

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date:	24 th January 2018
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Title and Author of Paper:	Visit Feedback Themes – Quarter 3: October 2017 to December 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
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Executive Lead:	Gary O’Hare, Executive Director of Nursing and Chief Operating Officer
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Paper for Debate, Decision or Information:	Information
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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 quarter, 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:

- Ward is a bright and spacious environment, and all bedrooms have either ensuite facilities or a bathroom shared by two people (same gender). There are also two separate bathrooms with hoist equipment to allow service users to have a bath rather than a shower if desired.
- Ward is light and bright, with all bedrooms having private bathroom facilities. There is a lovely enclosed garden, including a small allotment which has been very popular.
- Issues around security and personal safety whilst working on the CAV site (however, in an effort to provide support all staff have been offered personal alarms).
- Ward is very compact with little space, no outside space and many environmental issues.
- Team are based in the basement of the main hospital (NSEC, Cramlington) and there have been, and remain, accommodation challenges.

- The team are trying to work in premises that are not in a good state and do not support their work. Not only is there a need for space but also for desks (as some admin staff are having to share desks).
- Difficulties with building and office space.
- Ongoing issue with regard to accommodation available to consultant staff with four consultant psychiatrists and one consultant psychologist sharing an office. The room is also occasionally used by two other consultants who visited the service. Some solutions were being worked up last year, but these have since stalled. A number of options were discussed during the visit which will be raised with the group.

Staffing:

- The lack of a consistent Consultant Psychiatrist has had a negative impact, however the ward staff are aware of the efforts being made by the Trust to recruit into this post.
- Current waiting list is proving difficult to manage due to staffing pressures across all disciplines, including medical, nursing and admin.
- Due to a number of experienced clinicians nearing retirement the team wished to raise the issue of succession planning.
- High use of agency / bank.
- Spoke about a range of issues, including central recruitment with some staff having a view that there needs to be full local control over recruitment decisions. Values based recruitment was very much supported.
- There is currently a nurse consultant vacancy within the team, and it is unclear as to why recruitment is not progressing for this as it would be a very valuable addition to the team as a non-medical lead for liaison, clinical supervision and teaching. A temporary Band 7 secondment has been funded for November to April to support clinical leadership in the team due to long term sickness.
- The team does not have enough staff in post at present to meet the demands placed on them.
- A fully staffed team of 52, delivering a service with a high demand and 40% agency staffing, however the clinicians are young and inexperienced and currently need a lot of supervision (which is provided freely and expertly).
- Well organised team with good morale.
- A fantastic team spirit showing passion and enthusiasm, working in conditions that are not ideal from an accommodation perspective and very demanding from a clinical perspective.

Other points of note include:

- Lots of activities provided for service users, with main living room being used as a games room once a week which is a lively occasion, and there is also a balcony to allow outside access and fresh air. Co-produced posters are displayed, including a 'tree of positivity' and a poster about flu vaccination. A very positive visit with no concerns to raise.
- A very person centred and effective team, however staff often have difficulties making referrals for assistance through social services and communication can be poor, for example Social Services contacting a person by telephone despite emphasis having been placed on the fact that the individual had hearing difficulties.
- The team spoke passionately about the services they provide and the support they deliver to service users stepping down from inpatient services. The team are also going to explore the development of out of hospital models to replace current inpatient locked rehab services.
- Warm and friendly environment with dedicated staff working tirelessly in a very demanding service area.
- Team recently enjoyed a visit from Jeremy Hunt and the opportunity to talk to him about their work. They have also hosted visits from other trusts wanting to learn about the model, its success and the overall NSEC model.
- Ward has been full for a while but there is currently an empty bed which, due to levels of violence and nursing in seclusion for over a year, is being kept empty for a short time to give staff some time to re-energise and recharge before any new admission.
- Concern expressed by a member of staff with regard to decisions made by the Director on call which subsequently impact on the unit (mainly in relation to inappropriate admissions, particularly when made by non clinical directors).
- One of the particular initiatives that impressed was the involvement of patients in all aspects of co-production and the department have been asked to confirm details of these initiatives when embedded so they can be used in other services within the Trust.
- Concerns around bed pressures at the time of visit.
- Team members concerned about the future of service in light of transforming care.
- The team showed me information they were developing relating to the positive impact their service has on acute admissions, which was corroborated by the member of staff that I spoke to from Northumbria Healthcare.
- The team were very proud of their ability to implement and maintain the PCP episodic model and care for the client group, and of the fact they were able to achieve and maintain a four week wait to treatment.

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 are asked to receive this report for information.

Link to Policies and Strategies: Staff and patient engagement

APPENDIX 1

Name of Service	Date	Senior Manager
Gateshead EIP Team	10 th August 2017	Rajesh Nadkarni
Community Treatment Team – Psychosis AOT / EIP, Tranwell Unit	24 th August 2017	Jonathan Richardson
Forensic Learning Disability Community Transition Team / Secure Outreach Transitions Team (SOT)	2 nd October 2017	Lisa Quinn
Ward 4, Walkergate Park	4 th October 2017	Esther Cohen-Tovee
Neuropsychiatry Community Team	4 th October 2017	Esther Cohen-Tovee
Community Forensic Personality Disorder Team	13 th October 2017	Carole Kaplan
Hauxley Ward	23 rd October 2017	Esther Cohen-Tovee
Newcastle & North Tyneside Crisis Service	25 th October 2017	Tim Docking
Lowry / Collingwood Court	26 th October 2017	Lisa Crichton-Jones & Tim Docking
Memory Assessment Service, CAS	31 st October 2017	Lisa Quinn
Severe and Dangerous Personality Disorder Unit, Frankland Prison	1 st November 2017	Lisa Crichton-Jones
Older Peoples Community Mental Health Team, Monkwearmouth Hospital	3 rd November 2017	Lisa Quinn
Newcastle Psychiatric Liaison Team	14 th November 2017	Esther Cohen-Tovee

Name of Service	Date	Senior Manager
Recovery College, Newcastle	24 th November 2017	Lisa Crichton-Jones
Newcastle & Gateshead CYPS, Benton House	27 th November 2017	Tim Docking
Tyne and Sports Department, Northgate	28 th November 2017	Tim Docking
Newcastle North and East CMHTs	30 th November 2017	Tim Docking
Inpatient Wards – Newcastle & Gateshead	November 2017	Tim Docking
Step Up Hub, Jane Palmer Community Hospital	5 th December 2017	Esther Cohen-Tovee
Northumberland Liaison Team, NSEC, Cramlington	6 th December 2017	Lisa Crichton-Jones
North & East Community Mental Health Team	8 th December 2017	Carole Kaplan
Northumbria Specialist Emergency Care Hospital	15 th December 2017	Lisa Quinn
South Tyneside Community Mental Health Team	20 th December 2017	Rajesh Nadkarni
Aidan Ward, Bamburgh Clinic	21 st December 2017	Lisa Crichton-Jones
Stephenson, Ferndene	21 st December 2017	Lisa Crichton-Jones