had a very good coherent feel and being located together was seen as a key factor.

**Risks Highlighted to Board:** None

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

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

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

**Link to Policies and Strategies:** Staff and patient engagement

**APPENDIX 1**

<b>Name of Service</b>	<b>Date</b>	<b>Senior Manager</b>
Fairnington Centre, Hexham General Hospital	7 <sup>th</sup> April	John Lawlor
Cleadon and Mowbray, Monkwearmouth Hospital	6 <sup>th</sup> June	Vida Morris
Autism Diagnostic Service, Keegan Court	3 <sup>rd</sup> July	John Lawlor
Learning Disability Service, Monkwearmouth Hospital	5 <sup>th</sup> July	Jackie Jollands
Community Treatment Team (Non-Psychosis), Jane Palmer Hospital	6 <sup>th</sup> July	Russell Patton
Adult ADHD and ASD Service, Keegan Court	6 <sup>th</sup> July	Dr Jane Carlile
Adult Psychiatric Liaison Team, QE Hospital	24 <sup>th</sup> July	Dr Esther Cohen-Tovee
Clearbrook Female HDU, Hopewood Park	26 <sup>th</sup> July	Dr Esther Cohen-Tovee
Warkworth Ward	31 <sup>st</sup> July	Lisa Crichton-Jones
Step Up Team, The Green, Wallsend	3 <sup>rd</sup> August	Dr Carole Kaplan
Ashby Ward, St Nicholas Hospital	3 <sup>rd</sup> August	Jackie Jollands
Riding, Stephenson, Fraser and Redburn, Ferndene	4 <sup>th</sup> August	John Lawlor
Bluebell Court, St George's Park	8 <sup>th</sup> August	Dr Steve Moorhead
Northumberland CHRT, St George's Park	22 <sup>nd</sup> August	Tim Donaldson
Behaviour Support Team, Monkwearmouth	24 <sup>th</sup> August	Dr Jonathan Richardson
Memory Protection Service, Monkwearmouth	30 <sup>th</sup> August	Dr Jonathan Richardson
Community Treatment Team (Non Psychosis), Dryden Road Clinic	31 <sup>st</sup> August	Lisa Quinn
Community Mental Health Team, Fairnington Centre, Hexham	11 <sup>th</sup> September	Dr Steve Moorhead
Older Peoples CMHT – Newcastle and North Tyneside	14 <sup>th</sup> September	Tim Docking