Board of Directors Meeting (PUBLIC)

26 September 2018, 13:30 to 15:30
Board Room, St Nicholas Hospital, Gosforth, NE3 3XT

Agenda

1. Service User/Carer Experience

Information

2. Apologies

Information

Chair

3. Declarations of Interest

Information

Chair

4. Minutes of the previous meeting: Wednesday 25 July 2018

Decision

Chair

4 - Minutes 25 July 2018 Board (PUBLIC).pdf (8 pages)

5. Action list and matters arising not included on the agenda

Discussion

Chair

5 - Action List.pdf (1 pages)

6. Chair's Remarks

Information

Chair

7. Chief Executive's Report

Information

Chief Executive

7 - CE Report Sept2018 FINAL.pdf (3 pages)

7.1 - Appendix 1. Q1 Perfroamce of the NHS Provider sector.pdf (65 pages)

7.2 - Appendix 2 - NHS Providers briefing draft ICP contract.pdf (6 pages)

Quality, Clinical and Patient Issues

8. Safer Care Annual Report

Discussion

Executive Director of Nursing/ Chief Operating Officer

8 - Safer Care Annual Report July 2018.pdf (28 pages)

9. Infection Prevention and Control Annual Report

Discussion

Executive Director of Nursing/ Chief Operating Officer

9 - IPC Annual Report 2017-18 v6 (2).pdf (30 pages)

10. Safeguarding Annual Report

Discussion

Executive Director of Nursing/ Chief Operating Officer

10 - Safeguarding Annual Report 2017-18.pdf (13 pages)

11. Positive and Safe Annual Report

Discussion

Executive Director of Nursing/ Chief Operating Officer

11 - Positive and Safe Care annual report 2017-18 final.pdf (28 pages)

12. Research and Development Annual Report

Discussion

Executive Medical Director

12 - RD Annual Report 201718 for Board FINAL.pdf (28 pages)

13. Annual Dean's Quality Meeting

Discussion

Executive Medical Director

13.1 - ADQM.pdf (1 pages)

13.2 - ADQM Summary (ADQM Agenda and actions arising).pdf (8 pages)

13.3 - NTW 2018 HEE NE QReport FINAL.pdf (6 pages)

14. Integrated Commissioning and Quality Assurance Report (Month 5)

Discussion

Executive Director of Commissioning and Quality Assurance

14 - BoD Monthly Commissioning Quality Assurance Report Month 5.pdf (47 pages)

15. Committees Terms of Reference Annual Review and Committees Annual Review of Performance

Decision

Executive Director of Commissioning and Quality Assurance

15 - Board Sub Committee ToR Annual Review 2018.pdf (32 pages)

16. CQC Focused Inspection Reports

Discussion

Executive Director of Commissioning and Quality Assurance

16.1 - Board CQC Focussed Inspection Reports.pdf (2 pages)

17. CQC Action Plans 2018

Discussion

Executive Director of Commissioning and Quality Assurance

17 - BoD - CQC Action Plans 2018.pdf (10 pages)

Workforce

18. Workforce Directorate Quarterly update

Discussion

Acting Executive Director of Workforce and Organisational

18 - Quarterly Workforce Report - Sept 2018.pdf (8 pages)

Minutes/Papers for Information

19. Committee updates

Information

Non-Executive Directors

20. Council of Governors' Issues

Information

Chair

21. Any other Business

Chair

22. Questions from the Public

Discussion

Chair

Date, time and place of next meeting:

23. Wednesday, 24 October 2018, 1:30 pm to 3:30 pm, Conference Room 1 & 2, Ferndene, Prudhoe, NE42 5PB

Information

Chair

Board of Directors Meeting (PUBLIC)

25 July 2018, 14:00 to 16:00
Kiff Kaff, St George's Park, Morpeth, NE61 2NU

Northumberland, Tyne and Wear NHS Foundation Trust

Attendees

Board members

Les Boobis (Non-Executive Director) , Alexis Cleveland (Non-Executive Director) , Martin Cocker (Non-Executive Director) , James Duncan (Executive Director of Finance and Deputy Chief Executive) , Miriam Harte (Non-Executive Director) , Ken Jarrold (Chair) , John Lawlor (Chief Executive) , Rajesh Nadkarni (Executive Medical Director) , Gary O'Hare (Executive Director of Nursing and Chief Operating Officer) , Lynne Shaw (Acting Executive Director of Workforce and Organisational Development) , Peter Studd (Non-Executive Director) , Ruth Thompson (Non-Executive Director)

In attendance

Anna Foster (Deputy Director of Commissioning and Quality Assurance) , Damian Robinson (Group Medical Director, Patient Safety) , Chris Rowlands (Equality and Diversity Lead) , Jennifer Cribbes (Corporate Affairs Manager) , Anne Moore (Group Nurse Director, Safer Care) , Sunil Nodiyal (Consultant Psychiatrist) , Eilish Gilvarry (Deputy Medical Director)

Meeting minutes

1. Service User/Carer Experience

Information

2. Apologies

Information
Chair

Ken Jarrold opened the meeting and welcomed those in attendance.

Apologies were received from Lisa Quinn, Executive Director of Commissioning and Quality Assurance. Anna Foster, Deputy Director of Commissioning and Quality Assurance was in attendance to deputise for Lisa.

3. Declarations of Interest

Information
Chair

Item 8 - NHS Pay Award and Item 11 - Business Case: Provision of Outpatient Dispensing Services by NTW Solutions Limited
Peter Studd, Non-Executive Director and James Duncan, Deputy Chief Executive/Executive Director of Finance, declared an interest in relation to agenda items 8 and 11 due to being members of the NTW Solutions Board.

Item 10 - Business Case: Cumbria
Gary O'Hare, Executive Director of Nursing/Chief Operating Officer, declared an interest in relation to item 10. Gary advised that from Monday 23 July 2018 he was working 2.5 days per week at Cumbria Partnership NHS Foundation Trust as Executive Director for Mental Health and Learning Disability Services.

4. Minutes of the previous meeting: Wednesday 27 June 2018

Decision
Chair

The Board agreed that the minutes of the 27 June 2018 were a true and accurate record of the meeting.

2 - Draft Minutes 27 June 2018.pdf

5. Action list and matters arising not included on the agenda

Discussion
Chair

Action (9) 23.05.18
James Duncan provided an update on the outcome of discussions relating to
Payroll costs. James advised that savings had been made against the payroll costs (transaction/per person). However, the number of staff, and therefore the number of transactions had increased which has almost negated the saving.

5 - Action List.pdf

6. Chair's Remarks

Information
Chair

Ken Jarrold had nothing additional to update the Board with.

7. Chief Executive's Report

Information
Chief Executive

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates.

John provided further detail in relation to the Trust's Annual Members' Meeting, Human Factors training, Project Choice graduation, Northumberland Transformation Board, Integrated Care System Mental Health Steering Group and the National pay award.

In relation to the Integrated Care System Mental Health Steering Group, James Duncan advised that a workshop will be held on the 30 October 2018 to showcase the work that have been progressed across the seven areas of focus.

Gary O'Hare informed the Board that formal approval had been received from the NMC to allow NTW Academy to run a nursing degree programme. Gary further highlighted that NTW is the first Trust in the Country to deliver nurse degree level training.

Anna Foster advised that the results of the recent CQC inspection are due to be published imminently. Anna advised that the detailed report would contain areas for improvement as well as areas of outstanding practice.

James Duncan provided an update on the work of the CEDAR Board. James advised that the capital bid for Integrated Secure Services and Delivering Together had been prioritised by the Integrated Care System Leads and work had now commenced on the detailed plan and design.

The Board received and noted the contents of the Chief Executive's report.

7 - CE Report July 2018.pdf

Quality, Clinical and Patient Issues

8. Flu Plan 2018-19

Decision
Executive Director Of Nursing/Chief Operating Officer

Anne Moore presented the Seasonal flu vaccination plan 2018/19 to the Board for approval. Anne referred to the plan and explained the key points, including, the lessons learned event in March, the challenging CQUIN target for 2018/19, vaccination of staff, carers and patients and the intensive communications campaign.

Discussion took placed regarding the number of staff that are required to be vaccinated to achieve the 2018/19 CQUIN target, the vaccination of staff employed by partner organisations who work on NTW premises, the reasons staff opt out of receiving the vaccine and the potential for using an opt-out form.

In response to a question raised by Les Boobis regarding the effectiveness of the vaccines, Anne advised she would ensure that the quadrivalent vaccine is offered to inpatients and staff.

The Board approved the Seasonal flu vaccination plan 2018/19

8 - Flu Plan 2018-19 VERSION 2.pdf

9. Guardian Report on Safe Working Hours (Q1)

Discussion
Executive Medical Director

Rajesh Nadkarni spoke to the enclosed report to update the Board on safe working hours of Junior Doctors, April to June 2018. Rajesh referred to page 5 of the report and provided detail in relation to a fine during the last quarter which was the result of a Junior Doctor having insufficient rest between shifts.

The Board received the Guardian Report on Safe Working Hours for the quarter 1 period.

9 - Quarterly Report on Safe Working Hours (Apr to Jun 2018).pdf

10. Medical Revalidation submission

Decision
Executive Medical Director

Sunil Nodiyal, Consultant Psychiatrist and Eilish Gilvarry, Deputy Medical Director spoke to the enclosed report to provide the Board with an update on the Trust's current compliance with GMC medical revalidation. Eilish advised that it had been a very successful year in terms of compliance with only one appraisal being non-compliant which was subsequently completed within two weeks.

The Board was made aware that the first five year cycle of revalidation had ended and a new cycle commenced in January 2018. As a consequence of this, the Trust is now working to further develop CPD for doctors, improve the quality of appraisals and improve support for overseas doctors.

Elish thanked her team for their work in relation to GMC revalidation.

In response to a question raised by Les Boobis regarding those who had 'reasonable excuses', Eilish explained that maternity leave is an example of a 'reasonable excuse' as doctors are not at work to gather evidence. Eilish further explained that the one individual, detailed in the report, who had failed to engage with the process has now fully engaged.

John Lawlor and Rajesh Nadkarni thanked Eilish and her team for their work in relation to GMC revalidation.

The Board approved the sign off of the statement of compliance for the higher level responsible officer for NTW and St Oswald's Hospice.

10 - 1. Medical Revalidation Submission.pdf
10 - 2. Medical Revalidation Annual Board Report NTW.pdf
10 - 3. Revalidation Report - ST OSWALD'S HOSPICE.pdf
10 - 4. NHSE Board Report Template.pdf
10 - 5. Statement of Compliance St Oswalds.pdf
10 - 6. Statement of Compliance NTW 2018.pdf

11. Smoke Free update

Discussion
Executive Director Of Nursing/Chief Operating Officer

Damian Robinson spoke to the enclosed Smoke Free report to update the Board on actions undertaken during the last year to strengthen the support offered to service users to reduce harm from smoking.

Damian provided further detail in relation to the Trust's Internal Auditor's audit of the implementation of the trust-wide smoke free policy, the relaunch of the smoke free group, the independent external evaluation on the implementation of smoke free and the use of e-cigarettes.

In response to a question raised by Peter Studd relating to the fire risk associated with smoking, Damian advised that there are few incidents in the Trust that are directly related to the act of smoking itself. However, most fires are set deliberately using lighters. Gary O'Hare advised that a business case would be presented to Board in the coming months in relation to the purchase of metal detectors that can detect lighters.

In response to a question raised by John Lawlor, Damian advised that the decision regarding the use of e-cigarettes would be concluded soon as he is currently working through the logistics and risk assessing the potential products.

The Board received and noted the Smoke Free update.

11 - Smoke Free Update VERSION 2.pdf

12. Safer Care Report (Q1)

Discussion
Executive Director Of Nursing/Chief Operating Officer

Damian Robinson spoke to the enclosed report to update the Board on safety related activity for the period April to June 2018. Damian highlighted two new additions to the report which were the safety thermometer and safeguarding and public protection sections. Damian further advised that information could be added from the new Learning and Improvement Group meeting that would provide information in relation to changes in practice.

Ruth Thompson explained that the Quality and Performance committee had received a report from a Coroner who commended the safety processes in the Trust.

Ken Jarrold advised that he was impressed at how the Trust had integrated all aspects of safer care into one team.

The Board received and noted the contents of the Safer Care Report for quarter 1.

12 - Q1 Safer Care Report (including Learning From Deaths) Board of Director...pdf

13. Safer Staffing Levels (Q1) Including 6 monthly skill mix review.

Discussion
Executive Director Of Nursing/Chief Operating Officer

Gary O'Hare spoke to the report to provide the Board with an update in relation to safer staffing compliance for quarter 1. This included the ratio of qualified to unqualified staff, exceptions and the six monthly skill mix review of current staff.

Gary highlighted page 6 of the report that provided detail on the very successful recruitment campaign, led by Anne Moore that resulted in approximately 60 - 70 students being offered posts who will join the Trust as newly qualified staff nurses in the Autumn

The Board received and noted the contents of the Safer Staffing Levels report for the quarter 1 period.

13 - Safer Staffing Q1 - Six Month Skill Mix Review.pdf

14. Visit Feedback Themes

Discussion
Executive Director Of Nursing/Chief Operating Officer

Gary O'Hare presented the report to update the Board on visits that have been reported as having been undertaken by Senior Managers during the last quarter and the issues raised.

In response to a question raised by Les Boobis, Gary advised that some of the comments in relation to 'space' are from NTW staff working within another Trust's estate and is, therefore, more difficult to resolve.

A discussion took place in relation to remote working, digital dictation, issues experienced by staff who work remotely and ongoing plans to make improvements.

The Board received and noted the content of the Visit Feedback Themes report for the quarter 1 period.

14. Feedback from Service Visits (6 month report - Jan to Jun 2018).pdf

15. Service User and Carer Experience (Q1)

Discussion
Deputy Director Of Commissioning And Quality Assurance

Anna Foster spoke to the enclosed report to update the Board on the service user and carer experience feedback received for quarter 1. Anna advised that there had been a slight decrease in the Friends and Family Test score which was 88% for quarter 1 compared to 89% in the previous quarter. Anna advised that this score was broadly in line with the national average. Anna further highlighted that the scores in the report had been presented by Clinical Business Unit for the first time.

In response to a question raised by Les Boobis in relation to the spider chart on page 5 of the report, Anna advised that the chart would be corrected.

The Board received and noted the Service User and Carer Experience report for quarter 1.

15 - Service User and Carer Report Q1.pdf

16. Integrated Commissioning and Quality Assurance Report (Q1, Month 3)

Discussion
Deputy Director Of Commissioning And Quality Assurance

Anna Foster spoke to the report to update the Board in relation to the Trust's position against the Single Oversight Framework (SOF). It was confirmed that the Trust was on track to meet all CQUINs and quality priorities.

James Duncan provided an update on the Trust's financial position detailed within the report and confirmed that the Trust is broadly on track with the 2018/19 financial plan.

Les Boobis commented on the positive reduction in relation to the use of agency and locum staff.

John Lawlor advised that the Trust is particularly focused on improving two main issues which are waiting times and staff sickness. Ruth Thompson expressed the importance of communicating well with individuals on waiting lists as on many occasions those dissatisfied have experienced a lack of communication. Gary O'Hare advised that the Groups had already been working on improving communications with those on waiting lists at a recent away day. Gary offered to share the presentation slides with Board members.

The Board received and noted the Integrated Commissioning and Quality Assurance Report.

16 - Commissioning Quality Assurance Report 18-19 month 3.pdf

17. Board Assurance Framework and Corporate Risk Register

Discussion
Deputy Director Of Commissioning And Quality Assurance

Anna Foster spoke to the Board Assurance Framework and Corporate Risk register and advised that there has been a decrease in the overall number of risks held on the register from 12 to 10. Anna further advised that work was ongoing to review the risk appetite descriptions and develop a risk appetite table which will be presented to the Board in September 2018.

John Lawlor requested that risks in relation to the Cumbria business case be added to the register.

Alexis Cleveland advised that the new information included in the report that shows where risks have exceeded the risk appetite was very useful.

The Board received and noted the Board Assurance Framework and Corporate Risk Register.

17 - 1.Board Of Directors Trust Risk Management Report July 2018.pdf
17 - 2. Q2 BAF CRR 2018 - 2019.pdf

Strategy and Partnerships

18. Delivering Transforming Care in CYPS: Closure of the Riding ward

Decision
Executive Director Of Nursing/ Chief Operating Officer

Ken Jarrold referred to previous discussions held that morning in relation to delivering transforming care in children and young peoples services and subsequently the closure of the riding Ward at Ferndene. Ken asked the Board if they were content to approve the Business Case.

The Board approved the closure of the Riding Ward at Ferndene to support the delivery of transforming care in children and young people's services.

18 - Transforming Care and New Models of Care Summary Business Case - Public .._ VERSION 2.pdf

19. Provision of Outpatient Dispensing Services by NTW Solutions Limited.

Decision
Executive Medical Director

Ken Jarrold referred to previous discussions held that morning and at a previous Board meeting in relation to transferring the provision of outpatient services to NTW Solutions Ltd and asked the Board if they approve the business case.

Alexis Cleveland noted the assurances that had been provided by Tim Donaldson, Chief Pharmacist and Controlled Drugs Accountable Officer in relation to the quality of the service that will be delivered by NTW Solutions.

The Board approved the business case to transfer the provision of outpatient dispensing services to NTW Solutions Limited.

19 - Business Case - Provision of Outpatient Dispensing Services by NTW Solutions Limited.pdf

Workforce

20. Staff Friends and Family Report

Discussion
Acting Executive Director Of Workforce And Organisational Development

Lynne Shaw spoke to the enclosed report to update the Board on the quarter one results of the Staff Friends and Family Survey. Lynne highlighted that the Trust remains above the national average in relation to the proportion of staff recommending NTW to friends and family as a place to work and results had increased in the quarter from 70% to 72%.

Lynne referred to the thematic analysis of free text comments on page 11 of the report and advised that the greatest feedback from staff was in relation to staffing levels.

Lynne brought the Board's attention to the last three pages that included actions taken in response to comments made during the previous quarter.

Ruth Thompson and Peter Studd expressed concerns in relation to the comment regarding individuals getting cut off when ringing the Crisis Team. Ken Jarrold requested that the issue is explored and a further update provided to the Board.

James Duncan referred to the results for the Deputy Chief Executive group of staff and explained that organisations hosted by NTW are included, such as AuditOne and NTW Solutions. James explained that many staff score 'not applicable' and it is difficult to understand if individuals are completing the survey about NTW as some staff may not necessarily see NTW as being their employer. James explained that work was ongoing to understand the scores further in the Deputy Chief Executive group.

The Board received and noted the Staff Friends and Family Report for quarter 1.

20 - Staff Friends and Family Test Qtr1 (2018-19) V1 2018.pdf

21. Equality and Diversity WRES update

Discussion
Acting Executive Director Of Workforce And Organisational Development

Chris Rowlands spoke to the enclosed report to provide an update in relation to the Trust's position against the Workforce Race Equality Standard and Equality Delivery System which are both requirements of the NHS standard contract.

Chris provided further information in relation to BME statistics for recruitment, experience of discipline and grievance, disclosure of protected characteristic information and statutory and mandatory training.

Ken Jarrold referred to pages 6 and 7 of the report and expressed concerns in relation to the number of individuals with BME backgrounds in senior grades.

Chris further referred to the report and the Trust actions identified in the WRES submission. Lynne Shaw advised that a new Equality and Diversity Strategy for 2018-2022 is currently in development which will support the actions. Lynne confirmed that the strategy will be presented to the Board in the coming months.

John Lawlor advised that there is a local group made up of senior members of NHS Trusts and partner organisations who are working (across the North East and Cumbria) on improving equality and diversity issues.

Ken Jarrold asked if the data had been shared with the Trust's BAME group. Chris confirmed that the data had been shared. However, the BAME Group is not very well attended.

The Board received and noted the update.

21 - EDS2 WRES Trust Board Report July 2018.pdf

Regulatory

22. NHS Improvement Single Oversight Framework (Q1)

Discussion
Deputy Director Of Commissioning And Quality Assurance

Anna Foster referred to the enclosed report that provides an update in relation to the Trust's position against the Single Oversight Framework in quarter 1.

The Board received and noted the Trust's quarter 1 position.

22 - NHS Improvement Single Oversight Framework (Q1).pdf

Minutes/Papers for Information

23. Committee updates

Information
Non-Executive Directors

Quality and Performance Committee
Ruth Thompson advised that Anne Carlile, Trust Governor and Governor Representative on the Quality and Performance Committee had been successfully elected to the national NHS Providers, Governor Advisory Committee.

Mental Health Legislation Committee
Ruth Thomspon extended an offer to all Non Executive Directors to undertake training to become Mental Health Legislation Panel members.

Audit Committee
Martin Cocker advised that there was nothing significant to update from the last meeting of the Audit Committee.

Resource and Business Assurance Committee
Peter Studd advised that there was nothing significant to update from the last meeting of the Resource and Business Assurance Committee.

24. Council of Governors' Issues

Information
Chair

Ken Jarrold provided a verbal update in relation to the ongoing one to one meetings with Trust Governors. Ken advised that he had met with most Governors and therefore the meetings had nearly concluded. Ken reinforced that he was very impressed with the skills and wealth of knowledge that NTW Governors have.

Ken further advised that work was commencing on the Governor election process.

The Board received the Chair's update on Council of Governor issues.

25. Any other Business

Chair

There was no further business to note for this meeting.

26. Questions from the Public

Discussion
Chair

There were no questions raised from members of the public in attendance.

Date, time and place of next meeting:

27. Wednesday, 26 September 2018, 1:30 to 3:30pm, St Nicholas Hospital, Gosforth, NE3 3XT.

Information
Chair

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Action Sheet

Item No.	Subject	Action	By Whom	By When	Update/Comments
Month July 2018					
50/18	Safer Care Violence and Aggression	Board to be kept updated on progress within the Positive and Safe Strategy	Damian Robinson/ Gary O'Hare	26/09/18	On the agenda for September Board
(8) 23.05.18	Annual Security Management Report	The Board to receive progress reports in relation to lone working devices	Tony Gray/ Gary O'Hare	24/10/18	Update to be included in the Q2 Safer Care Report
(17) 25.07.18	Board Assurance Framework and Corporate Risk Register	NTW involvement with Cumbria to be added to the Corporate Risk Register	Lisa Quinn/ Anna Foster	26.09.18	
Complete					
(9) 23.05.18	Integrated Commissioning and Quality Assurance Report	The Board to receive an update on the outcome of discussions relating to Payroll costs and Legal costs	James Duncan	July 2018	Update provided 25 July 2018 Item 5 of the minutes 25 July 2018
21/18	Safer staffing	Possible development session re care hours per patient day	Gary O'Hare	To be added to Board cycle	Added to the list of Board Development Topics
50/18	Safer Care Summary of changes to practice	Changes to practice to be added to all serious incident templates	Damian Robinson/ Gary O'Hare	July 2018	Complete an update will be provided on the 26 September 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	26 September 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 update

1. Psychosis Continuous Professional Development (CPD) Event
2. NHS Staff Survey

National update

3. Quarter 1 performance of the NHS provider sector ended 30 June 2018
4. Draft Integrated Care Provider Contract
5. Key questions for the future of STPs and ICSs

Outcome required: For information

Chief Executive's Report

26 September 2018

Trust updates

1. **Psychosis Continuous Professional Development (CPD) Event**
   The Trust hosted a Psychosis Continuous Professional Development (CPD) Event on Monday, 17th September 2017. The event was oversubscribed, and attended by 75 delegates from Medical, Psychology and Nursing backgrounds (from NTW, TEWV & the private health sector). Speakers included clinicians from the Trust and national experts such as Professor Nicol Ferrier, Emeritus Professor of Psychiatry, Institute of Neuroscience, Newcastle University and Professor Mike Crawford, Professor of Mental Health Research, Imperial College London.

   Initial feedback has been very complementary "Very well organised conference with a variety of topics and speakers", "one of the best conferences I've attended as a Consultant for a long time. Well done!", "Found the event really helpful, I'm Psychology background and thought it was still easy to follow. Thank you". This event is one of the many CPD events delivered by the Trust, with an annual programme dealing with a range of clinical topics, popular amongst mental health clinicians and GPs in the North East and Cumbria.

2. **NHS Staff Survey**
   The NHS Staff Survey 2018 will be launched imminently and will close at the end of November 2018. This is the final year of our three year contract with Quality Health who co-ordinates the survey on our behalf. All staff across the Trust will be asked to complete the survey rather than the alternative option of conducting a sample survey. However, results for NTW Solutions will not be included as part of the national results that will be published by NHS England. This is due to staff within subsidiary companies not being employed in the NHS.

   A mixed model of circulation has been agreed again this year with both e-mail and paper copies being utilised depending on locality and/or work setting. In addition to the core survey, two local questions will be asked relating to Trust values and also physical violence from managers or work colleagues. A communications plan is in place for the duration of the survey.

National updates

3. **Quarter 1 performance of the NHS provider sector ended 30 June 2018**
   NHS Improvement have published their quarterly performance report on the NHS provider sector as at 30 June 2018, which I have attached as Appendix 1.

   The start of the financial year saw frontline staff cope with record A&E attendances, high bed occupancy levels and improved discharge rates. The sector ended the quarter £814 million in deficit - £22 million better than planned at the beginning of the year but £78 million worse than the same quarter last year.

4. **Draft Integrated Care Provider Contract**
   NHS England has launched a consultation on its draft Integrated Care Provider (ICP) contract. The attached briefing sets out the key features of the draft contract as well as the supporting documents that have been published. The contract is intended to support NHS England's ambition to integrate health and care services. The draft contact is at Appendix 2.

5. **Key questions for the future of STPs and ICS**
   NHS Providers have published a briefing of work on sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). The briefing summaries recent developments relevant to system working; sets out the state of play for STPs and integrated care systems (ICSs); and seeks to offer answers to a number of questions arising from the national policy focus on collaboration and integration. The briefing states that there is broad consensus that trusts and their partners need to work collaboratively to integrate care for patients and make best use of collective resources. The forthcoming ten-year NHS plan creates a pivotal moment for the national bodies to engage the sector and provide clarity on the desired 'end state' for STPs and ICSs in order to achieve this.

   The briefing tackles some of the outstanding questions surrounding STPs and their future development and, tentatively, supplies some answers. Here is the link to the briefing *Key questions for the future of STPs and ICSs*.

NHS Improvement

Performance of the NHS provider sector for the quarter ended 30 June 2018

Contents

Overview at Quarter 1, 2018/19 (1/5)

Introduction

In the NHS's 70th year we have an opportunity to celebrate the huge medical advances it has made and treatments it pioneered, like the world's first liver, heart and lung transplant. It continues to drive innovations in patient care, such as mechanical thrombectomy to improve stroke survival, bionic eyes to restore sight, and surgical breakthroughs such as hand transplants. None of this would be possible without the skill, dedication and compassion of its 1.5 million staff who demonstrate great resilience and commitment in providing care for patients every day.

As today's NHS meets the challenge of a growing and ageing population, pressures on the service are greater than ever. Providers entered 2018/19 facing a substantial financial challenge, having ended 2017/18 with a deficit of £966 million. Yet more than two-thirds finished the year on target or better – the result of their hard work to tightly manage finances during the year.

At the end of Quarter 1, the provider sector forecasts it will finish the year on plan. However, this is against a current planned deficit for the year of £519 million. This is clearly unaffordable, and NHS Improvement and NHS England regional colleagues have been working with the most challenged health economies to identify actions to close the residual local planning gap. The work has also identified further opportunities for improvement in some organisations and systems already meeting their original control totals. Once this further work has been completed, providers will update their plans to reflect the improved position.

Staff continue to work extremely hard to care for patients, including the 6.23 million people who came to accident and emergency (A&E) during Quarter 1, 3.7% more than the same period last year. This continues the upward trend of the last three years when the Quarter 1 figures increased by 3.2% and 1.9% respectively. Overall, providers succeeded in treating more emergency patients within the key operational standard, despite the extremely challenging environment. However, record demand for services and variations in providers' performance affected overall A&E performance, which at a national level declined to 89.9% compared to 90.3% in the same period last year.

The delivery of plans in 2018/19 is an essential foundation for the longer-term sustainability of services, particularly in view of the underlying deficit reported by trusts for the provider sector of £4.3 billion gross (£1.85 billion net if it is assumed that the Provider Sustainability Fund (PSF) is deployed in the provider sector in future). On 18 June, the Prime Minister announced a funding settlement for the NHS in England for the next five years, beginning in April 2019. In return, the government asked the NHS to produce a long-term plan by the autumn, setting out our ambitions for improvement over the next decade and our plans for achieving them over the five years of the funding settlement. Preparation of the long-term plan will enable the NHS to build its response to the challenges and opportunities ahead. It is therefore crucial that boards take the necessary actions to deliver the plans they have signed up to this year as any shortfall in delivery during 2018/19 would have significant implications for the following year.

Overview at Quarter 1, 2018/19 (2/5)

Despite intense operational pressure, NHS staff saw more people in under four hours than in the same period last year

Demand for hospital services continued to increase. There were over 1.14 million emergency admissions via A&E (type 1), 6.2% more than the same period last year. A&E performance remains significantly below NHS Constitution standards. Performance in June was 90.7%, which was better than the previous month (90.4%) and the same as June 2017. Providers succeeded in treating more emergency patients within the key operational standard: they saw 5,602,531 patients in under four hours compared with 5,427,860 in the same period last year.

The total non-elective activity admissions from all sources, not just A&E, have also increased by 5.1% from the previous year. This consists of a +10% increase on zero length of stay patients and an increase of +2.9% for patients who remain in a hospital for one day or longer.

Freeing bed capacity will improve providers' ability to perform elective work and prepare for winter

Alongside rising demand, high levels of bed occupancy and delayed discharges affected providers' ability to admit patients needing planned care.

Overall, providers made progress in reducing delayed discharges. There were 274,815 acute bed days – or 2,987 beds – lost to patients awaiting discharge who did not need to be in an acute hospital bed. This is a reduction of 74,863 bed days delayed compared with the same period last year, equivalent to freeing over 800 beds to offset the continuing increase in emergency admissions that leads to very high occupancy levels.

In response to feedback from providers about capacity constraints, there is a new national ambition to lower bed occupancy by reducing the number of long-stay patients (and long-stay bed days) in acute hospitals. Around one-fifth of beds are occupied by patients who have already been in hospital for more than three weeks. Many are older people who may deteriorate if they stay in hospital. The ambition is to reduce by 25% the number of long-stay patients (those with a length of stay of 21 days and over) by December 2018 from the 2017/18 baseline – equivalent to freeing over 4,800 beds. This will free capacity, beds and staff time, enabling more patients to be treated and improving the flow of those being admitted via A&E.

At 30 June 2018 we had already reduced the number of long-stay patients by the equivalent of nearly 900 beds (some of these beds will also be included in delayed discharge bed numbers above). While this is good progress, the ambition remains challenging and it is especially important we free much-needed capacity before winter.

We are learning from last winter and focusing on what we know will have the biggest impact on access and quality of care for patients. In Quarter 1, NHS 111 received nearly 4 million calls, an increase of over 43,000 on the same period last year. This quarter also saw the highest ever proportion of NHS 111 calls triaged with clinical input: an average of over 50%. In addition, all ambulance trusts in mainland England implemented new ambulance response standards.

Overview at Quarter 1, 2018/19 (3/5)

Results are mixed on performance standards for planned care

Providers failed in aggregate to achieve the waiting-time standard of only 1% of patients waiting over six weeks for 14 of the 15 key diagnostic tests: 26.3% waited more than six weeks. This decline was driven by an increase in waiting times for endoscopy tests, which account for about 11.3% of the diagnostics waiting list.

In response to increasing demand, more patients began cancer treatment (40,568, an increase of 4,232 on the same quarter last year) and four of the cancer waiting-time standards were not achieved. This falls short of the level patients should expect.

At the end of June 2018, 87.4% of patients waiting to start treatment (incomplete pathways) had been waiting no longer than 18 weeks, compared with the standard of 92%. In the same period last year performance was 90.0%. Yet providers succeeded in treating more patients within 18 weeks this year: 3.46 million compared with 3.43 million during the same period last year.

Operational pressures continue to have a material impact on NHS finances

At 30 April 2018, the provider sector's financial plans for 2018/19 showed an overall planned deficit of £602 million (after distribution of £2.45 billion through the Provider Sustainability Fund – PSF), with an expectation that this could be improved with further intensive review. The final plan at 2 July showed a forecast deficit of £519 million, assuming the Agenda for Change pay awards were fully funded. Work continues to identify further savings and incentives to close the planning gap with a view to securing a balanced financial position for the NHS in 2018/19.

In 2018/19 the PSF replaced the Sustainability and Transformation Fund introduced in 2016/17 to encourage trusts to provide sustainable, efficient, effective and economic care. The PSF has the same aims, and the government injected an additional £650 million, focused on achieving sustainability, accelerating financial recovery and improving urgent and emergency care.

The provider sector reported a year-to-date deficit of £814 million – £22 million better than planned but £78 million worse than Quarter 1 last year. The positive variance to plan was due to income above plan amounting to £42 million and the balance of the uncommitted PSF being £48 million higher than planned. This offset adverse variances against plan.

Sixty-one providers reported an adverse year-to-date variance after including the PSF at Quarter 1. One trust had a variance of over £5 million. If the PSF is excluded, 25 providers had adverse year-to-date variances and none were over £5 million. Key factors cited by trusts in contributing to adverse variances include slippage in planned efficiency savings, cost pressures relating to temporary staffing and substantive workforce pressures.

Overview at Quarter 1, 2018/19 (4/5)

Agency spend remains under control, but there are high levels of vacancies that are difficult to fill

Agency costs have steadily decreased since 2015 as a result of NHS Improvement's initiatives and action by providers. While agency savings are non-recurrent and have to be achieved each year, the success in controlling these costs has reduced the ceiling performance required from £2.5 billion in 2017/18, to £2.2 billion in 2018/19; this in turn reduced the ceiling for Quarter 1 to £567 million. Against this lower target, providers spent £599 million, a £32 million overspend – slightly up on the £592 million reported for the same period in 2017/18.

The reduction in agency staff costs since 2015 is a considerable achievement in view of record demand and extreme pressure on the acute sector. Following the changes of the last two years for nursing and medical agency staff, during 2018/19 the same rigour and collaborative approach needs to be applied to the management of all temporary staffing.

Our data clearly indicates the scale of the workforce challenge facing providers. In addition to their 1.1 million whole-time equivalent staff, they have about 108,000 vacancies. These increased slightly during Quarter 1 by about 9,000 whole-time equivalents, despite a downward trend in 2017/18. The increase is forecast to continue throughout 2018/19. Clearly every unfilled shift poses an operational challenge on the front line, so NHS Improvement is supporting trusts to improve the retention of staff and sharing case studies of best practice as part of the focus on reducing temporary staffing.

Providers are achieving significant savings but below ambitious cost improvement targets, and their continued focus on productivity is critical

During 2017/18, providers' cost improvement programmes saved £3.2 billion (3.7%) in the most difficult operating conditions. Planned efficiency savings for 2018/19 are set even higher, at £3.6 billion or 4.1% of total expenditure. Planned savings for Quarter 1 were £559 million (2.5%).

Savings achieved were £495 million (2.3%) which, although significant, were £64 million below the ambitious plan. The main shortfalls were pay efficiencies and non-pay efficiencies, down on plan by £37 million and £28 million respectively, partly compensated by a small over-achievement on income-related cost improvement programmes. Trust boards should now take decisions about how to recover this position in Quarter 2.

Specific efficiency savings linked to workforce productivity, resource optimisation and benchmarking through the Model Hospital are estimated to be £296 million, forecast to rise to £1.9 billion by the year end. The Carter report identified across specific work programmes a savings opportunity of £5.8 billion. The programme is for five years; in the first year, 2017/18, £1.4 billion was delivered and in the current year £1.9 billion is included in provider plans. The Getting It Right First Time (GIRFT) programme supports the search for efficiency and productivity gains by promoting a reduction in unwarranted clinical variation: £20 million of the PSF is earmarked for this work.

We continue to help providers maximise the benefit from efficiency savings, providing national and technical forums for sharing best practice.

Overview at Quarter 1, 2018/19 (5/5)

Despite constrained capital funds, major improvements in patient facilities were given the go-ahead

Significant improvements in patient facilities were agreed as a result of the capital funding allocated to sustainability and transformation partnerships. The funding will modernise and transform NHS buildings, equipment and infrastructure and will be invested in programmes to meet high demand, including new urgent care centres, transformation of local hospitals and refurbishment of mental health facilities. This includes outline approvals for a £34.8 million cancer centre at North Cumbria University Hospitals NHS Trust and for a £30.8 million intensive care unit with associated specialties at University Hospitals of Leicester NHS Trust. Further major projects are also under consideration, and NHS Improvement is working closely with NHS England and with the government on these proposals.

Looking ahead: challenges for the rest of 2018/19

The provider sector's planned deficit of £519 million shows the challenges it faces and is clearly unaffordable. Once further work has been completed to achieve a balanced plan it will be essential that boards deliver their plans and recover the position by Quarter 2.

Despite the efforts in Quarter 1, it is clear that operational and financial performance is under severe pressure. Trust boards need to take urgent action to improve their plans where needed and ensure delivery of their plans for 2018/19, with an unrelenting focus on tackling long stays in hospital, high bed occupancy and cost improvements.

To help prepare for winter, the actions on length of stay highlighted above will be underpinned with targeted support for the most challenged systems, improvement guides, training for system leadership teams and repurposing the Emergency Care Improvement Support Team (ECIST) into the regions to support local systems.

The mental health investment standard remains an important commitment for the NHS. In 2018/19, provider plans include an increase of £92 million in spending on mental health services. A planned audit will ensure funds flow to mental health services in line with the mental health investment standard.

To achieve greater financial sustainability, focused action is needed on both in-year and underlying financial performance. This means providers must rely less on one-off and short-term actions and identify recurrent and long-term savings. To help assess the underlying financial position consistently, the 2018/19 planning guidance included a detailed definition. The aggregate financial plan submissions as reported by trusts showed the provider sector carrying forward an underlying deficit of £4.3 billion (£1.85 billion net) into 2018/19. The definition of the underlying position has been shared with the Department of Health and Social Care, and the approach to tackling it will be part of the NHS long-term plan.

Our regional teams are working with providers to manage delivery risks and maximise productivity and other opportunities. We continue to provide intensive support to trusts in the greatest financial difficulty through our financial special measures programme.

The delivery of plans in 2018/19 is an essential foundation for the longer-term sustainability of services. The long-term plan for the NHS represents a significant opportunity for it to build its response to the challenges and opportunities ahead but will need to be based on strong delivery in 2018/19. Any shortfall in delivery during 2018/19 would have significant implications for the following year.

Performance comparisons

Activity and capacity					
	Q1 2018 YTD Plan	Q1 2018 YTD Actual	Q1 2017 YTD Actual	Q1 2018 YTD variance from plan	Variance from Q1 YTD 17/18
A&E attendances acute trusts with type 1 A&E's (millions)	4.74	4.78	4.57	0.9%	4.7%
Non-elective admissions (millions)	1.60	1.62	1.55	0.1%	4.5%
Elective admissions (millions)	1.98	1.99	1.95	0.4%	2.1%
First outpatients attendances (millions)	5.07	5.33	5.15	4.9%	3.6%
General & acute beds (average daily open – Q4 2017/18)	-	103,358	103,622	-	(0.3%)
Nurses (WTE)	352,713	343,836	342,368	(2.5)%	0.4%
Medical staff (WTE)	125,022	122,576	117,005	(2.0%)	4.8%
Cost weighted activity growth	0.3%	2.7%	0.4%	2.4%	2.3%

Published operational performance			
	Target	Q1 18/19 Actual	Q1 17/18 Actual
A&E 4 hour performance	95%	89.91%	90.30%
Diagnostics (as at 30 June 2018)	1%	2.87%	1.91%
RTT (as at 30 June 2018)	92%	87.80%	90.26%
Cancer 62-day	85%	80.82%	81.55%
Ambulance – Category 1 (mean time and 90th centile response time) – June 2018	mean: 7 mins 90 centile: 15 mins	7:37 13:19	N/A
Ambulance – Category 2 (mean time and 90th centile response time) – June 2018	mean: 18 mins 90 centile: 40 mins	21:38 44:35	N/A

Finance and productivity			
	Plan 2018/19 £m	Q1 2018/19 Actual £m	Q1 2017/18 Actual
Surplus/deficit (£m)	(836)	(814)	(736)
Total income (£m)	20,417	20,459	19,775
Expenditure (£m)	(21,390)	(21,458)	(20,625)
Efficiency savings (£m)	559	495	520
Efficiency savings (%)	2.5%	2.3%	2.5%
Total pay costs excl agency (£m)	(12,780)	(12,790)	(12,298)
Agency ceiling performance (£m)	(567)	(599)	(592)
% of trusts signed up to a control total	-	87.0%	88.0%
% of trusts forecasting a 2018/19 a surplus at Q1	51.7%	51.3%	53.0%

Quality and safety			
	Target or ceiling	Q1 18/19 Actual	Q1 17/18 Actual
Infection – MRSA	0	74	80
Infection - C. Diff	1,147	1,082	1,129
General & acute bed occupancy (Q4 2017/18)	-	92.61%	91.41%
Acute delayed discharges (days)	-	274,815	349,678
>12-hour A&E trolley waits	-	558	313
>52-week waits	-	3,517	1,542
Number of providers in special measures	-	20	22

Notes:

- *Activity & Capacity table: Elective and outpatient activity calculated with working day adjustment*
- *Activity and capacity figures are those taken from the Secondary Uses Service (SUS). These may be lower than total reported figures*
- *All tables : Quality and performance figures are at a national aggregate level*

1.0 Operational performance

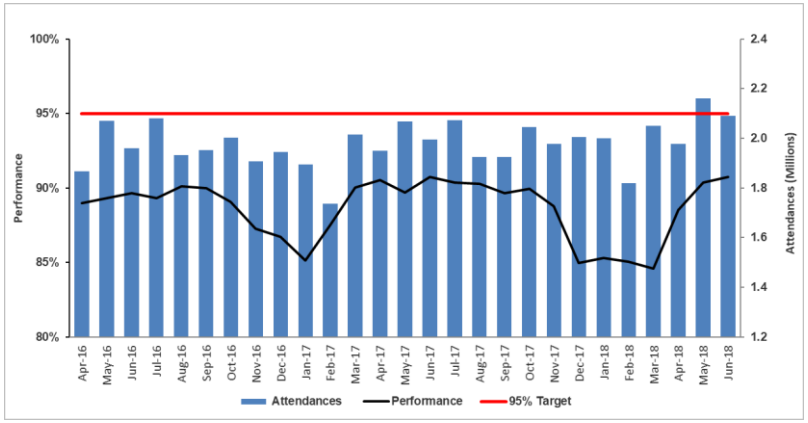
1.1 Operational performance overview

Metrics	Target / Ceiling	NHS Improvement	NHS England
Accident & emergency: April – June 2018			
A&E attendances	-	5,683,330	**6,231,181**
Performance – All A&E types (%)	*95%*	88.97%	**89.91%**
Performance – Acute trusts only (%)	*95%*	**88.25%**	**88.25%**
Type 1 performance (%)	*95%*	**84.41%**	**84.41%**
Diagnostics: at 30 June 2018			
Number of diagnostic tests waiting 6 weeks+ (%)	*1%*	2.98%	**2.87%**
Referral to treatment (RTT): at 30 June 2018			
18 weeks incomplete (%)	*92%*	87.40%	**87.80%**
52-week waits (number)	-	3,402	**3,517**
Cancer: April – June 2018			
2-week GP referral to 1st outpatient, cancer (%)	*93%*	91.32%	**91.36%**
2-week referral to 1st outpatient - breast symptoms (%)	*93%*	83.82%	**83.82%**
31-day wait from diagnosis to first treatment (%)	*96%*	97.46%	**97.46%**
62-day urgent GP referral to treatment for all cancers (%)	*85%*	80.74%	**80.82%**
62-day referral from screening services	*90%*	88.55%	**88.57%**
June 2018			
Category 1	*7 mins / 15 mins*	7:37 / 13:19	**7:37 / 13:19**
Category 2	*18 mins / 40 mins*	21:38 / 44:35	**21:38 / 44:35**
Category 3	No standard */ 120 mins*	NA / 140:01	**NA / 140:01**
Category 4	No standard */ 180 mins*	NA / 195:38	**NA / 195:38**
Infection control: April – June 2018			
C. Difficile (Total cases)	*1,147*	1,082	**1,082**

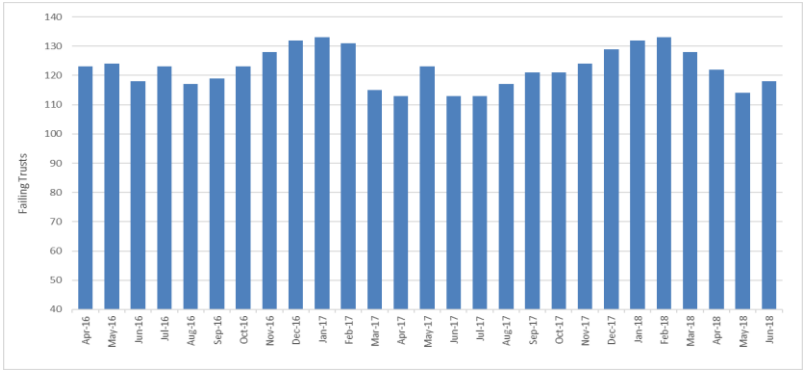
Notes:
NHS Improvement performances above are based on the performances of 151 NHS foundation trusts and 79 NHS trusts.
NHS England performances are based on performances of NHS trusts, NHS foundation trusts and independent sector organisations for A&E, diagnostics, RTT and cancer.
Performance has been rated red where there has been failure to meet a national standard.

1.2 Accident and emergency

Percentage of A&E all type patients seen within 4 hours



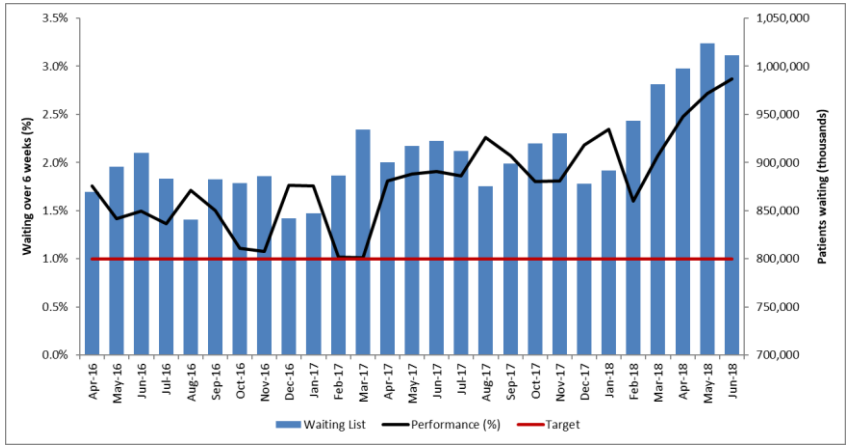
Number of trusts failing the 4 hour A&E target by month



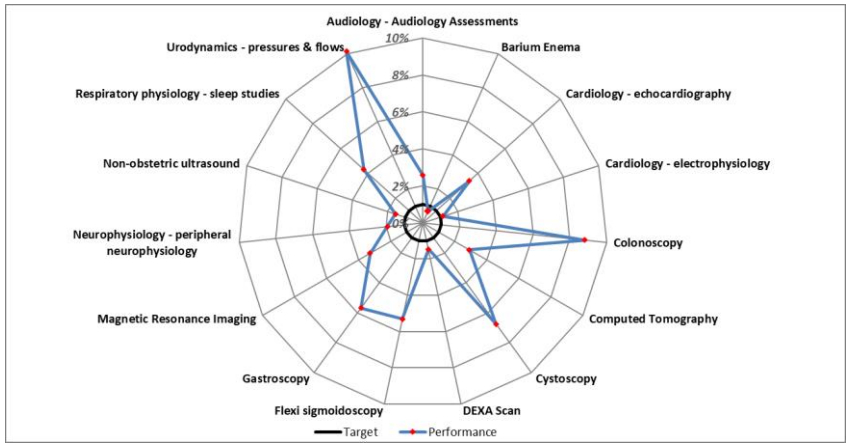
- NHS England reported an overall A&E performance of 89.91%, which included the performance of independent sector organisations. Performance of NHS providers showed deterioration from 89.44% in Q1 2017/18 to 88.97% in Q1 2018/19.
- There were 5.68 million attendances at NHS provider A&E departments; an increase of 3.4% (like-for-like) compared to the same quarter last year.
- Last year, A&E departments were under significant operational pressures due to record levels of patients requiring emergency admissions. This quarter, the number of patients attending a major (type 1) A&E department and requiring admitted care reached 1.14 million, an increase of 6.2% on the same quarter last year.
- Bed capacity constraints due to high occupancy rates and delayed transfers of care continued to affect patient flow, in line with increases in attendances and admissions. 120,994 patients waited more than four hours for a bed, 11.3% more than a year ago. There were also 274,815 bed days lost due to delayed transfers of care in acute hospitals, a decrease of 21.4% (74,863 delayed days) from the same period a year ago.
- Recognising these challenges, particularly around increased demand compared to this quarter last year, the urgent and emergency care programme has continued to drive forward its transformation programmes alongside higher intensity operational delivery, to ensure progress on both important areas of work, in and out of hospital.
- The annual planning process for trusts has been strengthened to ensure each organisation has a robust assessment of demand, capacity and the resulting projected performance. We are working with NHS England and the Department of Health and Social Care on potential options to mitigate the in-year capacity risks, including workforce retention, healthcare assistant recruitment and optimising available capacity including for same-day emergency care and patient flow schemes.
- In July we announced an ambition to reduce the number of long-stay patients and bed days in hospital by 25%, to release 4,000 beds and reduce avoidable harm to patients associated with deconditioning. This ambition was well received by NHS organisations and social care partners, and is supported by a national programme of activities. These actions include: publishing improvement guides, training programmes for system leadership teams, repurposing the Emergency Care Improvement Support Team (ECIST) into the regions to support local systems, and much more.

1.3 Diagnostic waiting times

Percentage of diagnostic patients waiting over six weeks



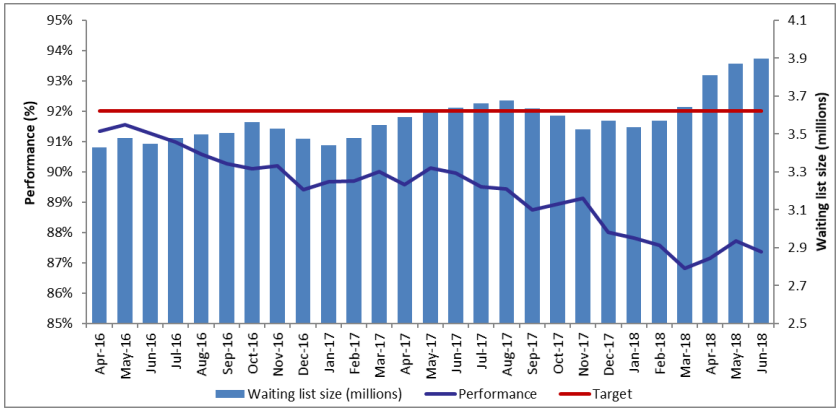
Diagnostic performance by procedures – June 2018



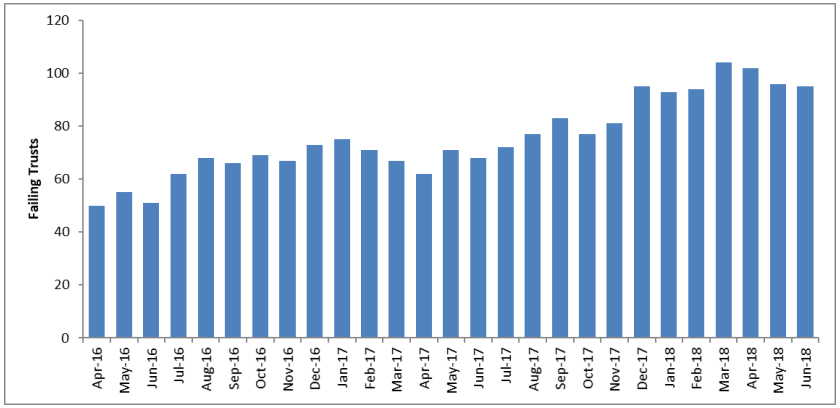
- Diagnostic waiting times are ~~a~~ key to achieving the referral to treatment (RTT) target as most patients being referred for hospital treatment will require a diagnostic test. The national waiting-time target for diagnostics states that less than 1% of patients should wait six weeks or more for a test.
- At the end of June 2018, 953,609 patients were waiting for a diagnostic test in NHS trusts; an increase of 4.1% from the previous month. Compared to the same time last year, the waiting list increased by 3.4% (like-for-like). This resulted in more patients waiting longer than six weeks. Performance deteriorated to 2.98% at the end of June 2018 (NHS England performance was 2.87%) compared to 1.87% for the same period last year, and 2.82% in May 2018.
- Providers in aggregate failed to achieve the waiting-time standard for 14 of the 15 key diagnostic tests; two more than the same period last year.
- Non-obstetric ultrasound was one of the best-performing tests despite having the largest waiting lists (38.3% of the total diagnostics waiting list), with 1.54% of patients waiting over six weeks at the end of the month. Urodynamics saw the largest percentage of patients waiting over six weeks; although relatively small numbers were involved, 10.14% were reported as waiting beyond the standard in June 2018.
- Rapid diagnostic and assessment centres are currently being piloted in 10 areas. These are intended to diagnose cancers early in people who do not have ‘alarm symptoms’ for a specific type of cancer.
- In addition, the urgent and emergency care programme is continuing to roll out standardised urgent treatment centres open 12 hours a day, seven days of the week, staffed by clinicians with access to diagnostics and bookable via NHS 111.

1.4 Elective waiting times

RTT 18-week performance and size of waiting list by month



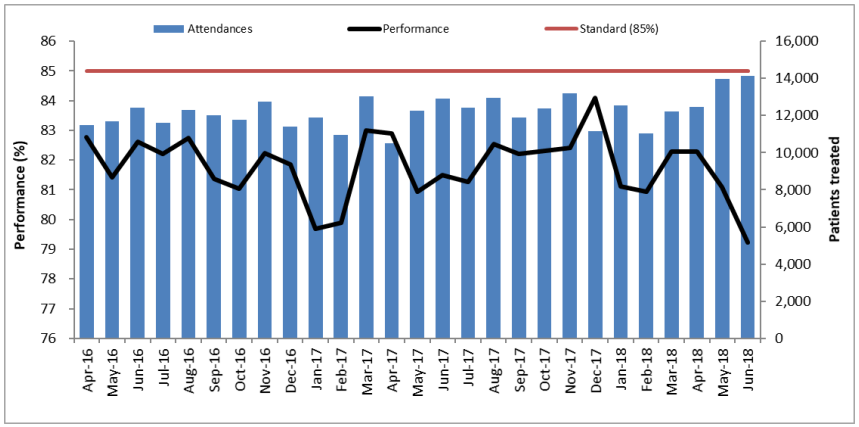
Number of trusts failing RTT 18 week incomplete target by month



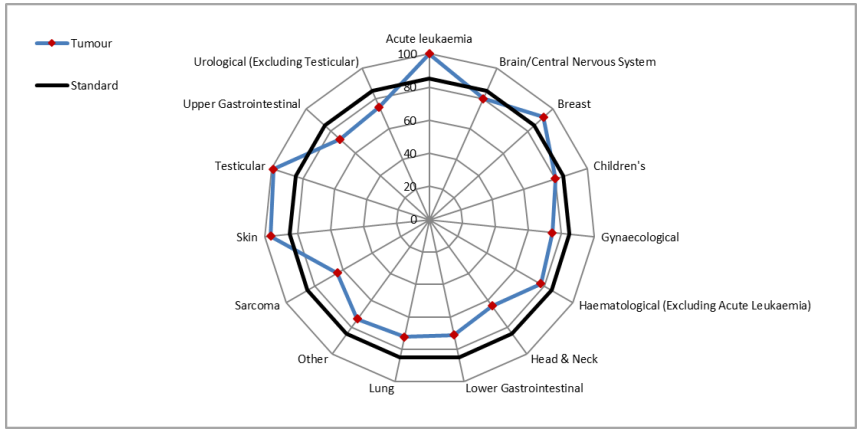
- NHS providers continue to fail to achieve the national RTT incomplete standard target of 92%. Performance for March 2018 was 87.37% (NHS England performance was 87.80%), which represents a drop of 2.6% on the same period last year.
- Sustained high demand for emergency inpatient care resulted in many providers struggling to deliver their planned activity due to elective capacity either being displaced or cancelled. The national elective waiting list remained at almost record levels. At the end of June 2018 it was 3.90 million, a 7.2% increase compared to a year ago (like-for-like and excluding providers that have recommenced reporting this year). Five providers did not report incomplete RTT performance in June 2018. When adding the missing trusts' data onto the waiting list, the total waiting list was around 4.3 million nationally.
- In line with the drop in performance and the increase in the overall waiting list, the number of patients waiting longer than 52 weeks for treatment also increased. At the end of June 2018, 3,402 patients (3,517 at NHS England aggregate) were waiting over a year for treatment compared to 1,475 in June 2017, and a large increase from the 2,972 waiting in May 2018.
- We are continuing our work to reduce avoidable demand for elective care and implementing interventions to ensure that patients are referred to the most appropriate healthcare setting, first time. These include implementation of musculoskeletal (MSK) triage services, providing guidance for specialty-based transformation to support improvements in the design of patient pathways, and national rollout of capacity alerts on the NHS electronic referral services.
- As with emergency care, capacity is a key issue for elective care. The annual planning process for trusts was strengthened this year to ensure each organisation has a robust assessment of demand and capacity, including both elective and emergency care.

1.5 Cancer waiting times

62-day (urgent GP referral) wait for first treatment by month



62-day (urgent GP referral) wait for first treatment by specialty – Q1 2018-19



- Four of the cancer waiting-time standards were failed: two-week GP referral to first outpatient; 14-day referral to first outpatient - breast symptoms; 62-day (urgent GP referral) waiting-time target for first treatment; and 62-day screening from service referral.
- NHS providers failed to achieve the national target of 85% for 62-day (urgent GP referral) with a performance of 80.74% (NHS England performance was 80.82%). This was 0.76% lower than achieved in the same quarter last year (81.50%).
- The specialties that contributed most to the underperformance were urological (excluding testicular), lower gastrointestinal and lung. These accounted for only 43.7% of activity but contributed to more than half the reported breaches (60.3%).
- NHS Improvement worked with partner organisations to improve cancer performance by reducing diagnostic delays. We are also continuing to work with NHS England to introduce the 28-day faster diagnosis standard for cancer patients. The standard is now being piloted at test sites in preparation for national rollout.
- Two-week GP referral to first outpatient saw a deterioration in performance: 91.32% compared to 93.69% in the same period last year.
- Fourteen-day referral to first outpatient - breast symptoms saw a deterioration in performance: 83.82% compared to 90.67% reported in the same period last year.
- 62-day screening from service referral saw a deterioration in performance: 88.55% compared to 92.28% reported in the same period last year.

1.6 Ambulance improvement programme

The last year has seen the biggest ever change to ambulance service standards anywhere in the world, based on an evaluation of 14 million calls, which led to the agreement of the Ambulance Response Programme standards and their implementation across all of England.

- On 13 July 2017 NHS England announced a new set of performance standards for ambulance services in England which saw standards applied to every 999 call for the first time. This move was made as a result of the findings of the **Ambulance Response Programme (ARP**); the largest study of ambulance services in the world.
- These new standards aim to:

  I. prioritise the sickest patients, to ensure they receive the fastest response

  II. drive clinically and operationally efficient behaviours, so the patient gets the response they need first time and in a clinically appropriate timeframe

  III. put an end to unacceptably long waits by ensuring resources are distributed more equitably among all patients contacting the ambulance service.

To do this we introduced three initiatives:

1. Dispatch on disposition (including nature of call) - We gave call handlers more time to assess 999 calls that are not immediately life-threatening before an ambulance vehicle is assigned. This makes sure that the right response is allocated based on the needs of the patient.

We added three questions to the start of a 999 call to ask about the patient's breathing and level of consciousness. This makes sure that immediately life-threatening calls, particularly cardiac arrest, are identified very early in the call.

2. A new system of clinical prioritisation for all 999 calls - We developed an evidence-based system to prioritise 999 calls to make sure the patient's urgency and clinical needs are matched to the best response to those needs.

3. A new set of ambulance service measures, indicators and standards - We developed measures to make sure the sickest patients receive the fastest response, that all patients get the best response allocated to them first time, and that no-one is left waiting an unacceptably long time for an ambulance to arrive.

Response times from the reporting trusts have been collated to create the aggregated national table:

National aggregate Category C1 to C4 response times – June 2018

	National Standard: Mean / 90th Centile	Count of incidents	Mean (hrs:mins:sec)	90th centile (hrs:mins:sec)
Category 1	7 mins / 15 mins	55,658	0:07:37	13:19
Category 1T	no standard	39,096	0:12:28	0:23:07
Category 2	18 mins / 40 mins	342,640	0:21:38	0:44:35
Category 3	no standard / 120 mins	178,146	1:00:15	2:20:01
Category 4	no standard / 180 mins	17,353	1:28:44	3:15:38

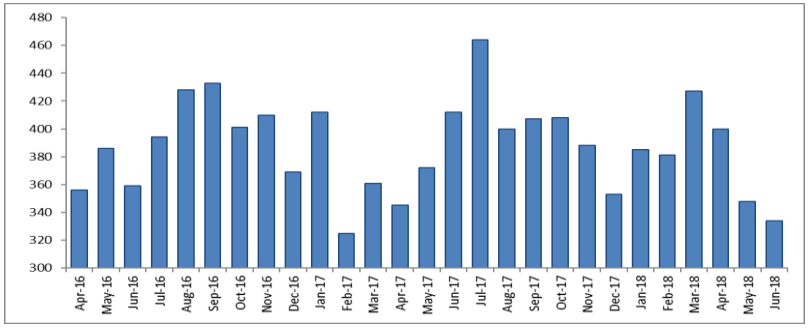
- In June 2018 there were 24,200 calls to 999 answered per day, an increase of 2% on May. For England as a whole, in June 2018 both the C1 mean average response time, and the 90th centile response time, were quicker than all earlier months in 2018.
- Three services met the C1 mean standard of 7 minutes in June while nine met the 90th centile response time of 15 minutes - one more than in May.
- Four services met the C2 mean standard of 18 minutes and the C2 90th standard of 40 minutes.
- Two services met both the 2-hour C3 and 3-hour C4 standards, while a further four services met the C4 standard.

Driving up performance

- We have moved oversight of ambulance services from a central lead in NHS Improvement to the regional directors. Performance and governance reviews of the four most high-risk ambulance trusts have already been completed, and this approach is being expanded to others.
- The planning guidance sets out our clear expectation that ambulance services should achieve the new ARP performance standards by September 2018.
- Rectification plans have been developed as a product of the completed governance reviews, with implementation progress being closely monitored. Two further trusts are now having governance and performance reviews undertaken.
- We recognise that some services have bigger challenges and work in partnership with them, lead commissioners and regions to continually raise the bar.
- Our ambulance improvement programme is supporting medium to longer-term transformation, including supporting a reduction in avoidable conveyance to emergency departments, implementation of a new Band 6 job description for paramedics and Lord Carter's review of operational productivity which is expected to be published by October 2018.

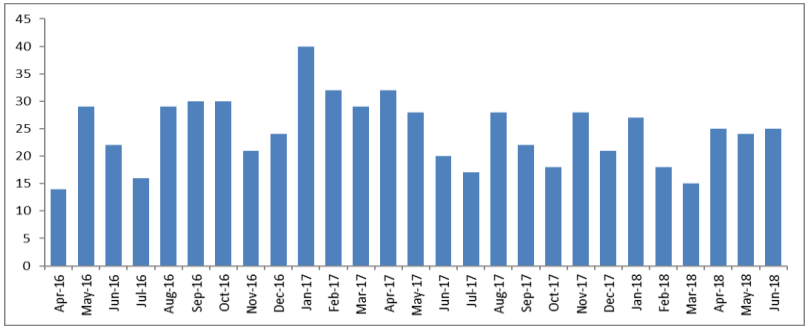
1.7 Infection control

Number of C. difficile cases



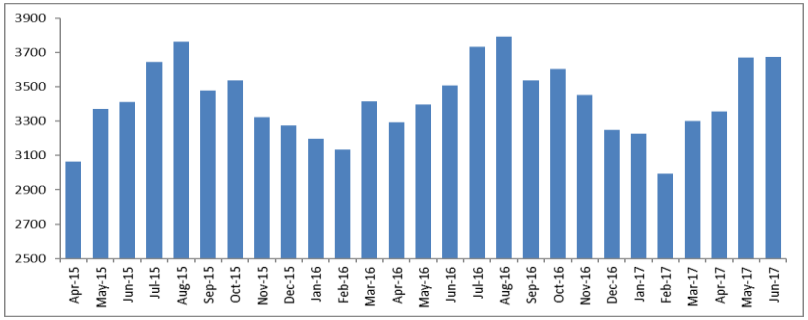
- 1,082 trust-apportioned *C. difficile* cases were reported compared to 1,129 in the same period last year: a reduction of 4.2%. The 1,082 *C. difficile* cases reported was below the ceiling set for Q1 2018/19 of 1,147.

Number of hospital onset Meticillin-resistant Staphylococcus aureus (MRSA) cases reported



- 74 trust-assigned MRSA cases were reported; 7.5% lower than the 80 cases reported in the same period last year.

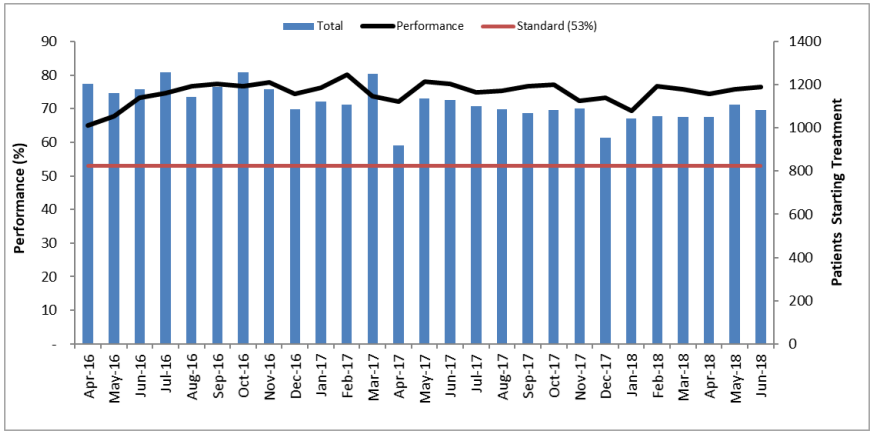
Number of Escherichia coli (E.coli) cases reported



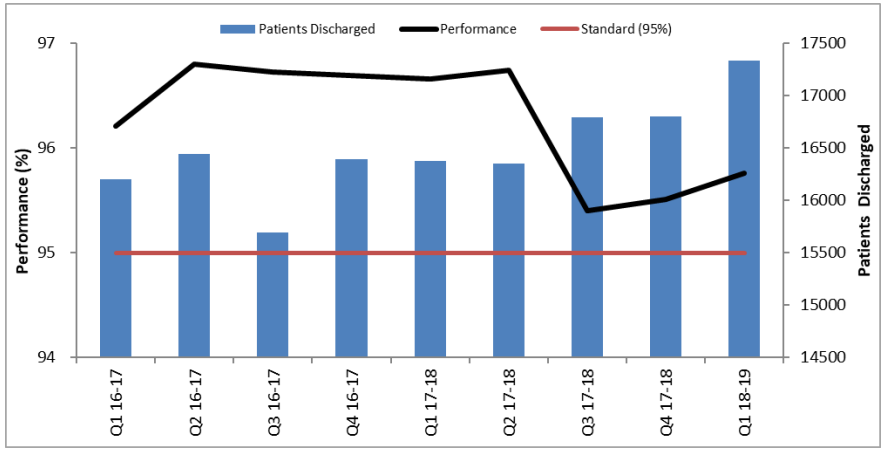
- 10,698 *E.coli* cases were reported compared to 10,198 in the same period last year. This was an increase of 4.9%.
- The Secretary of State's ambition is to reduce 'healthcare associated' Gram-negative bloodstream infections (BSIs) by 50% by March 2021. During 2017/18 and 2018/19 there has been a quality premium target for clinical commissioning groups (CCGs) to reduce *E.coli* (the most prevalent Gram-negative bloodstream infection) by 10%.
- The 2017/18 10% ambition was not achieved, as most improvement initiatives did not deliver a full-year effect. A 10% or greater reduction in 2017/18 total *E.coli* BSI was achieved by 32 CCGs. A 10% or greater reduction in 2017/18 hospital onset *E.coli* BSI was achieved by 61 trusts.
- From 2012/13 to 2016/17, the year-on-year increase in *E. coli* BSI was between 6% and 8%. In 2017/18 this reduced significantly, with only a 1.1% increase. This equates to 433 more cases. Further, hospital onset cases have reduced by 2.2% (a reduction of 180 cases).
- Voluntary risk factor data is being submitted to the Public Health England data capture system and analysis of early data shaped the 2018/19 programme. With data showing urinary tract infection (UTI) as a significant risk factor. We began a UTI breakthrough collaborative with 30 healthcare systems in May 2018, and a further two cohorts are planned for 2018/19.

1.8 Mental health (1)

Early Intervention in psychosis – treated within two weeks of referral



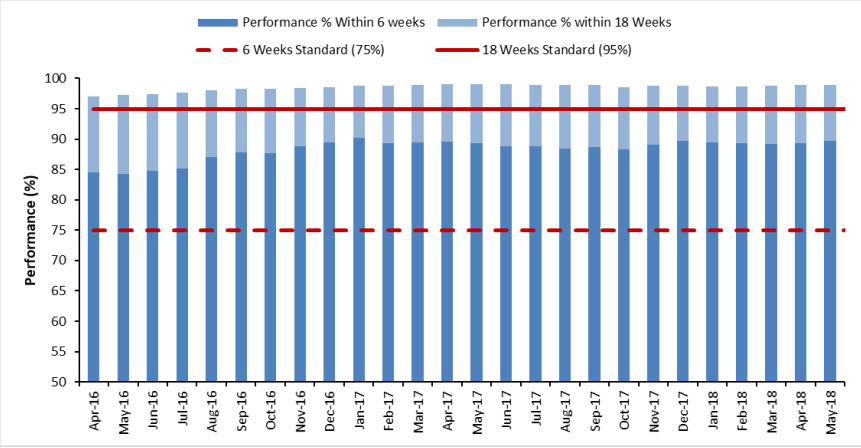
Proportion of patients on CPA who were followed up within seven days after discharge from psychiatric inpatient care



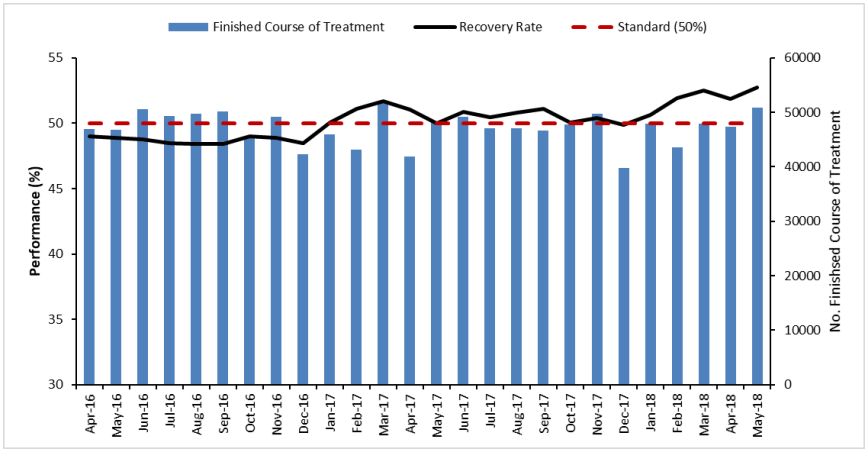
- There is a clear commitment by the NHS in England to value mental health equally with physical health.
- As outlined in *Achieving better access for mental health services by 2020*, a key element of this is to ensure that people have timely access to evidence-based and effective treatment. For the Early Intervention in Psychosis (EIP) access and waiting-time standard, patients are required to be treated with a NICE-recommended package of care within two weeks of referral. During 2018/19 the waiting-time standard is 53%, increasing to 60% by 2020/21.
- In June 2018, 76.5% of patients started treatment within two weeks of referral. The waiting-time standard was therefore met. This is an increase compared to 75.7% achieved in May 2018, and a decrease from 77.4% in June 2017.
- 1,239 patients were waiting to start treatment at the end of June 2018, of which 606 were waiting more than two weeks.
- Another key indicator is the measure of the proportion of patients under adult mental illness specialties on the Care Programme Approach (CPA) who were followed up within seven days of discharge from psychiatric care in the quarter.
- During Quarter 1 2018/19, 95.8% of such patients were followed up within seven days of discharge. This compares with 95.5% in Quarter 4 2017/18, and 96.7% in Quarter 1 2017/18.

1.9 Mental health (2)

Psychological therapies – waiting times



Psychological therapies – recovery rates



- Psychological Therapies is an NHS programme in England that offers NICE-approved interventions for treating people with depression and anxiety.
- The standards for waiting times for this service are that 75% of patients who finish their course of treatment should wait less that six weeks to enter treatment, and 95% should wait less than 18 weeks.
- During May 2018, 89.6% of patients waited less than six weeks, and 99.0% waited less than 18 weeks to enter treatment. The standards were, therefore, achieved in both instances. These were slight increases in comparison to the 89.4% and 98.9% for six and 18 weeks respectively in April 2018. The six-weeks May 2018 position is 0.3 percentage points up on May 2017 and the 18-weeks performance is identical.
- To measure outcomes, a key government target is that 50% of eligible referrals to Psychological Therapies should move to recovery. In May 2018, 52.8% of such referrals were moving to recovery. Therefore the standard was achieved. This compares with 51.9% in April 2018 and 50.0% in May 2017.

1.10 Mental health (3)

Mental Health Investment Standard (MHIS)

The Five Year Forward View for Mental Health and its implementation plan set a challenging agenda to deliver access standards for key mental health services. As part of the funding framework to support this, the MHIS requires commissioners to increase spending on mental health services at least in line with the amount by which their funding allocation has been increased overall.

Following the introduction of the MHIS, CCGs are required to provide financial information to NHS England, reporting whether they are meeting their MHIS. This provides NHS England with crucial data to hold the programme to account through the published mental health dashboard and the quarterly deep-dive processes with regions.

There remains, however, continued pressure to understand whether the funding is reaching the front line and is correctly targeted.

Joint NHS England and NHS Improvement working

To help manage the programme effectively and build confidence in the sector, NHS England and NHS Improvement agreed to work together to understand what further steps could be taken. As part of this work it was agreed that the financial returns should be enhanced to include an additional data collection to enable cross-checking of mental health spend in commissioner returns with mental health income in provider returns. This enables a review of mental health spend/income alignment by national teams, supported by regional teams in NHS England and NHS Improvement, and helps improve the communication and transparency of data between providers and commissioners.

2018/19 plan refresh – provider/commissioner alignment

The first detailed collection of mental health income in provider plans was undertaken as part of the 2018/19 plan refresh process. As with any new data collection, data quality improvements are required to produce a dataset that can be used to help analyse outcomes. Significant progress to improve data quality and alignment has been made as part of the 2018/19 planning round and further work will continue as part of the 2018/19 in-year financial quarterly returns.

1.11 Winter resilience preparations 2018/19

Overview

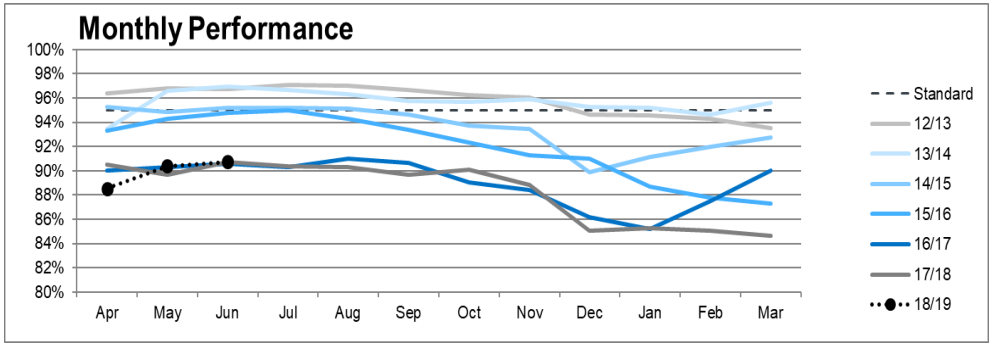
We are learning from last winter and focusing on what we know will have the biggest impact to access and quality of care for patients.

- **Increasing capacity and reducing length of stay** will help providers to be ready for winter pressure, limit the impact of winter on elective care and prevent long waits in A&E.
- **Continuing the transformation agenda** will help to build the capacity and capability of primary care, NHS 111 and NHS 111 Online, hear and treat and see and treat, reducing long stays in hospital and increasing same-day emergency care ahead of winter.
- **Focusing on patient safety,** working with professionals and other stakeholders to understand how we can support increased vaccination rates for staff; we have developed patient safety triggers, identifying systems where patient safety is at greatest potential risk.

Historically A&E performance has declined significantly since 2012/13, with last year's decline 3.1%. Last year, the decline in performance of 0.8% to 88.4% was disappointing, but better than the previous year's drop of 3.1%. Performance in Q1 2018/19 was 89.9% compared to 90.3% in Q1 last year, a decrease of 0.4%. This has been driven by higher attendances, higher conversion rates and sustained high levels of bed occupancy.

During Q1:

- More than 4 million calls came in to NHS 111, an increase of over 200,000 compared to Q1 last year.
- The highest ever proportion of NHS 111 calls received clinical input, with an average of over 50% triaged in this way.
- New ambulance response standards have been implemented across all ambulance trusts in mainland England.
- Since February 2017 we have released 2,182 beds through reduced delayed transfers of care to discharge.



Key actions:

- Winter operating function in place seven days a week with 24-hour on-call cover to support regional and local teams with managed response to surge.
- Several actions on length of stay, including targeted support for the most challenged systems. This includes publication of improvement guides, training programmes for system leadership teams, repurposing the Emergency Care Improvement Support Team (ECIST) into the regions to support local systems and development and publication of an integrated dashboard for trusts, CCGs and local authorities, and much more.
- By October 2018, everyone across the country will have more convenient access to GP services, including access to appointments during evenings and weekends, which will provide more than 9 million additional appointments per year.

2.0 Financial performance

2.1 Financial performance overview by sector and region

3 months ended 30 June 2018 by sector	Number of providers	Year to date Month 3 2018/19				Forecast outturn 2018/19			
		Plan	Actual	Variance	Deficit Providers	Plan	Forecast	Variance	Deficit Providers
		£m	£m	£m	No.	£m	£m	£m	No.
Acute	133	(944)	(986)	(42)	123	(1,566)	(1,604)	(38)	88
Ambulance	10	0	2	2	3	3	3	0	5
Community	17	1	2	1	6	22	23	1	4
Mental Health	53	(10)	(3)	7	21	96	97	1	10
Specialist	17	(20)	(14)	6	10	31	31	0	5
Control total basis surplus / (deficit) including PSF [1]	**230**	**(973)**	**(999)**	**(26)**	**163**	**(1,414)**	**(1,450)**	**(36)**	**112**
Uncommitted Provider Sustainability Fund (PSF) [3]		137	185	48		895	931	36	
Reported adjusted financial position surplus / (deficit) including all PSF [2]		**(836)**	**(814)**	**22**		**(519)**	**(519)**	**0**	

3 months ended 30 June 2018 by region	Number of providers	Year to date Month 3 2018/19				Forecast outturn 2018/19			
		Plan	Actual	Variance	Deficit Providers	Plan	Forecast	Variance	Deficit Providers
		£m	£m	£m	No.	£m	£m	£m	No.
London	36	(221)	(227)	(6)	26	(234)	(246)	(12)	15
Midlands	69	(337)	(350)	(13)	47	(646)	(656)	(10)	39
North	70	(261)	(265)	(4)	53	(440)	(450)	(10)	32
South	55	(154)	(157)	(3)	37	(94)	(98)	(4)	26
Control total basis surplus / (deficit) including PSF [1]	**230**	**(973)**	**(999)**	**(26)**	**163**	**(1,414)**	**(1,450)**	**(36)**	**112**
Uncommitted Provider Sustainability Fund (PSF) [3]		137	185	48		895	931	36	

1. *Surplus/(deficit) control total basis is calculated as surplus/(deficit) before AME impairments, transfers, donated asset income, and donated asset depreciation for all trusts.*
2. *The sector-reported adjusted financial position surplus/(deficit) includes DEL Impairments, prior period adjustments, donated asset income and donated asset depreciation as these items have been excluded from the control total. An adjustment is needed to add the figures back to provide the reported sector surplus/(deficit).*
3. *The uncommitted PSF is stated after allocating £20 million to fund the Get It Right First Time initiative*

2.2 Income and expenditure

3 months ended 30 June 2018	Year to date Month 3 2018/19			
	Plan	Actual	Variance to plan	
	£m	£m	£m	%
Income from patient care activities	18,296	18,358	62	0.3%
Other income	2,121	2,101	(20)	(0.9%)
Employee expenses	(13,347)	(13,389)	(42)	(0.3%)
Non pay costs	(8,043)	(8,069)	(26)	(0.3%)
Control total basis surplus/(deficit) including PSF	**(973)**	**(999)**	**(26)**	**(2.7%)**
Uncommitted Provider Sustainability Fund (PSF)	137	185	48	35.0%
Reported financial performance surplus/(deficit)	**(836)**	**(814)**	**22**	**2.6%**

3 months ended 30 June 2018 by sectors	Year to date Month 3 2018/19				
	Acute £m	Ambulance £m	Community £m	Mental Health £m	Specialist £m
Income from patient care activities	13,571	598	610	2,766	813
Other income	1,728	14	33	219	107
Employee expenses	(9,793)	(432)	(442)	(2,196)	(526)
Non pay costs	(6,491)	(178)	(199)	(792)	(408)
Control total basis surplus/(deficit) including PSF	**(985)**	**2**	**2**	**(3)**	**(14)**
Control total basis surplus / (deficit) % of income	(6.4%)	0.3%	0.2%	(0.1%)	(1.5%)

- The provider sector reported a year-to-date deficit of £814 million. This was £22 million better than planned but £78 million worse than the equivalent quarter in the last financial year. The positive variance to plan was due to an over-recovery of income amounting to £42 million (0.2%) and the balance of the uncommitted Provider Sustainability Fund (PSF) being £48 million higher than planned. This has offset adverse variances against plan on both employee expenses and non-pay costs of £42 million (0.3%) and £26 million (0.3%) respectively.
- Despite the overall positive variance to plan, 61 providers reported an adverse year-to-date variance including PSF. This includes one trust with a variance of over £5 million. If PSF is excluded, 25 providers had adverse year-to-date variances and none were over £5 million. Key factors cited by trusts as contributing to adverse variances include slippage in the delivery of planned efficiency savings and cost pressures relating to temporary staffing and substantive workforce pressures.
- The reported sector financial position included £185 million of uncommitted PSF funding. In 2018/19, PSF replaced the Sustainability and Transformation Fund (STF) introduced in 2016/17 as a means of encouraging trusts to provide sustainable, efficient, effective and economic care. The PSF has the same aims, and the government has injected an additional £650 million focused on sustainability, accelerating financial recovery and improving urgent and emergency care. We told providers about the process for releasing this funding in the joint planning guidance. As in previous years, the release of PSF in 2018/19 will be based on achieving agreed financial control totals and meeting access standards.

2.3 Income analysis

3 months ended 30 June 2018	Year to date Month 3 2018/19 Plan	Actual	Variance to plan	
	£m	£m	£m	%
Elective income	2,365	2,317	(48)	(2.0%)
Non-elective income	3,597	3,708	111	3.1%
First outpatient income	923	927	4	0.4%
Follow up outpatient income	1,098	1,107	9	0.8%
A&E income	593	610	17	2.9%
High cost drugs income from commissioners (excluding pass-through costs)	1,087	1,104	17	1.6%
Other NHS clinical income	3,735	3,675	(60)	(1.6%)
Acute services	**13,398**	**13,448**	**50**	**0.4%**
Mental Health services	2,138	2,134	(4)	(0.2%)
Ambulance services	595	596	1	0.2%
Community services	1,828	1,842	14	0.8%
Other	337	338	1	0.3%
Total income from patient care activities	**18,296**	**18,358**	**62**	0.3%
Research and development	259	262	3	1.2%
Education and training	641	640	(1)	(0.2%)
Charitable and other contributions to expenditure	16	18	2	12.5%
Non-patient care services provided	331	343	12	3.6%
Support from DH for mergers	14	14	0	0.0%
Provider sustainability fund (PSF)	229	182	(47)	(20.5%)
Recharged Pay costs accounted on a gross basis	72	77	5	6.9%
Lease rentals received	25	27	2	8.0%
Other	534	538	4	0.7%
Total other income	**2,121**	**2,101**	**(20)**	**(0.9%)**
Total income	**20,417**	**20,459**	**42**	**0.2%**

- The total income was £20.5 billion, which was £42 million (0.2%) above the plan for this period. This comprises a £62 million over-recovery for income from patient care activities offset by an under-achievement of £20 million (0.9%) on other income.
- The sector recovered significantly more non-elective income than planned (£111 million or 3.1%), outpatient income (£13 million or 0.6%), A&E income (£17 million or 2.9%) and high cost drugs income (£17 million or 1.6%). This over-recovery was offset by an under-recovery of elective income (£48 million or 2.0%) and confirms the continuing operational pressure experienced in urgent and emergency care. During the last financial year, overall income was well above plan but the mix of income had a detrimental impact on the financial position with profit-making elective and outpatient income being crowded out by loss-making non-elective income and zero-margin pass-through drug costs. The early indication from the current year figures is that, for elective income, this trend has continued into Q1.
- Other variances within the patient care category included an over-recovery of £14 million for community services and an under-recovery of £60 million for other NHS clinical income. Within the category of other income, there were over-recoveries on non-patient care services of £12 million and an under-recovery of £47 million for PSF which is held centrally as part of the uncommitted PSF fund (see Table 2.1).
- At this early stage the sector is forecasting to finish the year with an over-recovery on income of £88 million made up of £85 million for patient care activities and £3 million for other income.

2.4 Employee expenses – pay costs

3 months ended 30 June 2018	Year to date Month 3 2018/19 Plan £m	Actual £m	Variance £m	Variance %
Medical staff	3,344	3,398	(54)	(1.6%)
Nursing staff	5,266	5,244	22	0.4%
Other staff	4,737	4,747	(10)	(0.2%)
Total employee expenses	**13,347**	**13,389**	**(42)**	**(0.3%)**
Of which				
- Bank	703	805	(102)	(14.5%)
- Agency ceiling performance	567	599	(32)	(5.6%)

Pay and agency costs forecast outturn

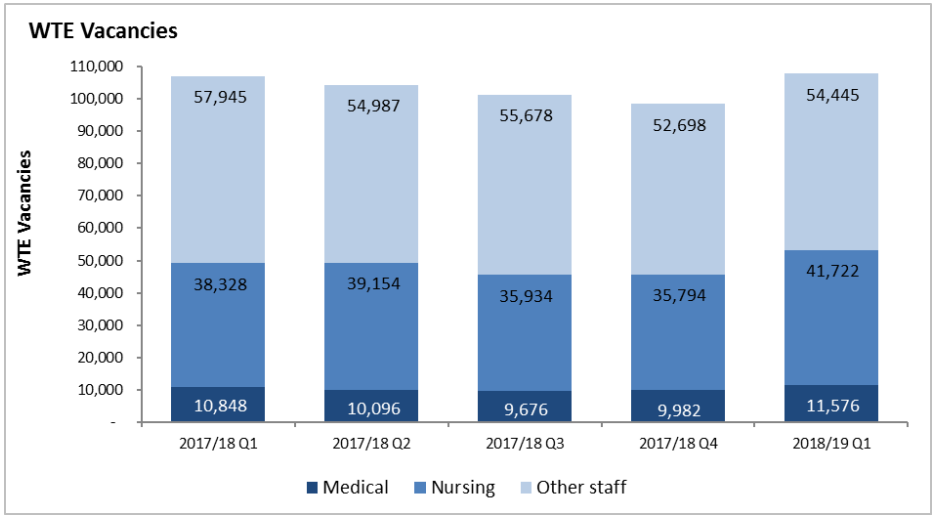
3 months ended 30 June 2018	Forecast outturn 2018/19 Plan £m	Forecast £m	Variance £m	Variance %
Medical staff	13,271	13,317	(46)	(0.3%)
Nursing staff	20,918	20,877	41	0.2%
Other staff	18,834	18,901	(67)	(0.4%)
Total employee expenses	**53,023**	**53,095**	**(72)**	**(0.1%)**
Of which				
- Bank	2,778	2,962	(184)	(6.6%)
- Agency ceiling performance	2,200	2,113	87	4.0%

- NHS trusts employ about 1.1 million whole-time equivalent (WTE) staff. The pay bill is the single biggest area of expenditure, and the NHS has made management of the pay bill and recruitment to fill key staff vacancies a key priority (see Section 2.5)
- Last year, total pay costs topped £52 billion, which was £1.5 billion higher than plan and 3.3% up on 2016/17. For 2018/19, the provider sector has planned to spend £53 billion, which represents a 1.5% increase on the 2017/18 outturn. This is before the latest Agenda for Change pay award.
- For the year-to-date, the sector is reporting a £42 million negative variance against plan. This is entirely attributable to the acute sector, which overspent by £63 million, and reflects continuing intense operational pressure in that sector. The sector is forecasting that this overspend will rise to £72 million by the year-end (mainly arising in the acute sector).
- The overspending against pay budgets was caused by increases in temporary staffing with bank staff overspending against plan by £102 million and agency staff by £32 million. This continues the trend identified in 2017/18 of increasing use of temporary (especially bank staff) by trusts to manage workload in the face of increased demands, high levels of vacancies, sickness/absence and staff turnover. As a result of these pressures, overall spending on bank and agency staff is up by £134 million (11%) on the same period in 2017/18.
- The Q1 figures for the year-to-date and the forecast outturn do not yet include any elements of income or expenditure relating to the recently agreed multi-year pay award that applies to all NHS staff on Agenda for Change pay grades. The government has injected £800 million of additional funding to cover the cost of the pay award over and above the uplift already included in national allocations, of which £756 million has been allocated to the provider sector. Therefore the impact of the pay awards should be broadly cost neutral for staff on Agenda for Change contracts. However, cost pressures will arise for providers that have legal commitments to make other payments linked to Agenda for Change that are not covered by the central funding. The process for identifying such cost pressures will be based on the returns due from trusts during the second quarter. A pay review for medical staff has also been agreed for implementation later in the year.

2.5 NHS provider vacancies

12 months ending 30th June 2018

		2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1
Nursing	Vacancy Rate	10.9%	11.2%	10.2%	10.2%	11.8%
	WTE Vacancies	38,328	39,154	35,934	35,794	41,722
Medical	Vacancy Rate	9.1%	8.3%	7.9%	8.1%	9.3%
	WTE Vacancies	10,848	10,096	9,676	9,982	11,576
Other staff	Vacancy Rate	8.6%	8.0%	8.1%	7.6%	7.9%
	WTE Vacancies	57,945	54,987	55,678	52,698	54,445
Total Workforce	**Vacancy Rate**	**9.0%**	**8.7%**	**8.4%**	**8.0%**	**9.2%**
Total Workforce	**WTE Vacancies**	**107,122**	**104,237**	**101,287**	**98,475**	**107,743**



- There are currently 1.1 million WTE staff employed by NHS trusts in England with about another 108,000 posts vacant. Managing this by recruitment of substantive staff and effective use of temporary staffing (bank and agency) is a key priority for NHS Improvement.
- We are publishing provider vacancy rates at an aggregate national, regional and sector position.
- The increase in vacancies observed since Q4 2017/18 (about 9,000 WTEs) is the result of both increasing demand and higher leaver rates for this period.
- There is significant regional and sector vacancy variation, with the London region and the mental health sector having the highest numbers proportionately.
- **Nursing**: trusts substantively employ over 310,000 WTE registered nurses. In addition, there are over 41,000 WTE vacancies, of which approximately 80% are being filled by a combination of bank (64%) and agency staff (36%).
- **Medical**: trusts substantively employ over 113,000 WTE doctors. In addition, there are over 11,000 WTE vacancies, of which approximately 85% are being filled by a combination of bank (45%) and agency (locum) staff (55%).

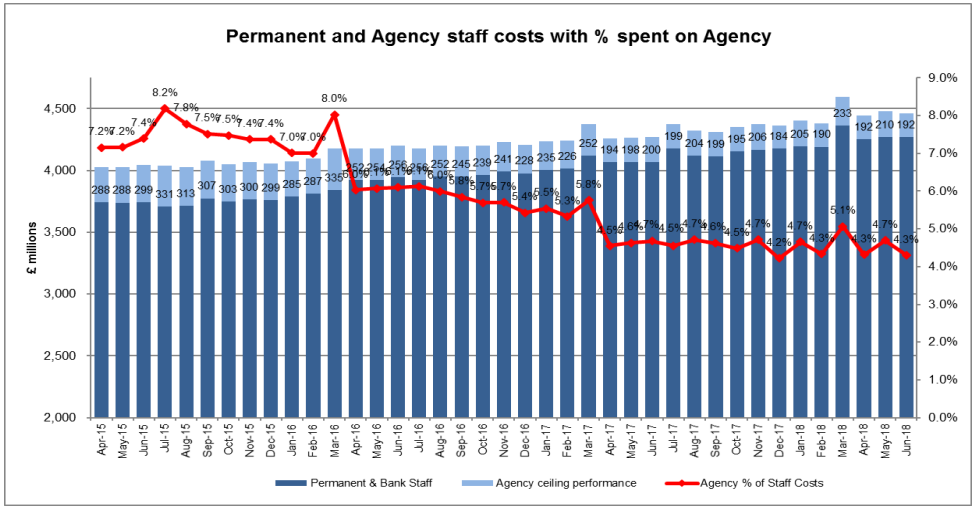
*The information above represents management information only and not an official statistic.
**Some of the data relating to 2017/18 is slightly different to that previously reported. This is due to the data being presented on a more accurate basis from Q1 18/19, using actual WTE vacancy data collected from NHS providers. It also incorporates some minor retrospective amendments to the data previously submitted by providers.

2.6 Agency ceiling performance

Agency ceiling performance 3 months ended 30 June 2018	Year to date Month 3 2018/19 Plan	Actual	Variance	
	£m	£m	£m	%
Agency ceiling performance	567	599	(32)	(5.6%)
Agency costs as a % of total pay costs	4.2%	4.5%		

Agency ceiling performance 3 months ended 30 June 2018	Forecast outturn 2018/19 Plan	Forecast	Variance	
	£m	£m	£m	%
Agency ceiling performance	2,200	2,113	87	4.0%
Agency costs as a % of total pay costs	4.1%	4.0%		

Agency breakdown 3 months ended 30 June 2018	Year to date Month 3 2018/19 Jun-17	Jun-18	Movement	
	£m	£m	£m	%
Medical staff	230	238	(8)	(3.5%)
Nursing staff	226	231	(5)	(2.2%)
Other Staff	136	130	6	4.4%
Total	**592**	**599**	**(7)**	**(1.2%)**



- NHS Improvement has established agency ceilings for all trusts. This work began in 2015/16 for nurses and has since been expanded to all staff groups.
- Since then, agency costs have steadily decreased as a result of NHS Improvement's initiatives and action taken by providers. Since April 2017, these have consistently been below 5% of overall pay costs and are forecast to fall to 4% by the year end. This is a considerable reduction on the 7.2% reported in April 2015 at the start of NHS Improvement's initiatives.
- As a result of the success in controlling these costs, the ceiling target was reduced from £2.5 billion in 2017/18, to £2.2 billion in 2018/19. This has in turn, reduced the ceiling for Q1 to £567 million. Against this lower target, providers have spent £599 million in Q1, which represents a £32 million overspend but is only slightly up on the £592 million reported for the same period in 2017/18. The overspend is driven by volume increases and not agency rates; in fact the average prices per shift are 16% less than for the same period last year.
- The forecast year-end figures show that the sector expects to underspend by £87 million against the agency ceiling, thereby reducing agency costs by £294 million (12.2%) on the 2017/18 outturn. This comprises expected savings of £113 million (12%) on medical and dental agency, £131 million (14%) on nursing and £50 million (9%) on other.
- The continued reduction in agency staff costs is a huge achievement in view of the record levels of demand and the extreme pressure on the acute sector. By controlling the level of agency spending, the changes brought in over the last three years have led to a greater level of workforce planning and improved the value for money in this area of significant spend.

2.7 Non-pay cost pressures

3 months ended 30 June 2018 by sectors	Year to date Month 3 2018/19 Plan £m	Actual £m	Variance to plan £m	%
Purchase of healthcare from other providers	480	537	(57)	(11.9%)
Purchase of social care	51	53	(2)	(3.9%)
Drugs costs	1,853	1,834	19	1.0%
Clinical supplies and services – (excluding drugs costs)	1,701	1,707	(6)	(0.4%)
General supplies and services	390	383	7	1.8%
Clinical negligence insurance	515	515	0	0.0%
Consultancy	46	55	(9)	(19.6%)
Establishment	233	229	4	1.7%
Premises	774	795	(21)	(2.7%)
Other non pay items	2,000	1,961	39	2.0%
Total non pay	**8,043**	**8,069**	**(26)**	**(0.3%)**

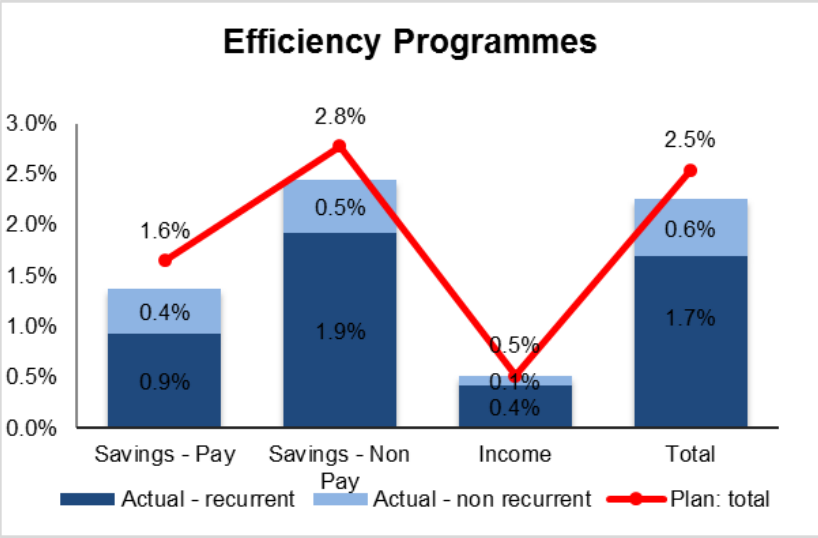
3 months ended 30 June 2018	Year to date actual £m	Forecast Outturn £m
Financial sanctions including penalties	43	142
Sanctions reinvested	(30)	(106)
Sub-total: Financial sanctions	**13**	**36**
Marginal rate emergency tariff impact	91	349
MRET reinvested	(6)	(29)
Sub-total: MRET	**85**	**320**
Readmissions	58	239
Readmissions reinvested	(8)	(35)
Sub-total: Readmissions	**50**	**204**
Delayed transfers of care (DToC) - expenditure incurred on	32	141
DToC - reimbursement from Local Authorities	(1)	(2)
Sub-total: Delayed transfers of care	**31**	**139**
Waiting list initiative work	**37**	**136**
Outsourcing of work to other providers	**56**	**206**

- Non-pay expenditure showed a small overspend against plan of £26 million (0.3%). One key area of overspending was the purchase of healthcare from other providers; this continues the pattern of 2017/18 where capacity constraints are causing providers to purchase healthcare from other NHS sources (£214 million) as well as from providers outside the NHS (£323 million). Other areas of overspending against plan included consultancy (£9 million) and premises (£21 million). These were offset by underspends including £19 million on drug costs and £39 million on 'other'. The sector forecasts that non-pay costs will account for £31.6 billion, representing a forecast overspend against plan of £52 million.
- The introduction of control totals and the STF (now PSF) in 2016/17 caused a significant reduction in national sanctions against trusts. In previous years, underperformance against national standards often resulted in financial sanctions being levied on providers. Since the introduction of the STF (now PSF), providers have not faced these penalties if they accepted their control totals. Consequently, the level of net sanctions reduced to £99 million in 2016/17, £40 million in 2017/18 and is forecast to be £36 million in 2018/19.
- The impact of the Marginal Rate Emergency Tariff (MRET) was £85 million, slightly up on the £75 million reported in the same quarter last year. Providers spent £37 million on weighting list initiatives during Q1 and £56 million on outsourcing, both consistent with the Q1 position last year
- In 2017/18, the government allocated £1 billion extra funding to social care. A proportion of this was to be used to reduce the volume of delayed transfers of care and help free hospital beds. Although costs did not reduce significantly in 2017/18, activity recorded in the second half of the year and in the first quarter of 2018/19 suggests that some progress is being made. The Q1 direct cost figures reported amount to £31 million compared to £42 million in the same quarter last year. Improvement in this area is vitally important as future delivery of financial plans depends on achieving several key assumptions around risk management, agreed activity levels and the availability of beds. Consequently NHS Improvement has made this a key priority for 2018/19.

2.8 Efficiency savings

3 months ended 30 June 2018	Year to date Month 3 2018/19 Plan £m	Actual £m	Variance £m	Variance %
Recurrent	486	372	(114)	(23%)
Non Recurrent	73	123	50	68%
Total efficiency savings	**559**	**495**	**(64)**	**(11%)**
Efficiencies as a % of Spend	2.5%	2.3%		

3 months ended 30 June 2018	Forecast outturn 2018/19 Plan £m	Forecast £m	Variance £m	Variance £m
Recurrent	3,130	2,887	(243)	(8%)
Non Recurrent	447	554	107	24%
Total efficiency savings	**3,577**	**3,441**	**(136)**	**(4%)**
Efficiencies as a % of Spend	4.1%	3.9%		



- During 2017/18, providers achieved savings through cost improvement programmes (CIPs) of £3.2 billion or 3.7%, in the most difficult operating conditions. For 2018/19 the planned efficiency savings for the year have been set even higher, at £3.6 billion or 4.1% of total expenditure. Of this, the planned CIP achievement for Q1 was £559 million (2.5%).
- At the end of the first quarter, the sector had achieved savings of £495 million (2.3%) which, although significant, was £64 million below the ambitious plan. The main areas of underachievement were pay efficiencies and non-pay efficiencies, which were down on plan by £37 million and £28 million respectively. This was compensated by a small overachievement on income CIPs.
- The first quarter of 2018/19 continued the trend identified in 2017/18 whereby an underperformance against recurrent CIPs has been compensated by an increase in non-recurrent CIPs. Trusts had planned to deliver £486 million (or 87%) of their year-to-date efficiencies through recurrent schemes but only achieved recurrent savings of £372 million (75%). By contrast, savings from non-recurrent schemes rose from £73 million (or 13%) at plan to £123 million (or 25%) at Q1.
- In 2016/17 NHS Improvement established an operational productivity team to support the sector in delivering increased levels of efficiency and accelerate the implementation of the recommendations from Lord Carter's review. This work has continued through 2017/18 and into the current financial year. For Q1 the specific efficiency savings linked to Lord Carter's productivity themes in workforce productivity, resource optimisation and benchmarking (Model Hospital) are estimated to be £296 million and are forecast to rise to £1.9 billion by the year end. The delivery of efficiency and productivity gains is supported by the Getting It Right First Time (GIRFT) programme, which is promoting a reduction in unwarranted clinical variation resulting in improvements in quality and productivity. £20 million of the PSF fund has been allocated to support this work.
- We continue to work with providers to maximise the benefit of efficiency savings, by providing national and technical forums for sharing best practice.

2.9 Implied provider productivity

Implied productivity calculation

Quarter ended 30 June 2018	Year to date Q1 2018/19		
	Total £m	Pay £m	Non Pay £m
Expenditure, all trusts 2017/18	20,626	12,891	7,735
Expenditure, all trusts 2018/19	21,458	13,389	8,069
Cost change on previous year	832	499	333
Cost change %	4.0%	3.9%	4.3%
Estimated impact of inflation (as per NHS tariff[1])	2.3%	2.1%	2.6%
NHS real terms cost change	1.7%	1.8%	1.7%
Growth in cost weighted activity [2]	2.7%	2.7%	2.7%
Implied productivity	**1.0%**	**0.9%**	**1.0%**

[1] Includes the inflationary impact of CNST premium increases, will be updated at Q2 to reflect A4C costs not distributed thro

[2] Elective and outpatient growth rates are adjusted for differences in the number of working days in the comparator period

Cost Improvement Programs Delivered

Quarter ended 30 June 2018	Year to date Q1 2018/19		
	Total [1] £m	Pay £m	Non Pay £m
CIPS Delivered	495	187	202
Expenditure for CIPS calculation	21,953	13,576	8,271
Cost Improvement Programs % Delivered	**2.3%**	**1.4%**	**2.4%**

[1] The total includes pay and non pay CIPs as well as those relating to income (not seperately listed above)

Note: *The implied productivity measure is an early view of NHS provider productivity. It uses an early cut of activity data, it is not adjusted for quality or case mix changes and uses assumed NHS inflation in national tariff rather than actual inflation.

- By reviewing the change in provider costs, adjusted for estimated unavoidable inflationary pressures and then comparing these cost changes to the change in provider outputs, it is possible to calculate the implied productivity of the provider sector.
- The implied productivity for Quarter 1 was 1.0%. Underlying productivity appears to be slightly below the levels delivered in the 2017/18 financial year.
- From Quarter 2 reporting the estimated inflation figure will be updated to reflect the impact of the Agenda for Change pay deal.
- Pay and non-pay productivity rates are much closer than seen in recent years, although reported pay productivity will be distorted by the 2018/19 pay award cost in not being reported in Q1 expenditure, which will have the impact of overstating overall and pay productivity
- We use cost improvement programmes (CIPs) to monitor providers' plans to contain costs. The level of CIPs undertaken by providers is greater than the underlying productivity improvement. This is because several initiatives undertaken by providers contain costs that are one-offs: for example, profits from the sale of surplus land. These savings need to be made again the following year, so would appear as a required cost improvement but would not appear as an underlying change in productivity. In addition, many providers are funding investments in quality improvement through efficiencies – these quality improvements are not measured through cost-weighted activity.
- CIPs show a bigger emphasis on non-pay cost reductions than is seen in the underlying productivity differences. However, as noted above, this may be due to pay productivity being overstated as a result of the delay in reporting Agenda for Change pay award costs.

2.10 Capital expenditure

3 months ended 30 June 2018 by sector	Year to date Month 3 2018/19			
	Plan	Actual	Variance to plan	
	£m	£m	£m	%
Acute	595	384	(211)	*(35.5%)*
Ambulance	20	12	(8)	*(40.0%)*
Community	13	5	(8)	*(61.5%)*
Mental Health	102	45	(57)	*(55.9%)*
Specialist	74	59	(15)	*(20.3%)*
Total CDEL	**804**	**505**	**(299)**	***(37.2%)***

3 months ended 30 June 2018 by sector	Forecast outturn 2018/19			
	Plan	Forecast	Variance to plan	
	£m	£m	£m	%
Acute	3,428	3,428	0	*(0.0%)*
Ambulance	124	123	(1)	*(0.8%)*
Community	73	72	(1)	*(1.4%)*
Mental Health	668	665	(3)	*(0.4%)*
Specialist	356	357	1	*0.3%*
Total CDEL	**4,649**	**4,645**	**(4)**	***(0.1%)***

Provider Capital Summary	Foundation Trust	NHS Trust	Forecast outturn
Capital Departmental Expenditure Limit	£m	£m	£m
Gross capital expenditure	3,221	1,711	4,932
Disposals / other deductions	(111)	(4)	(115)
Net Capital expenditure	**3,110**	**1,707**	**4,817**
Less donations and grants received	(140)	(45)	(185)
Less PFI capital (IFRIC12)	(57)	(82)	(139)
Plus PFI residual interest	76	79	155
Purchase of financial assets	30	0	30
Sale of financial assets	(33)	0	(33)
Total CDEL	**2,986**	**1,659**	**4,645**

- The latest provider plan submissions included Capital Departmental Expenditure Limit (CDEL) expenditure of £4.649 billion in 2018/19.
- The forecast CDEL expenditure at Month 3 is £4.645 billion, an underspend against plan of £4 million.
- Discussions between the Department of Health and Social Care and NHS Improvement to establish the level of capital resource available to the provider sector in 2018/19 continue, although initial indications are that this could be set at £3.46 billion. If this is the case, trust plans will exceed the budget by £1.2 billion.
- In 2017/18 providers spent £3.1 billion in CDEL terms. This was an underspend of £0.2 billion against the national CDEL budget of £3.3 billion. Providers had been forecasting an outturn on or near the target in months 9 to 11, and therefore as a result of the under-delivery late in the financial year the sector lost capital resource.
- Historically NHS providers overestimate capital spend at plan stage and in the early months of the year. However, given last year's underspend, NHS Improvement will be working closely with providers to improve and refine forecasts to achieve a more realistic and credible forecast.
- Providers at Month 3 had spent £505 million on capital schemes, which was £299 million below plan at this stage of the year.
- Foundation trusts are forecasting CDEL expenditure of £2.986 billion (or 64% of the total forecast). NHS trusts are forecasting £1.659 billion (representing 36% of the total sector forecast).

2.11 Q1 financial performance overview by integrated care system

In 2018/19, to reinforce the importance integration will play in improving the long-term sustainability of vital patient services – many of which cross organisational boundaries – NHS England and NHS Improvement introduced the voluntary rollout of integrated care systems (ICSs).

Integrated care systems are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations.

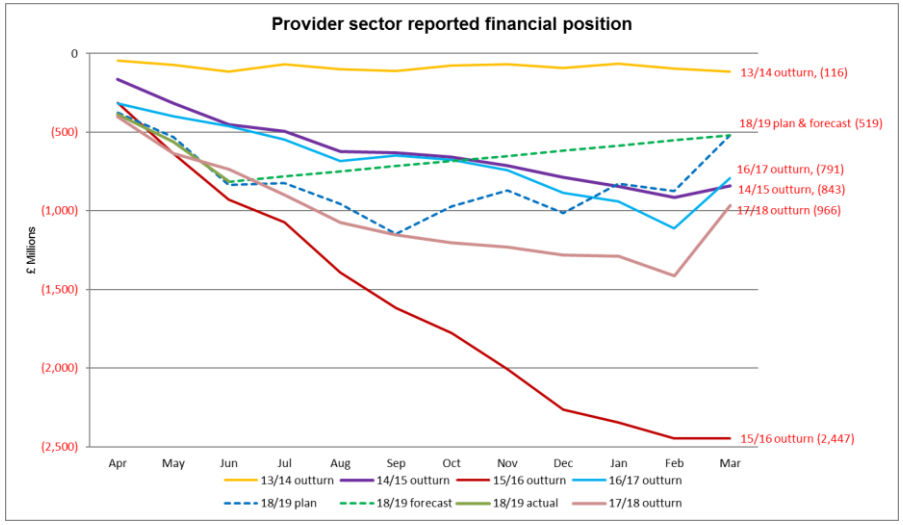
There are 14 systems in the ICS development programme. Eight of these systems agreed to link their Provider Sustainability Funding (PSF) to the system financial performance in 2018/19.

The table below outlines ICS financial performance of CCGs and trusts at the end of Quarter 1 compared against plan, including PSF.

ICSs Control Total Basis including PSF			Year to date			Provider Sustainability Funding (PSF)	
ICS Name	PSF Linked to System Performance	Number of Provider CTs Accepted*	YTD Plan £000s	YTD Actual £000s	Total System Variance £000s	PSF Allocated (in Plan only if accepted CT) £000s	YTD Actual £000s
Bedfordshire, Luton & Milton Keynes (BLMK)	Yes	3/3	-5,109	-8,514	-3,406	4,422	3,911
Berkshire West	Yes	2/2	-2,139	-1,726	413	2,120	2,120
Dorset	Yes	4/4	-7,309	-6,453	857	3,981	3,570
Frimley Health	Yes	3/3	1,139	625	-514	4,113	2,936
Greater Manchester	Yes	8/10**	-49,107	-49,647	-540	13,427	10,906
Nottinghamshire	Yes	3/3	-20,609	-21,557	-948	7,348	5,873
South Yorkshire and Bassetlaw (SYB)	Yes	6/7**	-23,974	-22,385	1,589	8,489	7,313
Surrey Heartlands	Yes	3/3	-1,692	-776	916	3,159	2,733
Buckinghamshire	No	1/1	-5,238	-10,128	-4,890	1,791	0
Gloucestershire	No	3/4	-10,221	-10,123	97	1,534	1,533
Lancashire and South Cumbria	No	4/6	-45,610	-45,421	189	2,619	2,323
Suffolk and North East Essex	No	6/6	-14,592	-13,437	1,155	3,731	3,229
West Yorkshire	No	11/12	-37,889	-38,058	-169	10,815	8,891
West, North and East Cumbria	No	3/3	-13,189	-16,668	-3,479	2,109	372

* Where the system agreed to link PSF to system performance and not all providers accepted their individual control totals, systems will work towards system improvement plans to improve their aggregate positions as part of their commitment to working together in meeting operational and financial challenges.

2.12 Year-end financial position



Control total, STF and financial special measures data by sector as at June 2018

Sector	No of trusts accepted control total	No of trusts included STF in year-to-date position	No of trusts forecast to receive full or partial STF at the year end	No of trusts in Financial Special Measures
Acute	107	98	107	12
Ambulance	9	9	9	0
Community	16	14	15	0
Mental Health	53	51	53	0
Specialist	16	15	16	0
Total	**201**	**187**	**200**	**12**

- The last financial year (2017/18) saw further significant increases in demand for urgent and emergency care that put enormous pressure on the provider sector. Despite this, most providers maintained control over their finances and, with the help of the £1.8 billion Strategic Transformation Fund (STF), the sector was able to contain the overall deficit to £966 million. This was a significant achievement that required trusts to make £3.2 billion of efficiency savings. This year, the sector is seeking to build on the last two years and has set out a challenging plan to reduce the sector deficit to £519 million. At Q1 the sector forecasts that it will meet this plan.
- NHS Improvement introduced new trust control totals, setting out the minimum level of improvement expected in financial positions for 2018/19. The Provider Sustainability Fund (PSF) at £2.45 billion has replaced the STF and is linked to the achievement of provider control totals. At the end of Q1, 201 out of 230 providers (87%) had accepted their individual control totals.
- However, this planned deficit is clearly unaffordable, and NHS Improvement and NHS England regional colleagues have been working with the most challenged health economies to identify actions to close the residual local planning gap. The work has also identified further opportunities for improvement in some organisations and systems already meeting their original control totals.
- To achieve greater financial sustainability, there is a need to move away from relying on one-off and short-term actions to improve the in-year financial position and to identify savings that are recurrent and long-term. To help assess the underlying financial position consistently, the 2018/19 planning guidance included a detailed definition. The aggregate financial plan submissions as reported by trusts identified that the provider sector carried forward an underlying deficit from 2017/18 into 2018/19 of £4.3 billion (£1.85 billion net if it is assumed that the PSF is deployed in the provider sector in future).
- Our regional teams continue to provide direct support to all providers. Twelve of the most financially challenged trusts will continue to receive intensive financial improvement support through special measures.

3.0 Financial performance by provider

3.1 Financial performance by provider – London (1/1)

		Control Total Basis Surplus Deficit Including PSF						Provider Sustainability Fund (PSF)		
		Year to date			Forecast Outturn					
Provider Name	Control Total (CT) Accepted?	YTD Plan	YTD Actual	Variance	FOT Plan	FOT	Variance	PSF in Plan (CT acceptors only)	YTD Actual	FOT
Barking, Havering and Redbridge University Hospitals NHS Trust	No	(19,181)	(19,803)	(622)	(52,500)	(52,500)	0	0	0	0
Barnet, Enfield And Haringey Mental Health NHS Trust	Yes	(1,591)	(1,529)	62	(3,346)	(3,346)	0	1,640	246	1,640
Barts Health NHS Trust	Yes	(32,957)	(39,162)	(6,205)	(1,900)	(1,900)	0	54,885	0	54,885
Camden and Islington NHS Foundation Trust	Yes	(275)	(685)	(410)	2,195	2,195	0	1,178	0	1,178
Chelsea and Westminster Hospital NHS Foundation Trust	Yes	(810)	(796)	14	14,784	14,784	0	19,859	2,979	19,859
Central London Community Healthcare NHS Trust	Yes	714	(217)	(931)	4,186	4,186	0	2,590	0	2,590
Central and North West London NHS Foundation Trust	Yes	(3,955)	(3,740)	215	2,746	2,746	0	4,118	618	4,118
Croydon Health Services NHS Trust	Yes	(6,227)	(6,712)	(485)	(2,842)	(3,392)	(550)	12,218	1,283	11,668
East London NHS Foundation Trust	Yes	484	525	41	9,032	9,032	0	3,428	514	3,428
Epsom and St Helier University Hospitals NHS Trust	Yes	(8,247)	(8,884)	(637)	(13,663)	(14,317)	(654)	14,529	1,526	13,875
Great Ormond Street Hospital for Children NHS Foundation Trust	Yes	867	1,141	274	12,066	12,066	0	7,571	1,136	7,571
Guy's and St Thomas' NHS Foundation Trust	Yes	(16,036)	(15,702)	334	27,738	26,340	(1,398)	31,070	3,263	29,672
The Hillingdon Hospitals NHS Foundation Trust	Yes	(3,656)	(6,401)	(2,745)	(7,619)	(7,897)	(278)	6,181	0	5,903
Homerton University Hospital NHS Foundation Trust	Yes	361	1,829	1,468	8,653	8,653	0	8,990	1,349	8,990
Hounslow and Richmond Community Healthcare NHS Trust	Yes	531	532	1	1,965	1,965	0	1,268	190	1,268
Imperial College Healthcare NHS Trust	Yes	(6,071)	(6,071)	0	13,603	13,603	0	34,163	5,124	34,163
King's College Hospital NHS Foundation Trust	Yes	(37,975)	(38,687)	(712)	(124,498)	(130,958)	(6,460)	21,532	2,261	15,072
Kingston Hospital NHS Foundation Trust	Yes	(1,801)	(1,793)	8	2,074	2,074	0	8,074	1,211	8,074
Lewisham and Greenwich NHS Trust	Yes	(10,919)	(11,709)	(790)	(35,470)	(36,262)	(792)	17,595	1,848	16,803
London Ambulance Service NHS Trust	Yes	(2,724)	(2,461)	263	(1,528)	(1,515)	13	2,728	409	2,728
Moorfields Eye Hospital NHS Foundation Trust	Yes	(482)	635	1,117	1,297	1,297	0	1,238	186	1,238
North East London NHS Foundation Trust	Yes	(430)	(424)	6	3,503	3,503	0	3,237	486	3,237
North Middlesex University Hospital NHS Trust	Yes	(2,514)	(2,907)	(393)	(9,549)	(9,972)	(423)	9,401	987	8,978
London North West University Healthcare NHS Trust	Yes	(15,237)	(15,231)	6	(31,369)	(31,369)	0	27,255	4,088	27,255
Oxleas NHS Foundation Trust	Yes	339	342	3	2,965	2,965	0	2,094	314	2,094
Royal National Orthopaedic Hospital NHS Trust	Yes	(4,419)	(3,677)	742	(7,012)	(7,012)	0	1,232	185	1,232
Royal Brompton and Harefield NHS Foundation Trust	Yes	(9,337)	(8,489)	848	(217)	(216)	1	11,516	1,727	11,516
Royal Free London NHS Foundation Trust	No	(19,479)	(19,500)	(21)	(65,826)	(65,826)	0	0	0	0
The Royal Marsden NHS Foundation Trust	Yes	(1,406)	1,656	3,062	3,221	3,221	0	2,597	389	2,597
South London and Maudsley NHS Foundation Trust	Yes	2,999	3,082	83	2,506	2,601	95	3,181	477	3,181
St George's University Hospitals NHS Foundation Trust	Yes	(12,560)	(12,537)	23	(16,376)	(16,376)	0	12,624	1,894	12,624
South West London and St George's Mental Health NHS Trust	Yes	(1,055)	(1,030)	25	2,476	2,476	0	1,382	207	1,382
Tavistock and Portman NHS Foundation Trust	Yes	318	386	68	1,034	1,034	0	703	105	703
University College London Hospitals NHS Foundation Trust	Yes	(8,184)	(8,489)	(305)	14,525	13,592	(933)	20,723	2,176	19,790
West London Mental Health NHS Trust	Yes	823	823	0	4,457	4,456	(1)	1,987	298	1,987
The Whittington Health NHS Trust	Yes	(737)	(926)	(189)	4,675	4,253	(422)	9,380	985	8,958
London Total		**(220,828)**	**(226,611)**	**(5,782)**	**(234,014)**	**(245,815)**	**(11,802)**	**362,167**	**38,460**	**350,257**

3.2 Financial performance by provider – Midlands and East (1/2)

		Control Total Basis Surplus Deficit Including PSF						Provider Sustainability Fund (PSF)		
		Year to date			Forecast Outturn					
Provider Name	Control Total (CT) Accepted?	YTD Plan	YTD Actual	Variance	FOT Plan	FOT	Variance	PSF in Plan (CT acceptors only)	YTD Actual	FOT
Basildon and Thurrock University Hospitals NHS Foundation Trust	No	(10,417)	(8,550)	1,867	(26,818)	(26,818)	0	0	0	0
Birmingham Women's and Children's NHS Foundation Trust	Yes	2,499	(717)	(3,216)	15,125	15,125	0	10,952	0	10,952
Bedford Hospital NHS Trust	Yes	(2,987)	(3,287)	(300)	(6,670)	(6,670)	0	7,381	775	7,381
Birmingham Community Healthcare NHS Foundation Trust	Yes	1,666	1,749	83	4,351	4,351	0	2,278	342	2,278
Birmingham and Solihull Mental Health NHS Foundation Trust	Yes	(608)	361	969	1,938	1,938	0	2,088	313	2,088
Burton Hospitals NHS Foundation Trust	Yes	(4,205)	(4,200)	5	(6,096)	(6,096)	0	7,568	1,135	7,568
Cambridgeshire Community Services NHS Trust	Yes	528	532	4	2,117	2,117	0	1,508	226	1,508
Cambridgeshire and Peterborough NHS Foundation Trust	Yes	(42)	45	87	2,162	2,162	0	1,853	278	1,853
Cambridge University Hospitals NHS Foundation Trust	No	(33,936)	(33,969)	(33)	(93,791)	(93,791)	0	0	0	0
Chesterfield Royal Hospital NHS Foundation Trust	Yes	(633)	(627)	6	5,296	5,296	0	6,399	960	6,399
Coventry and Warwickshire Partnership NHS Trust	Yes	(1,712)	(1,418)	294	2,154	2,154	0	1,727	259	1,727
University Hospitals of Derby and Burton NHS Foundation Trust	Yes	(9,442)	(9,431)	11	(20,150)	(20,150)	0	8,917	1,338	8,917
Derbyshire Community Health Services NHS Foundation Trust	Yes	1,213	2,189	976	4,075	4,075	0	2,161	324	2,161
Derbyshire Healthcare NHS Foundation Trust	Yes	403	459	56	2,331	2,331	0	1,117	168	1,117
Dudley And Walsall Mental Health Partnership NHS Trust	Yes	284	336	52	1,391	1,391	0	703	105	703
East And North Hertfordshire NHS Trust	Yes	(8,592)	(8,419)	173	(281)	(281)	0	14,362	1,508	14,362
The Ipswich Hospital NHS Trust	Yes	(6,272)	(6,560)	(288)	(15,338)	(15,675)	(337)	7,493	787	7,156
East Midlands Ambulance Service NHS Trust	Yes	(1,123)	334	1,457	(4,649)	(4,649)	0	1,313	197	1,313
Essex Partnership University NHS Foundation Trust	Yes	(1,007)	1,096	2,103	(2,720)	(2,721)	(1)	3,251	488	3,251
East Suffolk and North Essex NHS Foundation Trust	Yes	(4,290)	(4,290)	0	(12,527)	(12,527)	0	12,443	1,866	12,443
East of England Ambulance Service NHS Trust	Yes	1,543	1,566	23	3,105	3,105	0	1,983	297	1,983
George Eliot Hospital NHS Trust	Yes	(4,991)	(4,925)	66	(14,276)	(14,276)	0	4,222	443	4,222
Hertfordshire Community NHS Trust	Yes	579	587	8	2,077	2,077	0	1,288	193	1,288
Hertfordshire Partnership University NHS Foundation Trust	Yes	192	193	1	2,135	2,135	0	1,775	266	1,775
James Paget University Hospitals NHS Foundation Trust	Yes	(3,735)	(3,864)	(129)	(7,271)	(8,205)	(934)	3,112	327	2,178
The Princess Alexandra Hospital NHS Trust	Yes	(7,996)	(8,209)	(213)	(20,436)	(20,436)	0	8,035	844	8,035
Kettering General Hospital NHS Foundation Trust	Yes	(8,121)	(8,121)	0	(7,802)	(7,802)	0	7,459	1,119	7,459
Leicestershire Partnership NHS Trust	Yes	370	370	0	3,273	3,273	0	2,348	352	2,348
Royal Papworth Hospital NHS Foundation Trust	No	(2,865)	(2,749)	116	(15,800)	(15,800)	0	0	0	0
University Hospitals of Leicester NHS Trust	Yes	(19,121)	(20,002)	(881)	754	(1,551)	(2,305)	21,947	2,304	19,642
Lincolnshire Community Health Services NHS Trust	Yes	425	487	62	2,874	2,902	28	1,908	286	1,908
Lincolnshire Partnership NHS Foundation Trust	Yes	320	337	17	1,079	1,079	0	837	126	837
Luton and Dunstable University Hospital NHS Foundation Trust	Yes	67	(93)	(160)	15,758	15,758	0	11,838	1,596	11,838
Mid Essex Hospital Services NHS Trust	No	(13,026)	(17,277)	(4,251)	(47,257)	(47,257)	0	0	0	0
Midlands Partnership NHS Foundation Trust	Yes	590	(2,022)	(2,612)	4,548	4,548	0	4,478	0	4,478
Norfolk and Norwich University Hospitals NHS Foundation Trust	No	(15,433)	(14,932)	501	(54,193)	(54,193)	0	0	0	0
North Staffordshire Combined Healthcare NHS Trust	Yes	102	210	108	1,423	1,423	0	703	105	703
Northamptonshire Healthcare NHS Foundation Trust	Yes	264	269	5	1,588	1,588	0	1,610	242	1,610

3.3 Financial performance by provider – Midlands and East (2/2)

		Control Total Basis Surplus Deficit Including PSF						Provider Sustainability Fund (PSF)		
		Year to date			Forecast Outturn					
Provider Name	Control Total (CT) Accepted?	YTD Plan	YTD Actual	Variance	FOT Plan	FOT	Variance	PSF in Plan (CT acceptors only)	YTD Actual	FOT
Nottingham University Hospitals NHS Trust	Yes	(8,804)	(10,262)	(1,458)	7,884	6,410	(1,474)	32,746	3,438	31,272
University Hospitals of North Midlands NHS Trust	No	(22,521)	(21,148)	1,373	(44,802)	(44,802)	0	0	0	0
North West Anglia NHS Foundation Trust	Yes	(14,983)	(14,832)	151	(28,767)	(28,767)	0	17,222	2,583	17,222
Norfolk Community Health and Care NHS Trust	Yes	(1,134)	(1,067)	67	(1,867)	(1,867)	0	831	125	831
Norfolk and Suffolk NHS Foundation Trust	Yes	441	447	6	(178)	(178)	0	1,806	271	1,806
Nottinghamshire Healthcare NHS Foundation Trust	Yes	425	864	439	7,422	7,422	0	3,843	576	3,843
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Yes	(5,397)	(9,128)	(3,731)	(9,694)	(9,694)	0	6,101	0	6,101
Sandwell And West Birmingham Hospitals NHS Trust	Yes	(5,717)	(6,214)	(497)	3,489	2,328	(1,161)	11,056	1,161	9,895
Northampton General Hospital NHS Trust	Yes	(6,530)	(6,495)	35	(18,514)	(18,514)	0	9,191	1,379	9,191
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation	Yes	(767)	(399)	368	1,937	1,937	0	833	125	833
The Royal Orthopaedic Hospital NHS Foundation Trust	Yes	(1,758)	(1,288)	470	(6,002)	(6,002)	0	613	92	613
The Royal Wolverhampton NHS Trust	Yes	(2,944)	(3,378)	(434)	11,210	10,696	(514)	11,415	1,198	10,901
Sherwood Forest Hospitals NHS Foundation Trust	Yes	(12,106)	(12,050)	56	(33,972)	(33,972)	0	12,395	1,859	12,395
Black Country Partnership NHS Foundation Trust	Yes	(937)	(413)	524	(2,502)	(2,502)	0	656	98	656
Shropshire Community Health NHS Trust	Yes	(281)	(259)	22	966	966	0	838	126	838
United Lincolnshire Hospitals NHS Trust	No	(20,361)	(21,863)	(1,502)	(74,700)	(74,700)	0	0	0	0
South Warwickshire NHS Foundation Trust	Yes	1,032	748	(284)	9,227	8,917	(310)	6,879	722	6,569
Staffordshire and Stoke on Trent Partnership NHS Trust	Yes	(2,217)	(2,217)	0	(2,217)	(2,217)	0	0	0	0
Milton Keynes University Hospital NHS Foundation Trust	Yes	(5,888)	(5,885)	3	(15,825)	(15,825)	0	10,264	1,540	10,264
The Dudley Group NHS Foundation Trust	Yes	(1,333)	(1,728)	(395)	8,239	8,239	0	9,043	949	9,043
Southend University Hospital NHS Foundation Trust	Yes	(4,444)	(3,657)	787	(10,540)	(10,540)	0	10,786	1,618	10,786
University Hospitals Coventry And Warwickshire NHS Trust	Yes	(9,501)	(9,496)	5	(9,693)	(9,693)	0	15,450	2,318	15,450
University Hospitals Birmingham NHS Foundation Trust	Yes	(10,853)	(10,844)	9	(38,045)	(38,045)	0	23,761	3,564	23,761
Walsall Healthcare NHS Trust	Yes	(5,634)	(5,614)	20	(10,496)	(10,496)	0	4,969	745	4,969
West Hertfordshire Hospitals NHS Trust	No	(17,869)	(18,292)	(423)	(52,900)	(52,900)	0	0	0	0
West Midlands Ambulance Service NHS Foundation Trust	Yes	1,733	1,789	56	2,035	2,035	0	1,943	291	1,943
West Suffolk NHS Foundation Trust	Yes	(4,037)	(3,128)	909	(10,006)	(10,006)	0	3,657	384	3,657
The Shrewsbury And Telford Hospital NHS Trust	Yes	(5,709)	(6,143)	(434)	(8,615)	(9,056)	(441)	9,824	1,032	9,383
Worcestershire Acute Hospitals NHS Trust	Yes	(11,956)	(15,574)	(3,618)	(23,704)	(23,704)	0	17,807	0	17,807
Worcestershire Health and Care NHS Trust	Yes	843	843	0	3,370	3,370	0	1,689	253	1,689
Wye Valley NHS Trust	Yes	(8,783)	(10,800)	(2,017)	(22,801)	(24,127)	(1,326)	4,421	0	3,095
Midlands and East Total		**(337,498)**	**(350,022)**	**(12,526)**	**(646,583)**	**(655,358)**	**(8,775)**	**397,096**	**46,016**	**388,294**

3.4 Financial performance by provider – North 1/2

		Control Total Basis Surplus Deficit Including PSF						Provider Sustainability Fund (PSF)		
		Year to date			Forecast Outturn					
Provider Name	Control Total (CT) Accepted?	YTD Plan	YTD Actual	Variance	FOT Plan	FOT	Variance	PSF in Plan (CT acceptors only)	YTD Actual	FOT
North West Boroughs Healthcare NHS Foundation Trust	Yes	(318)	(316)	2	995	995	0	1,492	224	1,492
Aintree University Hospital NHS Foundation Trust	No	(7,342)	(7,493)	(151)	(29,050)	(29,042)	8	0	0	0
Airedale NHS Foundation Trust	Yes	(1,119)	(1,097)	22	5,206	5,206	0	4,788	718	4,788
Alder Hey Children's NHS Foundation Trust	Yes	(1,054)	(1,044)	10	4,442	4,442	0	6,231	935	6,231
Barnsley Hospital NHS Foundation Trust	Yes	(3,620)	(3,584)	36	(8,733)	(8,733)	0	8,269	1,240	8,269
Blackpool Teaching Hospitals NHS Foundation Trust	Yes	(5,509)	(5,800)	(291)	(3,966)	(3,966)	0	6,575	690	6,575
Bolton NHS Foundation Trust	Yes	200	(237)	(437)	12,717	12,218	(499)	11,094	1,165	10,595
Bradford Teaching Hospitals NHS Foundation Trust	Yes	(4,055)	(4,463)	(408)	2,807	2,808	1	10,321	1,084	10,321
Bradford District Care NHS Foundation Trust	Yes	(965)	(921)	44	1,081	1,081	0	793	119	793
Bridgewater Community Healthcare NHS Foundation Trust	No	(2,687)	(2,644)	43	(7,594)	(7,594)	0	0	0	0
Calderdale and Huddersfield NHS Foundation Trust	No	(13,231)	(13,217)	14	(43,048)	(43,038)	10	0	0	0
Countess of Chester Hospital NHS Foundation Trust	Yes	(1,984)	(2,297)	(313)	2,963	2,197	(766)	7,297	766	6,531
The Christie NHS Foundation Trust	Yes	1,829	2,215	386	7,319	7,319	0	2,102	315	2,102
The Clatterbridge Cancer Centre NHS Foundation Trust	Yes	364	615	251	2,203	2,203	0	536	80	536
Cumbria Partnership NHS Foundation Trust	Yes	(681)	(677)	4	(2,078)	(2,079)	(1)	2,333	350	2,333
Cheshire and Wirral Partnership NHS Foundation Trust	Yes	(54)	3	57	1,119	1,119	0	1,378	207	1,378
County Durham and Darlington NHS Foundation Trust	Yes	(5,102)	(5,854)	(752)	8,081	7,267	(814)	18,091	1,900	17,277
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Yes	(6,234)	(6,205)	29	(6,615)	(6,615)	0	16,238	2,436	16,238
East Cheshire NHS Trust	Yes	(5,842)	(5,556)	286	(19,233)	(19,233)	0	5,664	595	5,409
East Lancashire Hospitals NHS Trust	Yes	(3,635)	(3,634)	1	(7,748)	(7,748)	0	8,050	1,208	8,050
Gateshead Health NHS Foundation Trust	Yes	(2,103)	(2,082)	21	742	742	0	7,282	1,092	7,282
Greater Manchester Mental Health NHS Foundation Trust	Yes	328	329	1	2,292	2,292	0	2,492	374	2,492
Harrogate and District NHS Foundation Trust	Yes	(3,378)	(3,156)	222	3,983	3,983	0	3,983	597	3,983
Hull And East Yorkshire Hospitals NHS Trust	Yes	(2,129)	(2,129)	0	2,364	2,364	0	12,586	1,888	12,586
Humber Teaching NHS Foundation Trust	Yes	(1,417)	(911)	506	1,151	1,151	0	2,012	302	2,012
Lancashire Care NHS Foundation Trust	Yes	(2,025)	(2,002)	23	(1,679)	(1,679)	0	2,199	330	2,199
Lancashire Teaching Hospitals NHS Foundation Trust	No	(15,585)	(14,827)	758	(46,441)	(46,441)	0	0	0	0
Leeds and York Partnership NHS Foundation Trust	Yes	554	1,221	667	2,543	2,543	0	1,427	214	1,427
Leeds Community Healthcare NHS Trust	Yes	635	784	149	2,541	2,541	0	1,333	200	1,333
The Leeds Teaching Hospitals NHS Trust	Yes	(6,329)	(7,775)	(1,446)	7,574	7,574	0	32,403	3,402	32,403
Liverpool Heart and Chest Hospital NHS Foundation Trust	Yes	1,511	1,517	6	6,654	6,654	0	3,592	539	3,592
Liverpool Women's NHS Foundation Trust	Yes	(1,624)	(1,341)	283	(1,601)	(1,601)	0	3,608	541	3,608
Manchester University NHS Foundation Trust	Yes	(2,154)	(3,799)	(1,645)	32,847	30,825	(2,022)	44,931	4,718	42,909
Mersey Care NHS Foundation Trust	Yes	940	940	0	5,485	5,485	0	3,643	546	3,643
Mid Cheshire Hospitals NHS Foundation Trust	Yes	(1,099)	(1,432)	(333)	5,243	4,864	(379)	8,428	885	8,049
The Mid Yorkshire Hospitals NHS Trust	Yes	(4,825)	(4,762)	63	(5,410)	(5,410)	0	14,254	2,138	14,254
University Hospitals of Morecambe Bay NHS Foundation Trust	No	(17,691)	(18,007)	(316)	(69,449)	(69,449)	0	0	0	0
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	No	1	(1,372)	(1,373)	(11,172)	(13,581)	(2,409)	0	0	0

3.5 Financial performance by provider – North 2/2

		Control Total Basis Surplus Deficit Including PSF						Provider Sustainability Fund (PSF)		
		Year to date			Forecast Outturn					
Provider Name	Control Total (CT) Accepted?	YTD Plan	YTD Actual	Variance	FOT Plan	FOT	Variance	PSF in Plan (CT acceptors only)	YTD Actual	FOT
Northern Lincolnshire and Goole NHS Foundation Trust	Yes	(12,390)	(15,287)	(2,897)	(32,385)	(33,465)	(1,080)	7,198	0	6,118
North Cumbria University Hospitals NHS Trust	Yes	(13,549)	(17,116)	(3,567)	(37,628)	(37,628)	0	11,579	0	11,579
North East Ambulance Service NHS Foundation Trust	Yes	(72)	486	558	(712)	(630)	82	1,003	150	1,003
North Tees and Hartlepool NHS Foundation Trust	No	(7,261)	(6,141)	1,120	(20,220)	(20,220)	0	0	0	0
Northumberland, Tyne and Wear NHS Foundation Trust	Yes	(533)	(323)	210	3,524	3,524	0	2,028	304	2,028
Northumbria Healthcare NHS Foundation Trust	Yes	7,205	7,235	30	25,143	25,143	0	12,066	1,810	12,066
North West Ambulance Service NHS Trust	Yes	686	726	40	1,839	1,839	0	2,422	363	2,422
The Pennine Acute Hospitals NHS Trust	No	(18,908)	(18,876)	32	(68,858)	(68,858)	0	0	0	0
Pennine Care NHS Foundation Trust	Yes	(1,304)	(535)	769	(6,369)	(6,369)	0	1,924	289	1,924
Rotherham Doncaster and South Humber NHS Foundation Trust	Yes	387	714	327	2,058	2,058	0	1,388	208	1,388
The Rotherham NHS Foundation Trust	No	(6,499)	(6,352)	147	(20,283)	(20,283)	0	0	0	0
The Royal Liverpool and Broadgreen University Hospitals NHS Trust	No	(15,629)	(15,665)	(36)	(39,690)	(39,690)	0	0	0	0
Salford Royal NHS Foundation Trust	Yes	(5,627)	(5,581)	46	5,374	5,374	0	14,687	2,203	14,687
Sheffield Children's NHS Foundation Trust	Yes	(2,256)	(1,784)	472	1,882	1,882	0	3,495	524	3,495
Sheffield Health and Social Care NHS Foundation Trust	Yes	276	277	1	1,532	1,532	0	1,097	165	1,097
Sheffield Teaching Hospitals NHS Foundation Trust	Yes	(4,778)	(4,328)	450	5,104	3,929	(1,175)	26,103	2,740	24,928
Southport And Ormskirk Hospital NHS Trust	No	(8,643)	(8,031)	612	(28,818)	(28,818)	0	0	0	0
South Tees Hospitals NHS Foundation Trust	Yes	(4,115)	(3,615)	500	3,804	3,804	0	13,900	2,085	13,900
South Tyneside NHS Foundation Trust	Yes	(4,325)	(3,824)	501	(12,065)	(12,065)	0	2,954	443	2,954
St Helens And Knowsley Teaching Hospitals NHS Trust	Yes	(3,612)	(3,612)	0	10,993	10,993	0	12,821	1,923	12,821
Stockport NHS Foundation Trust	No	(10,954)	(10,712)	242	(33,820)	(33,820)	0	0	0	0
City Hospitals Sunderland NHS Foundation Trust	Yes	(5,433)	(5,471)	(38)	(11,909)	(11,909)	0	6,495	682	6,495
South West Yorkshire Partnership NHS Foundation Trust	Yes	(1,131)	(737)	394	(1,156)	(1,156)	0	1,470	221	1,470
Tameside and Glossop Integrated Care NHS Foundation Trust	Yes	(7,027)	(7,005)	22	(19,149)	(19,149)	0	4,221	633	4,221
Tees, Esk and Wear Valleys NHS Foundation Trust	Yes	1,715	1,760	45	6,864	6,962	98	2,663	399	2,663
The Walton Centre NHS Foundation Trust	Yes	608	619	11	3,254	3,263	9	2,263	339	2,263
Warrington and Halton Hospitals NHS Foundation Trust	Yes	(6,685)	(6,681)	4	(16,881)	(16,881)	0	4,942	519	4,942
Wrightington, Wigan and Leigh NHS Foundation Trust	Yes	(3,245)	(3,199)	46	1,682	110	(1,572)	8,060	1,209	6,488
Wirral University Teaching Hospital NHS Foundation Trust	No	(8,456)	(9,272)	(816)	(25,042)	(25,042)	0	0	0	0
Wirral Community NHS Foundation Trust	Yes	213	442	229	1,443	1,443	0	955	143	955
York Teaching Hospital NHS Foundation Trust	Yes	(4,376)	(4,825)	(449)	(1,835)	(1,794)	41	12,479	1,310	12,479
Yorkshire Ambulance Service NHS Trust	Yes	2,457	2,457	0	4,188	4,188	0	2,123	318	2,123
North Total		**(260,690)**	**(265,264)**	**(4,576)**	**(439,601)**	**(450,067)**	**(10,468)**	**415,761**	**50,777**	**407,199**

3.6 Financial performance by provider – South (1/2)

		Control Total Basis Surplus Deficit Including PSF						Provider Sustainability Fund (PSF)		
		Year to date			Forecast Outturn					
Provider Name	Control Total (CT) Accepted?	YTD Plan	YTD Actual	Variance	FOT Plan	FOT	Variance	PSF in Plan (CT acceptors only)	YTD Actual	FOT
Ashford and St Peter's Hospitals NHS Foundation Trust	Yes	2,825	2,830	5	13,215	13,215	0	10,789	1,618	10,789
Avon and Wiltshire Mental Health Partnership NHS Trust	Yes	(1,190)	(1,152)	38	(2,635)	(2,635)	0	1,262	189	1,262
Hampshire Hospitals NHS Foundation Trust	Yes	(3,908)	(2,668)	1,240	3,267	2,818	(449)	9,976	1,047	9,527
Berkshire Healthcare NHS Foundation Trust	Yes	335	931	596	2,397	2,397	0	2,433	365	2,433
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trus	Yes	(1,900)	(1,874)	26	(2,381)	(2,381)	0	9,000	1,350	9,000
Brighton and Sussex University Hospitals NHS Trust	Yes	(17,905)	(17,890)	15	(55,106)	(55,106)	0	10,294	1,544	10,294
University Hospitals Bristol NHS Foundation Trust	Yes	2,171	2,181	10	18,480	16,855	(1,625)	15,480	2,322	13,855
Buckinghamshire Healthcare NHS Trust	Yes	(1,363)	(5,823)	(4,460)	9,893	9,897	4	11,938	0	11,938
Cornwall Partnership NHS Foundation Trust	Yes	683	698	15	2,695	2,695	0	747	112	747
Dartford and Gravesham NHS Trust	Yes	(4,242)	(4,216)	26	(5,135)	(5,135)	0	5,135	770	5,135
Devon Partnership NHS Trust	Yes	1,134	1,134	0	2,428	2,428	0	1,194	179	1,194
Dorset County Hospital NHS Foundation Trust	Yes	(2,844)	(2,327)	517	(1,325)	(1,325)	0	5,873	881	5,873
Dorset Healthcare University NHS Foundation Trust	Yes	291	856	565	2,296	2,296	0	2,526	379	2,526
East Kent Hospitals University NHS Foundation Trust	No	(9,884)	(9,845)	39	(29,830)	(29,830)	0	0	0	0
East Sussex Healthcare NHS Trust	No	(13,371)	(13,299)	72	(45,000)	(45,000)	0	0	0	0
Frimley Health NHS Foundation Trust	Yes	1,282	522	(760)	32,837	31,660	(1,177)	26,165	2,748	24,988
Gloucestershire Care Services NHS Trust	Yes	564	567	3	2,262	2,262	0	1,436	215	1,436
2gether NHS Foundation Trust	Yes	271	280	9	864	892	28	903	135	903
Gloucestershire Hospitals NHS Foundation Trust	Yes	(10,930)	(10,842)	88	(18,821)	(18,821)	0	8,060	1,209	8,060
Great Western Hospitals NHS Foundation Trust	Yes	(2,672)	(2,663)	9	(5,300)	(5,300)	0	7,126	1,069	7,126
Southern Health NHS Foundation Trust	Yes	(2,576)	(2,565)	11	3,384	3,384	0	4,089	613	4,089
Isle of Wight NHS Trust	No	(5,987)	(6,356)	(369)	(17,149)	(17,149)	0	0	0	0
Kent Community Health NHS Foundation Trust	Yes	539	619	80	3,128	3,128	0	2,474	371	2,474
Kent and Medway NHS and Social Care Partnership Trust	Yes	(1,814)	(1,814)	0	(1,829)	(1,829)	0	1,547	232	1,547
Maidstone And Tunbridge Wells NHS Trust	Yes	(3,228)	(3,216)	12	11,741	11,741	0	12,718	1,908	12,718
Medway NHS Foundation Trust	Yes	(12,329)	(12,566)	(237)	(34,169)	(34,164)	5	12,663	1,329	12,093
North Bristol NHS Trust	Yes	(6,756)	(6,659)	97	(18,383)	(18,383)	0	16,176	2,426	16,176
Northern Devon Healthcare NHS Trust	No	(3,499)	(4,095)	(596)	(11,877)	(11,877)	0	0	0	0
Oxford Health NHS Foundation Trust	Yes	(1,441)	(1,298)	143	1,939	1,939	0	2,715	407	2,715
Oxford University Hospitals NHS Foundation Trust	Yes	(7,762)	(7,587)	175	25,726	25,726	0	15,321	1,609	15,321
University Hospitals Plymouth NHS Trust	Yes	(7,029)	(7,474)	(445)	(3,823)	(4,383)	(560)	12,444	1,307	11,884
Poole Hospital NHS Foundation Trust	Yes	(3,165)	(3,416)	(251)	(3,713)	(4,124)	(411)	9,142	960	8,731
Portsmouth Hospitals NHS Trust	No	(11,914)	(11,893)	21	(29,900)	(29,900)	0	0	0	0
The Queen Victoria Hospital NHS Foundation Trust	Yes	(1,414)	(1,406)	8	1,951	1,952	1	1,325	199	1,325
Royal Devon and Exeter NHS Foundation Trust	Yes	(1,028)	(794)	234	6,272	6,504	232	12,222	1,833	12,222
Royal Berkshire NHS Foundation Trust	Yes	(2,340)	(2,285)	55	8,989	8,989	0	12,673	1,901	12,673
Royal Cornwall Hospitals NHS Trust	Yes	(5,131)	(5,129)	2	(11,889)	(11,889)	0	8,871	1,331	8,871
Royal Surrey County Hospital NHS Foundation Trust	Yes	(1,337)	(448)	889	(1,650)	(1,650)	0	9,447	992	8,029
Royal United Hospitals Bath NHS Foundation Trust	Yes	1,026	1,032	6	12,762	12,762	0	10,958	1,644	10,958
Salisbury NHS Foundation Trust	Yes	(2,578)	(2,721)	(143)	(5,165)	(5,165)	0	3,795	399	3,795

3.7 Financial performance by provider – South (2/2)

		Control Total Basis Surplus Deficit Including PSF						Provider Sustainability Fund (PSF)		
		Year to date			Forecast Outturn					
Provider Name	Control Total (CT) Accepted?	YTD Plan	YTD Actual	Variance	FOT Plan	FOT	Variance	PSF in Plan (CT acceptors only)	YTD Actual	FOT
South Central Ambulance Service NHS Foundation Trust	Yes	(344)	(340)	4	(764)	(764)	0	1,493	224	1,489
South East Coast Ambulance Service NHS Foundation Trust	Yes	(2,457)	(2,368)	89	(769)	(757)	12	1,782	267	1,782
Solent NHS Trust	Yes	(687)	(640)	47	(971)	(971)	0	1,620	242	1,620
Somerset Partnership NHS Foundation Trust	Yes	519	530	11	4,111	4,111	0	2,303	345	2,303
University Hospital Southampton NHS Foundation Trust	Yes	2,858	2,967	109	29,445	29,445	0	25,040	3,756	25,040
Torbay and South Devon NHS Foundation Trust	Yes	(4,180)	(4,408)	(228)	1,725	1,449	(276)	6,148	646	5,872
Surrey and Borders Partnership NHS Foundation Trust	Yes	(273)	(240)	33	3,205	3,205	0	1,287	193	1,287
Surrey And Sussex Healthcare NHS Trust	Yes	193	672	479	16,149	16,149	0	9,270	1,391	9,270
Sussex Community NHS Foundation Trust	Yes	249	263	14	3,144	3,144	0	2,416	362	2,416
Sussex Partnership NHS Foundation Trust	Yes	598	600	2	3,206	3,209	3	2,084	313	2,084
South Western Ambulance Service NHS Foundation Trust	No	0	0	0	0	0	0	0	0	0
Taunton and Somerset NHS Foundation Trust	Yes	(3,911)	(3,873)	38	(4,464)	(4,464)	0	5,872	881	5,872
Western Sussex Hospitals NHS Foundation Trust	Yes	1,554	1,616	62	17,437	17,437	0	16,252	2,438	16,252
Weston Area Health NHS Trust	Yes	(2,084)	(3,045)	(961)	(10,269)	(10,269)	0	2,165	0	2,165
Yeovil District Hospital NHS Foundation Trust	Yes	(5,815)	(5,799)	16	(16,744)	(16,744)	0	3,142	471	3,142
South Total		**(154,195)**	**(156,733)**	**(2,540)**	**(94,113)**	**(98,328)**	**(4,213)**	**359,791**	**47,122**	**353,301**
Total for all providers		**(973,211)**	**(998,630)**	**(25,424)**	**(1,414,310)**	**(1,449,568)**	**(35,258)**	**1,534,815**	**182,376**	**1,499,051**

4.0 Operational performance by provider

4.1 Best and worst operational performance (1/3)

A&E 4-hour standard – ten best and worst performing trusts during quarter 1 2018/19 – acute trusts only

Best performing trusts	Total attendances	4-hour breaches	Q1 2018-19 Performance
Luton and Dunstable University Hospital NHS Foundation Trust	37,072	545	98.53%
Yeovil District Hospital NHS Foundation Trust	13,852	209	98.49%
Northumbria Healthcare NHS Foundation Trust	52,823	897	98.30%
Sheffield Children's NHS Foundation Trust	14,543	274	98.12%
North Tees and Hartlepool NHS Foundation Trust	43,501	952	97.81%
Dorset County Hospital NHS Foundation Trust	26,231	650	97.52%
Surrey And Sussex Healthcare NHS Trust	25,942	820	96.84%
Colchester Hospital University NHS Foundation Trust	40,273	1,303	96.76%
South Tees Hospitals NHS Foundation Trust	39,734	1,317	96.69%
Royal Cornwall Hospitals NHS Trust	56,318	2,402	95.73%

Worst performing trusts	Total attendances	4-hour breaches	Q1 2018-19 Performance
United Lincolnshire Hospitals NHS Trust	41,302	11,012	73.34%
Shrewsbury And Telford Hospital NHS Trust	33,912	8,931	73.66%
St Helens And Knowsley Hospitals NHS Trust	28,858	7,426	74.27%
The Princess Alexandra Hospital NHS Trust	25,904	6,256	75.85%
Worcestershire Acute Hospitals NHS Trust	49,787	10,928	78.05%
Wye Valley NHS Trust	16,341	3,512	78.51%
Medway NHS Foundation Trust	31,586	6,403	79.73%
East Kent Hospitals University NHS Foundation Trust	54,241	10,773	80.14%
King's College Hospital NHS Foundation Trust	70,100	13,679	80.49%
Nottingham University Hospitals NHS Trust	51,090	9,849	80.72%

4.1 Best and worst operational performance (2/3)

RTT 18-week – ten best and worst performing trusts at end of June 2018 – acute and specialist trusts only

Best performing trusts	Waiting list	0-18 week waiters	June 2018 Performance
Lancashire Care NHS Foundation Trust	388	386	99.48%
The Clatterbridge Cancer Centre NHS Foundation Trust	501	497	99.20%
The Christie NHS Foundation Trust	1,463	1,450	99.11%
The Royal Marsden NHS Foundation Trust	2,614	2,575	98.51%
Homerton University Hospital NHS Foundation Trust	17,747	17,244	97.17%
South Tyneside NHS Foundation Trust	4,051	3,899	96.25%
Sheffield Teaching Hospitals NHS Foundation Trust	44,085	41,948	95.15%
Southern Health NHS Foundation Trust	4,894	4,655	95.12%
Moorfields Eye Hospital NHS Foundation Trust	27,879	26,517	95.11%
The Walton Centre NHS Foundation Trust	8,926	8,473	94.92%

Worst performing trusts	Waiting list	0-18 week waiters	June 2018 Performance
Northern Lincolnshire and Goole NHS Foundation Trust	30,096	21,272	70.68%
Bradford Teaching Hospitals NHS Foundation Trust	33,973	25,111	73.91%
Wye Valley NHS Trust	15,389	11,473	74.55%
University Hospitals of North Midlands NHS Trust	47,816	35,972	75.23%
Wirral University Teaching Hospital NHS Foundation Trust	26,957	20,416	75.74%
Queen Victoria Hospital NHS Foundation Trust	11,086	8,540	77.03%
Northern Devon Healthcare NHS Trust	14,176	10,956	77.29%
East Kent Hospitals University NHS Foundation Trust	53,407	42,200	79.02%
Maidstone And Tunbridge Wells NHS Trust	34,474	27,269	79.10%
Plymouth Hospitals NHS Trust	25,802	20,500	79.45%

4.1 Best and worst operational performance (3/3)

Cancer 62-day standard – ten best and worst performing trusts in quarter 1 2018/19 – acute and specialist trusts only

Best performing trusts	Number treated	Within 62 days	Q1 2018/19 Performance
South Tyneside NHS Foundation Trust	33.0	33.0	100.00%
Kingston Hospital NHS Foundation Trust	178.0	172.0	96.63%
Frimley Health NHS Foundation Trust	475.0	444.0	93.47%
Mid Cheshire Hospitals NHS Foundation Trust	182.5	170.5	93.42%
Bolton NHS Foundation Trust	171.0	159.0	92.98%
Croydon Health Services NHS Trust	171.0	158.5	92.69%
St Helens And Knowsley Hospitals NHS Trust	260.0	237.5	91.35%
Liverpool Heart and Chest Hospital NHS Foundation Trust	39.5	36.0	91.14%
Homerton University Hospital NHS Foundation Trust	89.0	81.0	91.01%
Tameside Hospital NHS Foundation Trust	146.0	131.0	89.73%

Worst performing trusts	Number treated	Within 62 days	Q1 2018/19 Performance
Liverpool Women's NHS Foundation Trust	37.5	19.5	52.00%
Maidstone And Tunbridge Wells NHS Trust	358.5	203.5	56.76%
The Clatterbridge Cancer Centre NHS Foundation Trust	155.5	91.5	58.84%
The Christie NHS Foundation Trust	245.0	150.0	61.22%
The Royal Wolverhampton NHS Trust	326.5	214.0	65.54%
East Kent Hospitals University NHS Foundation Trust	604.5	398.0	65.84%
Royal Brompton and Harefield NHS Foundation Trust	10.5	7.0	66.67%
Bradford Teaching Hospitals NHS Foundation Trust	265.0	177.5	66.98%
East And North Hertfordshire NHS Trust	339.0	235.0	69.32%
Hull And East Yorkshire Hospitals NHS Trust	487.5	338.5	69.44%

4.2 Operational performance by provider – London (1/1)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Barking, Havering And Redbridge University Hospitals NHS Trust	82.25%	85.66%	2	7.99%	87.90%	95.82%	96.77%	99.05%	1
Barts Health NHS Trust	87.12%	85.10%	63	0.25%	87.15%	96.29%	93.50%	99.19%	18
Central and North West London NHS Foundation Trust		100.00%	0	0.00%	0.00%				0
Central London Community Healthcare NHS Trust	99.41%	97.79%	0						0
Chelsea and Westminster Hospital NHS Foundation Trust	95.27%	92.22%	0	0.73%	88.63%	94.25%	92.20%	97.15%	7
Croydon Health Services NHS Trust	87.94%	93.12%	3	1.43%	92.69%	97.29%	97.53%	98.57%	2
Epsom And St Helier University Hospitals NHS Trust	93.93%	87.71%	5	0.60%	88.72%	97.49%		99.62%	11
Great Ormond Street Hospital for Children NHS Foundation Trust		92.59%	2	1.59%	100.00%			100.00%	0
Guy's and St Thomas' NHS Foundation Trust	86.04%	89.45%	12	2.00%	71.78%	96.30%	80.00%	94.36%	3
Homerton University Hospital NHS Foundation Trust	94.76%	97.17%	0	0.06%	91.01%	94.96%	91.98%	100.00%	0
Hounslow and Richmond Community Healthcare NHS Trust	99.97%	100.00%	0	0.00%					0
Imperial College Healthcare NHS Trust	86.31%	84.84%	101	0.90%	82.42%	93.58%	93.99%	96.53%	18
King's College Hospital NHS Foundation Trust	80.49%	80.85%	408	4.04%	84.53%	91.50%	89.92%	98.11%	14
Kingston Hospital NHS Foundation Trust	90.97%	94.17%	11	0.29%	96.63%	98.88%	98.72%	99.22%	10
Lewisham and Greenwich NHS Trust	89.27%	86.80%	0	0.71%	83.10%	96.00%	94.36%	98.98%	4
London North West Healthcare NHS Trust	88.36%	81.05%	37	0.86%	86.39%	84.71%	58.37%	97.61%	13
Moorfields Eye Hospital NHS Foundation Trust	97.01%	95.11%	2	0.00%		100.00%		100.00%	0
North East London NHS Foundation Trust	99.60%	98.98%	0						0
North Middlesex University Hospital NHS Trust	86.00%	92.21%	0	1.34%	79.58%	95.32%	78.21%	98.56%	11
Royal Brompton and Harefield NHS Foundation Trust	-	92.46%	2	0.00%	66.67%	100.00%		95.38%	4
Royal Free London NHS Foundation Trust	89.92%	79.84%	34	0.25%	84.40%	88.35%	90.53%	97.57%	14
Royal National Orthopaedic Hospital NHS Trust	-	90.60%	1	1.25%	79.31%	96.93%		100.00%	0
South West London and ST George's Mental Health NHS Trust		96.74%	0						0
St George's University Hospitals NHS Foundation Trust	91.84%			0.32%	89.22%	89.47%	67.93%	98.13%	10
The Hillingdon Hospitals NHS Foundation Trust	81.48%	87.08%	0	0.23%	83.62%	94.54%	86.94%	99.57%	5
The Royal Marsden NHS Foundation Trust		98.51%	0		78.10%	84.14%	85.74%	97.76%	10
The Whittington Hospital NHS Trust	88.44%	92.41%	0	0.95%	80.82%	95.58%	98.48%	100.00%	3
University College London Hospitals NHS Foundation Trust	84.33%	91.63%	3	2.33%	74.56%	92.62%	76.52%	98.23%	23
London	88.88%	86.86%	686	1.57%	84.06%	93.22%	86.06%	97.85%	181

4.2 Operational performance by provider – Midlands and East (1/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Basildon and Thurrock University Hospitals NHS Foundation Trust	90.44%	81.02%	25	1.18%	78.20%	92.17%	87.85%	96.03%	10
Bedford Hospital NHS Trust	91.09%	89.22%	0	0.55%	73.77%	95.27%	95.04%	96.59%	2
Birmingham Women and Children's Hospital NHS Foundation Trust	95.37%	92.37%	0	0.56%	80.95%	70.28%		100.00%	0
Birmingham Community Healthcare NHS Foundation Trust		92.98%	0						0
Black Country Partnership NHS Foundation Trust		96.60%	0						0
Burton Hospitals NHS Foundation Trust	94.29%	93.19%	0	0.95%	86.30%	95.38%	92.62%	97.06%	6
Cambridge University Hospitals NHS Foundation Trust	88.52%	89.94%	4	0.45%	79.11%	88.02%	95.07%	97.73%	15
Cambridgeshire and Peterborough NHS Foundation Trust		95.00%	0						0
Cambridgshire Community Services NHS Trust		92.27%	0	24.13%					0
Chesterfield Royal Hospital NHS Foundation Trust	95.50%	90.83%	6	1.58%	85.82%	95.55%	94.44%	97.56%	4
Colchester Hospital University NHS Foundation Trust	96.76%	86.67%	11	0.89%	81.22%	87.02%	26.49%	97.29%	6
Coventry and Warwickshire Partnership NHS Trust	-	99.62%	0	0.00%					0
Derby Teaching Hospitals NHS Foundation Trust	88.36%	90.52%	18	0.49%	83.64%	96.49%	94.38%	97.03%	5
Derbyshire Community Health Services NHS Foundation Trust	99.99%	96.42%	0	0.00%					0
Derbyshire Healthcare NHS Foundation Trust		93.37%	0						0
Dudley and Walsall Mental Health Partnership NHS Trust		100.00%	0						0
Essex Partnership University NHS Foundation Trust									0
East And North Hertfordshire NHS Trust	87.42%				69.32%	90.96%	89.83%	94.57%	6
George Eliot Hospital NHS Trust	89.12%	82.48%	1	0.60%	88.95%	97.04%	94.77%	98.00%	1
Heart of England NHS Foundation Trust	83.10%								16
Hertfordshire Community NHS Trust	98.77%	91.15%	0						0
Hinchingbrooke Health Care NHS Trust									0
Ipswich Hospital NHS Trust	90.23%	92.79%	0	1.69%	78.17%	93.75%	92.21%	97.51%	8
James Paget University Hospitals NHS Foundation Trust	91.59%	87.01%	0	0.42%	79.64%	96.84%	97.09%	100.00%	7
Kettering General Hospital NHS Foundation Trust	84.40%	79.99%	0	0.83%	81.92%	95.45%	99.39%	99.55%	4
Leicestershire Partnership NHS Trust		97.55%	0	0.00%					0
Lincolnshire Community Health Services NHS Trust	98.28%								0
Lincolnshire Partnership NHS Foundation Trust		93.93%	0						0
Luton and Dunstable University Hospital NHS Foundation Trust	98.53%	90.38%	0	0.81%	89.61%	96.37%	93.75%	100.00%	1
Mid Essex Hospital Services NHS Trust	86.62%			6.78%	73.11%	80.39%	27.35%	94.50%	13
Milton Keynes Hospital NHS Foundation Trust	94.01%	85.55%	26	1.22%	82.79%	97.76%	97.81%	99.67%	3
Norfolk and Norwich University Hospitals NHS Foundation Trust	83.51%	85.50%	13	0.95%	73.90%	87.70%	95.67%	96.90%	8

4.2 Operational performance by provider – Midlands and East (2/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Norfolk Community Health and Care NHS Trust		98.48%	0						0
North West Anglia NHS Foundation Trust	85.49%	89.54%	1	4.61%	79.59%	91.23%	95.85%	97.94%	10
Northampton General Hospital NHS Trust	89.79%	84.85%	0	0.29%	78.95%	79.60%	55.32%	96.24%	8
Northamptonshire Healthcare NHS Foundation Trust		100.00%	0						0
Nottingham University Hospitals NHS Trust	80.72%	93.77%	10	0.53%	83.48%	94.62%	97.53%	95.80%	22
Papworth Hospital NHS Foundation Trust		83.85%	1	0.45%	88.00%			100.00%	2
Sandwell And West Birmingham Hospitals NHS Trust	81.70%	92.47%	2	1.04%	87.80%	96.31%	96.63%	98.37%	5
Sherwood Forest Hospitals NHS Foundation Trust	95.14%	90.04%	21	0.88%	83.30%	95.96%	93.84%	98.95%	5
Shrewsbury And Telford Hospital NHS Trust	73.66%	92.75%	0	0.27%	84.32%	89.62%	82.95%	99.38%	6
Shropshire Community Health NHS Trust	99.79%	92.10%	0	0.00%				100.00%	0
South Essex Partnership University NHS Foundation Trust									0
South Warwickshire NHS Foundation Trust	93.81%	92.04%	2	3.05%	81.62%	94.67%	98.18%	97.91%	2
Southend University Hospital NHS Foundation Trust	93.23%	88.19%	4	0.99%	72.88%	90.69%	79.41%	94.61%	10
Staffordshire and Stoke on Trent Partnership NHS Trust									0
The Dudley Group NHS Foundation Trust	86.20%	94.45%	0	0.70%	81.63%	92.97%	94.70%	99.43%	7
The Princess Alexandra Hospital NHS Trust	75.85%	91.04%	7	0.45%	77.26%	95.93%	97.12%	98.98%	5
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	85.32%	82.00%	0	1.35%	82.79%	96.94%	98.21%	98.22%	4
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	-	89.98%	0	0.63%	66.67%	98.65%		100.00%	1
The Royal Orthopaedic Hospital NHS Foundation Trust		84.23%	61	0.40%	75.00%	98.80%		100.00%	1
The Royal Wolverhampton NHS Trust	92.13%	90.94%	0	0.74%	65.54%	81.25%	52.30%	92.49%	9
United Lincolnshire Hospitals NHS Trust	73.34%	84.29%	13	0.97%	75.56%	78.00%	17.78%	98.74%	20
University Hospitals Birmingham NHS Foundation Trust	83.95%	89.85%	0	0.63%	82.06%	89.61%	82.45%	96.95%	24
University Hospitals Coventry And Warwickshire NHS Trust	88.23%	84.21%	27	0.23%	86.25%	93.63%	83.23%	98.76%	8
University Hospitals Of Leicester NHS Trust	82.21%	86.95%	4	2.98%	76.08%	94.07%	91.64%	95.25%	21
University Hospitals of North Midlands NHS Trust	82.27%	75.23%	114	0.80%	83.63%	96.05%	91.76%	97.28%	13
Walsall Healthcare NHS Trust	84.32%	89.01%	0	0.21%	85.06%	94.49%	94.48%	100.00%	5
West Hertfordshire Hospitals NHS Trust	86.51%	84.44%	114	0.08%	84.28%	92.31%	85.20%	95.69%	4
West Suffolk NHS Foundation Trust	90.97%	91.37%	10	0.17%	87.95%	94.23%	87.29%	99.72%	1
Worcestershire Acute Hospitals NHS Trust	78.05%	83.87%	1	10.31%	75.55%	71.37%	42.58%	97.81%	8
Worcestershire Health And Care NHS Trust		97.09%	0						0
Wye Valley NHS Trust	78.51%	74.55%	122	0.32%	81.40%	89.53%	53.24%	96.36%	3
Midlands and East	87.16%	87.58%	618	1.61%	79.79%	90.77%	80.17%	97.20%	319

4.2 Operational performance by provider – North (1/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
5 Boroughs Partnership NHS Foundation Trust	99.79%							100.00%	0
Aintree University Hospital NHS Foundation Trust	85.95%	90.10%	0	1.03%	80.60%	88.53%	90.82%	97.05%	11
Airedale NHS Foundation Trust	92.84%	92.76%	0	5.43%	85.24%	93.88%	93.12%	100.00%	1
Alder Hey Children's NHS Foundation Trust	95.28%	92.13%	0	0.89%				100.00%	0
Barnsley Hospital NHS Foundation Trust	92.93%	93.56%	0	0.54%	89.16%	95.46%	93.90%	100.00%	2
Blackpool Teaching Hospitals NHS Foundation Trust	84.71%	80.50%	24	0.26%	85.26%	84.18%	22.22%	98.04%	13
Bolton NHS Foundation Trust	83.93%	89.98%	3	0.64%	92.98%	95.37%	53.94%	99.71%	2
Bradford District Care NHS Foundation Trust		97.05%	0						0
Bradford Teaching Hospitals NHS Foundation Trust	85.13%	73.91%	2	0.36%	66.98%	62.43%	100.00%	95.17%	5
Bridgewater Community Healthcare NHS Foundation Trust	98.65%	100.00%	0	0.00%	100.00%	97.87%		97.83%	0
Calderdale and Huddersfield NHS Foundation Trust	93.22%	94.05%	0	0.19%	89.23%	97.76%	96.46%	99.55%	12
City Hospitals Sunderland NHS Foundation Trust	89.61%	94.28%	0	0.41%	83.57%	95.45%		99.37%	9
Countess of Chester Hospital NHS Foundation Trust	81.20%	88.79%	3	11.45%	88.56%	98.66%	95.68%	100.00%	9
County Durham and Darlington NHS Foundation Trust	91.17%	92.52%	0	0.10%	88.36%	91.56%	92.51%	99.44%	4
Cumbria Partnership NHS Foundation Trust		92.96%	0	0.00%					0
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	93.95%	89.59%	0	0.65%	86.07%	85.11%	86.79%	99.50%	6
East Cheshire NHS Trust	89.87%	83.77%	0	11.12%	80.65%	91.46%	45.73%	99.38%	0
East Lancashire Hospitals NHS Trust	84.94%	92.97%	0	0.34%	87.43%	92.50%	89.80%	97.91%	9
Gateshead Health NHS Foundation Trust	95.32%	92.79%	0	0.68%	82.99%	94.34%	90.37%	100.00%	7
Harrogate and District NHS Foundation Trust	94.80%	90.96%	0	1.54%	87.42%	96.13%	87.37%	99.13%	3
Hull And East Yorkshire Hospitals NHS Trust	83.13%	82.00%	11	8.97%	69.44%	94.42%	88.44%	97.35%	6
Humber NHS Foundation Trust	99.96%	94.57%	0						0
Lancashire Care NHS Foundation Trust		99.48%	0						0
Lancashire Teaching Hospitals NHS Foundation Trust	82.99%	81.27%	29	0.73%	85.40%	96.25%	93.56%	95.91%	11
Leeds Community Healthcare NHS Trust		97.56%	0	0.00%					0
Leeds Teaching Hospitals NHS Trust	87.34%	88.55%	148	0.59%	75.24%	79.54%	22.48%	96.33%	36
Liverpool Community Health NHS Trust	100.00%								0
Liverpool Heart and Chest Hospital NHS Foundation Trust	-	92.66%	0	20.19%	91.14%	100.00%		100.00%	1
Liverpool Women's NHS Foundation Trust	98.30%	87.80%	19	0.39%	52.00%	97.51%		82.05%	0
Manchester University NHS Foundation Trust	88.14%	89.45%	293	1.86%	81.19%	94.40%	94.71%	98.27%	38
Mid Cheshire Hospitals NHS Foundation Trust	83.19%	93.14%	0	0.32%	93.42%	96.82%	94.51%	100.00%	4
Mid Yorkshire Hospitals NHS Trust	90.28%	88.74%	0	0.76%	82.49%	94.75%	92.47%	98.64%	15

4.2 Operational performance by provider – North (2/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
North Cumbria University Hospitals NHS Trust	90.31%	85.89%	0	1.82%	85.22%	93.41%	68.23%	97.24%	3
North Tees and Hartlepool NHS Foundation Trust	97.81%	94.69%	0	1.61%	83.30%	93.41%	95.42%	99.47%	7
Northern Lincolnshire and Goole NHS Foundation Trust	87.25%	70.68%	311	14.48%	71.59%	96.47%	90.95%	98.83%	5
Northumberland, Tyne and Wear NHS Foundation Trust		100.00%	0						0
Northumbria Healthcare NHS Foundation Trust	98.30%	93.60%	3	0.36%	81.58%	91.98%	96.40%	99.17%	1
Pennine Acute Hospitals NHS Trust	89.28%	85.87%	13	0.53%	73.80%	72.31%	67.78%	98.39%	7
Pennine Care NHS Foundation Trust	100.00%	0.00%	0	0.59%					0
Royal Liverpool And Broadgreen University Hospitals NHS Trust	88.34%	83.01%	0	7.43%	79.40%	90.05%	96.77%	92.29%	5
Salford Royal NHS Foundation Trust	88.06%	92.06%	0	3.79%	88.48%	95.55%		99.75%	6
Sheffield Children's NHS Foundation Trust	98.12%	93.37%	0	0.58%		100.00%		100.00%	3
Sheffield Teaching Hospitals NHS Foundation Trust	87.65%	95.15%	0	1.46%	77.79%	94.83%	93.16%	94.56%	16
South Tees Hospitals NHS Foundation Trust	96.69%	90.10%	0	2.49%	85.23%	94.22%	91.89%	97.67%	10
South Tyneside NHS Foundation Trust	95.00%	96.25%	0	0.00%	83.54%	82.96%		100.00%	3
South West Yorkshire Partnership NHS Foundation Trust	-	97.21%	0	0.00%					0
Southport And Ormskirk Hospital NHS Trust	88.40%	94.71%	0	4.01%	82.90%	94.46%		98.47%	4
St Helens And Knowsley Hospitals NHS Trust	74.27%				91.35%	92.00%	94.43%	98.82%	9
Stockport NHS Foundation Trust	84.59%	87.65%	4	1.62%	80.62%	94.13%	93.98%	96.24%	1
Tameside Hospital NHS Foundation Trust	92.55%	92.06%	0	0.26%	89.73%	96.81%	95.57%	97.84%	3
The Christie NHS Foundation Trust	-	99.11%	0	0.00%	61.22%			97.06%	5
The Clatterbridge Cancer Centre NHS Foundation Trust		99.20%	0	0.00%	58.84%	100.00%		98.77%	1
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	94.88%	94.16%	0	1.96%	81.46%	94.43%	93.07%	96.92%	15
The Rotherham NHS Foundation Trust	88.55%	94.32%	0	0.00%	83.33%	92.78%	72.12%	97.87%	1
The Walton Centre NHS Foundation Trust	-	94.92%	0	0.14%		100.00%		100.00%	1
University Hospitals of Morecambe Bay NHS Foundation Trust	88.71%	85.10%	6	6.18%	77.38%	89.60%	82.54%	97.71%	9
Warrington and Halton Hospitals NHS Foundation Trust	87.86%	92.14%	0	1.82%	88.38%	93.14%	89.00%	97.50%	7
Wirral Community NHS Trust	99.72%	100.00%	0	0.00%					0
Wirral University Teaching Hospital NHS Foundation Trust	82.45%	75.74%	78	2.11%	86.64%	94.26%	96.43%	96.44%	15
Wrightington, Wigan and Leigh NHS Foundation Trust	87.93%	94.16%	0	0.70%	89.54%	95.91%	91.92%	99.06%	1
York Teaching Hospital NHS Foundation Trust	88.48%	84.07%	9	3.74%	79.62%	93.69%	95.45%	98.82%	17
North	89.57%	88.41%	956	2.80%	81.55%	90.95%	83.93%	97.66%	359

4.2 Operational performance by provider – South (1/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Ashford and St Peter's Hospitals NHS Foundation Trust	84.79%	91.27%	0	1.22%	87.85%	89.50%	97.57%	98.31%	7
Berkshire Healthcare NHS Foundation Trust	100.00%	100.00%	0	0.00%					0
Brighton And Sussex University Hospitals NHS Trust	84.61%	83.03%	2	7.89%	76.52%	92.24%	96.39%	99.12%	10
Buckinghamshire Healthcare NHS Trust	88.73%	90.21%	0	0.76%	78.63%	93.85%	84.95%	97.78%	16
Cornwall Partnership NHS Foundation Trust	-	87.56%	0	0.00%					0
Dartford And Gravesham NHS Trust	90.33%	92.07%	0	0.60%	84.68%	93.54%	95.07%	100.00%	1
Dorset County Hospital NHS Foundation Trust	97.52%	85.90%	0	13.00%	75.43%	73.28%	23.73%	100.00%	1
Dorset Healthcare University NHS Foundation Trust	-	96.81%	0	0.00%					0
East Kent Hospitals University NHS Foundation Trust	80.14%	79.02%	201	0.91%	65.84%	92.39%	84.58%	95.88%	16
East Sussex Healthcare NHS Trust	92.75%	90.07%	0	1.47%	75.00%	94.58%	94.88%	95.76%	12
Frimley Health NHS Foundation Trust	88.55%	92.06%	0	0.34%	93.47%	96.81%	97.59%	99.88%	9
Gloucestershire Care Services NHS Trust	98.87%			0.00%					0
Gloucestershire Hospitals NHS Foundation Trust	92.30%			0.50%	75.46%	87.16%	92.98%	96.90%	16
Great Western Hospitals NHS Foundation Trust	91.53%	86.83%	19	21.04%	87.37%	95.09%	89.92%	99.54%	8
Hampshire Hospitals NHS Foundation Trust	86.89%	90.66%	1	7.14%	82.22%	94.26%	94.61%	99.30%	1
Isle Of Wight NHS Trust	82.66%	85.13%	0	4.85%	70.70%	96.30%	89.66%	99.00%	3
Kent Community Health NHS Trust	99.59%	89.05%	4	3.87%					0
Maidstone And Tunbridge Wells NHS Trust	92.85%	79.10%	22	0.58%	56.76%	85.86%	72.15%	94.84%	4
Medway NHS Foundation Trust	79.73%	81.68%	0	8.15%	86.87%	92.72%	80.42%	98.88%	6
North Bristol NHS Trust	86.48%	86.05%	45	1.94%	83.70%	89.71%	84.29%	96.64%	11
Northern Devon Healthcare NHS Trust	85.98%	77.29%	92	31.74%	83.22%	93.73%	94.92%	99.61%	1
Oxford Health NHS Foundation Trust	96.82%								0
Oxford University Hospitals NHS Foundation Trust	88.74%	85.52%	187	3.04%	77.24%	95.42%	92.62%	95.20%	11
Oxleas NHS Foundation Trust		98.41%	0	0.00%					0
Plymouth Hospitals NHS Trust	85.73%	79.45%	167	23.96%	75.07%	89.72%	75.38%	94.47%	6
Poole Hospital NHS Foundation Trust	87.03%	88.44%	0	0.84%	85.17%	99.14%	97.03%	97.73%	5
Portsmouth Hospitals NHS Trust	82.87%	85.93%	1	0.96%	83.85%	95.88%	94.38%	98.53%	8
Queen Victoria Hospital NHS Foundation Trust	99.39%	77.03%	47	0.29%	80.37%	95.60%		88.75%	0
Royal Berkshire NHS Foundation Trust	95.34%	93.06%	0	3.20%	86.18%	94.68%	94.37%	97.78%	6
Royal Cornwall Hospitals NHS Trust	95.73%	79.73%	215	8.50%	86.33%	96.77%	95.16%	97.75%	9
Royal Devon and Exeter NHS Foundation Trust	92.93%	84.03%	29	11.33%	78.36%	83.83%	91.14%	97.77%	3

4.2 Operational performance by provider – South (2/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Royal Surrey County Hospital NHS Foundation Trust	91.81%	90.19%	0	1.00%	76.70%	90.28%	65.09%	97.43%	3
Royal United Hospitals Bath NHS Foundation Trust	84.64%	87.08%	7	5.79%	86.60%	95.32%	94.17%	99.39%	5
Salisbury NHS Foundation Trust	92.05%	92.31%	0	0.77%	84.94%	91.17%	74.15%	98.22%	0
Solent NHS Trust		99.60%	0	2.56%					0
Somerset Partnership NHS Foundation Trust	99.40%	99.75%	0	14.29%					0
Southern Health NHS Foundation Trust	99.83%	95.12%	0	5.03%					0
Surrey And Sussex Healthcare NHS Trust	96.84%	90.01%	8	0.39%	81.10%	93.13%	92.49%	98.61%	5
Sussex Community NHS Trust	99.43%	98.97%	0	0.00%					0
Taunton and Somerset NHS Foundation Trust	90.61%	80.09%	39	26.35%	74.47%	90.36%	92.05%	96.09%	2
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	93.95%	89.79%	0	0.51%	87.58%	89.44%	96.72%	98.74%	3
Torbay and South Devon NHS Foundation Trust	88.47%	80.98%	41	5.87%	80.45%	63.49%	90.60%	97.29%	3
University Hospital Southampton NHS Foundation Trust	89.28%	87.68%	6	3.13%	74.65%	83.38%	38.19%	95.57%	11
University Hospitals Bristol NHS Foundation Trust	89.30%	88.55%	9	2.17%	84.20%	94.32%		94.69%	8
Western Sussex Hospitals NHS Foundation Trust	95.14%	83.87%	0	0.43%	80.60%	94.47%	83.00%	100.00%	8
Weston Area Health NHS Trust	91.54%	92.01%	0	0.79%	77.78%	92.34%	93.55%	94.78%	3
Yeovil District Hospital NHS Foundation Trust	98.49%	92.59%	0	0.69%	79.15%	91.40%	87.50%	99.16%	2
South	90.38%	86.25%	1142	5.83%	79.56%	91.17%	86.50%	97.35%	223

4.2 Operational performance by provider – Ambulance

Ambulance Service	Category 1 Count of Incidents	Category 1 Total (hours)	Category 1 Mean (min:sec)	Category 1 90th centile (min:sec)[1]	Category 2 Count of Incidents	Category 2 Total (hours)	Category 2 Mean (min:sec)	Category 2 90th centile (min:sec)[1]	Category 3 Count of Incidents	Category 3 Total (hours)	Category 3 Mean (min:sec)	Category 3 90th centile (min:sec)[1]	Category 4 Count of Incidents	Category 4 Total (hours)	Category 4 Mean (min:sec)	Category 4 90th centile (min:sec)[1]
Standard	-		*7:00*	*15:00*			*18:00*	*40:00*			-	*2:00:00*				*3:00:00*
East Midlands	6,483	1,055	9:46	17:31	36,498	27,434	45:06	1:40:18	10,323	18,063	1:44:59	4:15:55	192	226	1:10:33	2:58:10
East of England	6,767	991	8:47	15:40	40,518	18,522	27:26	0:56:23	13,218	18,478	1:23:53	3:29:15	5,121	8,672	1:41:36	4:02:38
Isle of Wight	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
London	8,658	1,073	7:26	11:59	54,668	21,262	23:20	0:49:20	20,944	25,043	1:11:45	2:52:30	2,783	3,503	1:15:32	2:35:57
North East	2,319	250	6:28	11:00	18,674	7,084	22:46	0:47:19	7,817	11,396	1:27:28	3:27:22	405	511	1:15:42	2:55:28
North West	10,122	1,463	8:40	14:43	48,511	26,331	32:34	1:14:15	21,067	28,367	1:20:47	3:14:19	4,089	7,024	1:43:04	3:26:02
South Central	2,655	329	7:26	13:34	21,741	7,185	19:50	0:41:36	14,022	16,597	1:11:01	2:47:33	1,450	2,580	1:46:47	4:03:05
South East Coast	3,426	470	8:14	15:09	29,758	9,730	19:37	0:37:17	20,983	35,334	1:41:02	3:52:06	1,082	2,689	2:29:08	5:54:23
South Western	5,647	916	9:44	17:42	39,097	22,985	35:16	1:13:50	18,854	26,017	1:22:48	3:15:56	818	2,145	2:37:21	5:32:25
West Midlands	5,209	622	7:10	12:31	40,990	9,753	14:17	0:26:48	33,131	23,695	0:42:55	1:42:21	1,831	1,813	0:59:25	2:33:35
Yorkshire	7,312	1,009	8:17	14:15	37,585	16,052	25:38	0:55:28	12,553	12,961	1:01:57	2:23:16	750	1,007	1:20:35	3:17:37

- denotes not available.

1 Centiles for England in this spreadsheet are a mean of trusts' centiles, weighted by their count of incidents.

5.0 Vacancy position by sector and region

5.1 Nursing vacancy position

Table 1: Registered Nursing vacancies (WTE)

Region	Sector	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1
London	Acute	7,060	7,455	6,703	6,576	6,799
	Ambulance	2	1	6	2	3
	Community	281	201	204	214	232
	Mental Health	1,881	2,141	2,132	2,103	2,175
	Specialist	506	418	434	329	444
London Total		**9,730**	**10,215**	**9,479**	**9,224**	**9,653**
Midlands and East	Acute	8,044	8,368	7,357	7,434	9,099
	Ambulance	1	1	1	-	-
	Community	740	705	611	648	480
	Mental Health	2,222	2,221	2,076	1,635	2,392
	Specialist	275	326	264	289	172
Midlands and East Total		**11,280**	**11,622**	**10,309**	**10,007**	**12,143**
North	Acute	6,536	6,510	5,693	5,987	7,404
	Ambulance	14	16	16	33	57
	Community	123	120	62	81	91
	Mental Health	1,573	1,817	1,814	1,830	2,004
	Specialist	120	202	136	137	260
North Total		**8,367**	**8,664**	**7,721**	**8,068**	**9,817**
South	Acute	6,802	6,712	6,523	6,704	7,742
	Ambulance	28	27	34	22	23
	Community	599	519	598	585	419
	Mental Health	1,479	1,356	1,228	1,145	1,877
	Specialist	44	38	41	38	48
South Total		**8,951**	**8,653**	**8,424**	**8,495**	**10,110**
Grand Total		**38,328**	**39,154**	**35,934**	**35,794**	**41,722**

Table 2: Registered Nursing vacancies (percentage rate)

2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1
15.30%	16.00%	14.50%	14.10%	14.70%
11.40%	2.90%	22.70%	8.20%	11.30%
16.20%	12.00%	11.40%	11.90%	12.80%
15.30%	17.10%	16.70%	17.60%	17.80%
10.30%	8.40%	8.60%	6.60%	8.90%
14.90%	**15.60%**	**14.40%**	**14.10%**	**14.80%**
11.70%	12.20%	10.70%	10.70%	12.90%
0.80%	1.90%	1.30%	0.00%	0.00%
9.40%	9.00%	8.20%	8.70%	7.90%
11.90%	12.00%	11.20%	9.10%	12.40%
9.20%	10.90%	8.80%	9.60%	5.90%
11.50%	**11.80%**	**10.50%**	**10.20%**	**12.30%**
8.10%	8.20%	7.10%	7.40%	9.10%
9.90%	10.90%	11.00%	19.70%	31.20%
3.70%	3.70%	1.90%	2.50%	3.70%
7.80%	8.90%	8.80%	8.90%	9.50%
2.90%	4.70%	3.20%	3.20%	5.80%
7.70%	**8.00%**	**7.10%**	**7.40%**	**8.90%**
11.50%	11.40%	11.00%	11.30%	13.00%
18.70%	18.10%	22.30%	15.60%	17.60%
13.20%	11.80%	13.40%	13.10%	9.90%
10.60%	10.00%	9.10%	8.50%	13.50%
20.60%	18.50%	19.50%	18.80%	22.80%
11.40%	**11.20%**	**10.80%**	**10.90%**	**12.90%**
10.90%	**11.20%**	**10.20%**	**10.20%**	**11.80%**

5.2 Medical vacancy position

Table 1: Medical vacancies (WTE)

Region	Sector	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1
London	Acute	1,798	1,775	1,450	1,543	1,790
	Ambulance	-	-	-	-	2
	Community	21	10	17	18	13
	Mental Health	287	177	222	247	245
	Specialist	191	147	192	194	249
London Total		**2,297**	**2,110**	**1,881**	**2,003**	**2,299**
Midlands and East	Acute	2,934	2,883	2,773	2,942	3,367
	Ambulance	-	-	-	-	-
	Community	60	60	52	45	49
	Mental Health	370	334	325	252	325
	Specialist	52	85	57	68	80
Midlands and East Total		**3,416**	**3,362**	**3,207**	**3,306**	**3,820**
North	Acute	2,624	2,488	2,423	2,447	2,849
	Ambulance	2	1	0	0	-
	Community	14	16	19	21	22
	Mental Health	329	403	385	372	365
	Specialist	168	163	165	83	76
North Total		**3,137**	**3,071**	**2,992**	**2,924**	**3,311**
South	Acute	1,674	1,285	1,246	1,263	1,796
	Ambulance	-	-	-	-	-
	Community	50	34	50	49	42
	Mental Health	271	235	298	438	304
	Specialist	3	-	3	-	4
South Total		**1,998**	**1,554**	**1,596**	**1,750**	**2,146**
Grand Total		**10,848**	**10,096**	**9,676**	**9,982**	**11,576**

Table 2: Medical vacancies (percentage rate)

2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1
8.90%	8.40%	7.00%	7.40%	8.30%
0.00%	0.00%	0.00%	0.00%	46.40%
33.10%	21.00%	26.90%	28.70%	21.70%
10.10%	6.80%	8.50%	9.30%	9.10%
8.90%	6.90%	8.70%	8.80%	11.20%
9.10%	**8.20%**	**7.40%**	**7.80%**	**8.70%**
10.50%	10.20%	9.80%	10.30%	11.60%
0.00%	0.00%	0.00%	0.00%	0.00%
11.70%	11.60%	10.30%	8.90%	9.60%
13.60%	12.40%	12.10%	9.80%	11.80%
5.20%	8.00%	5.50%	6.40%	7.50%
10.60%	**10.30%**	**9.80%**	**10.10%**	**11.50%**
8.90%	8.20%	8.00%	8.00%	9.20%
30.00%	20.80%	10.40%	6.50%	0.00%
10.10%	11.70%	13.20%	14.90%	18.10%
12.00%	14.20%	13.70%	12.80%	12.90%
10.10%	9.60%	9.40%	4.90%	4.50%
9.20%	**8.70%**	**8.50%**	**8.30%**	**9.30%**
6.60%	4.90%	4.70%	4.80%	6.70%
0.00%	0.00%	0.00%	0.00%	0.00%
13.60%	9.70%	13.50%	13.50%	12.20%
12.70%	11.00%	13.80%	20.30%	13.60%
2.20%	0.00%	1.80%	0.00%	2.80%
7.10%	**5.40%**	**5.50%**	**6.00%**	**7.20%**
9.10%	**8.30%**	**7.90%**	**8.10%**	**9.30%**

6.0 Organisation splits to calculate integrated care systems (ICS) financial performance

6.1 Organisation splits to calculate ICS financial performance

The ICS financial performance overview table is derived by aggregating the individual provider and commissioner performance data as published, respectively, in this report by NHS Improvement and NHS England.

Individual organisations' performance has been pro-rated where necessary as per the organisational percentage splits from Annex table 1 below.

North	% in ICS
Berkshire West	
Berkshire Healthcare NHS Foundation Trust	60%
NHS Berkshire West CCG	100%
Royal Berkshire NHS Foundation Trust	100%
Greater Manchester	
Bolton NHS Foundation Trust	100%
Greater Manchester Mental Health NHS Foundation Trust	100%
Manchester University NHS Foundation Trust	100%
Collective unallocated	100%
NHS Bolton CCG	100%
NHS Bury CCG	100%
NHS Heywood Middleton&Rochdale CCG	100%
NHS Manchester CCG	100%
NHS Oldham CCG	100%
NHS Salford CCG	100%
NHS Stockport CCG	100%
NHS Tameside & Glossop CCG	100%
NHS Trafford CCG	100%
NHS Wigan Borough CCG	100%
Pennine Care NHS Foundation Trust	100%
Salford Royal NHS Foundation Trust	100%
Stockport NHS Foundation Trust	100%
Tameside and Glossop Integrated Care NHS Foundation Trust	100%
The Christie NHS Foundation Trust	100%
The Pennine Acute Hospitals NHS Trust	100%
Wrightington, Wigan and Leigh NHS Foundation Trust	100%
Lancashire and South Cumbria	
Blackpool Teaching Hospitals NHS Foundation Trust	100%
East Lancashire Hospitals NHS Trust	100%
Lancashire Care NHS Foundation Trust	100%
Lancashire Teaching Hospitals NHS Foundation Trust	100%
NHS Blackburn with Darwen CCG	100%
NHS Blackpool CCG	100%
NHS Chorley & South Ribble CCG	100%
NHS East Lancashire CCG	100%
NHS Fylde & Wyre CCG	100%
NHS Greater Preston CCG	100%
NHS Morecambe Bay CCG	100%
NHS West Lancashire CCG	100%
North West Ambulance Service NHS Trust	26%
University Hospitals of Morecambe Bay NHS Foundation Trust	100%

North	% in ICS
South Yorkshire and Bassetlaw (SYB)	
Barnsley Hospital NHS Foundation Trust	100%
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	100%
NHS Barnsley CCG	100%
NHS Bassetlaw CCG	100%
NHS Doncaster CCG	100%
NHS Rotherham CCG	100%
NHS Sheffield CCG	100%
Rotherham Doncaster and South Humber NHS Foundation Trust	100%
Sheffield Children's NHS Foundation Trust	100%
Sheffield Health and Social Care NHS Foundation Trust	100%
Sheffield Teaching Hospitals NHS Foundation Trust	100%
The Rotherham NHS Foundation Trust	100%
West, North and East Cumbria	
Cumbria Partnership NHS Foundation Trust	100%
NHS North Cumbria CCG	100%
North Cumbria University Hospitals NHS Trust	100%
North West Ambulance Service NHS Trust	6%
West Yorkshire	
Airedale NHS Foundation Trust	100%
Bradford District Care NHS Foundation Trust	100%
Bradford Teaching Hospitals NHS Foundation Trust	100%
Calderdale & Huddersfield NHS Foundation Trust	100%
Harrogate and District NHS Foundation Trust	100%
Leeds and York Partnership NHS Foundation Trust	100%
Leeds Community Healthcare NHS Trust	100%
Leeds Teaching Hospitals NHS Trust	100%
Mid Yorkshire Hospitals NHS Trust	100%
NHS Airedale, Wharfedale and Craven CCG	100%
NHS Bradford City CCG	100%
NHS Bradford Districts CCG	100%
NHS Calderdale CCG	100%
NHS Greater Huddersfield CCG	100%
NHS Harrogate and Rural District CCG	100%
NHS Leeds CCG	100%
NHS North Kirklees CCG	100%
NHS Wakefield CCG	100%
South West Yorkshire Partnership NHS Foundation Trust	100%
Tees, Esk and Wear Valleys NHS Foundation Trust	6%
Yorkshire Ambulance Service NHS Trust	55%

Midlands and East	% in ICS
Bedfordshire, Luton & Milton Keynes (BLMK)	
Bedford Hospital NHS Trust	100%
Luton and Dunstable University Hospital NHS Foundation Trust	100%
Milton Keynes University Hospital NHS Foundation Trust	100%
NHS Bedfordshire CCG	100%
NHS Luton CCG	100%
NHS Milton Keynes CCG	100%
Nottinghamshire	
NHS Mansfield & Ashfield CCG	100%
NHS Newark & Sherwood CCG	100%
NHS Nottingham City CCG	100%
NHS Nottingham North & East CCG	100%
NHS Nottingham West CCG	100%
NHS Rushcliffe CCG	100%
Nottingham University Hospitals NHS Trust	100%
Nottinghamshire Healthcare NHS Foundation Trust	100%
Sherwood Forest Hospitals NHS Foundation Trust	100%

South	% in ICS
Buckinghamshire	
Buckinghamshire Healthcare NHS Trust	100%
NHS Buckinghamshire CCG	100%
Dorset	
Dorset County Hospital NHS Foundation Trust	100%
Dorset Healthcare University NHS Foundation Trust	100%
NHS Dorset CCG	100%
Poole Hospital NHS Foundation Trust	100%
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	100%

South	% in ICS
Frimley Health	
Berkshire Healthcare NHS Foundation Trust	40%
Frimley Health NHS Foundation Trust	100%
NHS NE Hampshire & Farnham CCG	100%
NHS Surrey Heath CCG	100%
NHS Berkshire East CCG	100%
Surrey and Borders Partnership NHS Foundation Trust	22%
Surrey Heartlands	
Ashford and St Peter's Hospitals NHS Foundation Trust	100%
NHS Guildford & Waverley CCG	100%
NHS North West Surrey CCG	100%
NHS Surrey Downs CCG	100%
Royal Surrey County Hospital NHS Foundation Trust	100%
Surrey and Borders Partnership NHS Foundation Trust	64%
Gloucestershire	
2gether NHS Foundation Trust	81%
Gloucestershire Care Services NHS Trust	100%
Gloucestershire Hospitals NHS Foundation Trust	100%
NHS Gloucestershire CCG	100%
South Western Ambulance Service NHS Foundation Trust	14%
Suffolk and North East Essex	
Colchester Hospital University NHS Foundation Trust	100%
East of England Ambulance Service NHS Trust	16%
Essex Partnership University NHS Foundation Trust	11%
Ipswich Hospital NHS Trust	100%
NHS Ipswich and East Suffolk CCG	100%
NHS North East Essex CCG	100%
NHS West Suffolk CCG	100%
Norfolk and Suffolk NHS Foundation Trust	33%
West Suffolk NHS Foundation Trust	100%

7.0 Timetable of future publications

7.1 Timetable of future publications

Performance Report Publication Dates 2018/19	
Period	**Date**
Quarter 2	29 Nov 2018
Quarter 3	7 Mar 2019
Quarter 4	30 May 2019

End notes and glossary

End notes

1	All financial information in this report is based on unaudited monitoring returns from 230 licensed NHS trusts and NHS foundation trusts operating as at 30 June 2018. Those licensed providers include 151 NHS foundation trusts (FTs) and 79 NHS trusts (non-FTs).
2	Surplus/(deficit) control total basis is calculated as surplus/(deficit) before AME impairments, transfers, donated asset income, and donated asset depreciation for all trusts.
3	The sector reported adjusted financial position surplus/(deficit) includes DEL Impairments, Prior Period Adjustments, donated asset income and donated asset depreciation, as these items have been excluded from the control total an adjustment is needed to add the figures back to provide the reported sector surplus/(deficit).
4	The financial data is extracted from individual provider returns at Quarter 1.
5	As at June 2018, a total of 201 providers have signed up to their control totals. This is based on the returns submitted for Quarter 1.
6	160 trusts reported performance against the A&E target in Quarter 1 2018/19.
7	183 trusts reported against RTT incomplete pathway targets in June 2018. The admitted and non-admitted targets were removed in September 2015.
8	147 trusts reported performance against the breast cancer: 2-week wait target for Quarter 1 2018/19. 148 trusts reported performance against the GP referral: 62-day wait target for Quarter 1 2018/19. 128 trusts reported performance against the all cancers: 2-week wait target for Quarter 1 2018/19.

Glossary (1/2)

A&E	Accident and emergency departments offer a 24-hour, 7-day a week service to assess and treat patients with serious injuries or illnesses.
A&E standard	The objective that any patient attending an A&E department is seen and transferred, admitted or discharged within 4 hours of arrival. The objective performance against this target is 95% of patients. If a trust falls below this performance level, it is deemed to have breached the target.
Ambulance standard	Category 1 - Time critical life-threatening event needing immediate intervention and/or resuscitation Category 2 – Potentially serious conditions (ABCD problem) that may require rapid assessment, urgent on-scene intervention and/or urgent transport. Category 3 – Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe Category 4 - Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe
Admitted patient	A patient who is formally admitted to a hospital for treatment. This includes admission that is not overnight, ie day cases.
Cancer waiting-time targets	A series of objective waiting times for patients referred for cancer diagnosis and treatment. Each target has a different objective performance. The waiting times for cancer patients are much stricter than the RTT targets, but the RTT targets include cancer patients.
CCG	Clinical commissioning group
CIP	Cost improvement programme - usually a 5-year planned cost reduction programme to improve the productivity and streamline operational structures to provide efficient, effective services.
Cost weighted activity growth rate	The cost weighted activity is calculated by applying individual cost weights based on average reference costs to elective inpatient, non-elective inpatient, A&E attendance and outpatient attendance activities. This method allows combined cost weighted activity to be derived for different periods, so activity growth based on cost weighted activity could be calculated.
CQC	Care Quality Commission - the independent regulator of health and adult social care services in England that ensures care provided by hospitals, dentists, ambulances, care homes and home care agencies meets government standards of quality and safety.
Day case	A patient who is admitted and treated without staying overnight, eg for day surgery.
DHSC	Department of Health and Social Care, the government department responsible for the NHS.
DToC	A delayed transfer of care occurs when a patient is considered ready to leave their current care (acute or non-acute) for home or another form of care but still occupies a bed.
Elective patient	Elective surgery or procedure is scheduled in advance because it does not involve a medical emergency.
Government Spending categories (DEL and AME)	Total government expenditure is split into two categories: Delegated Expenditure Limits (DEL): this is the amount that government departments are allocated to spend. This amount, and how it is split between government departments, is set in spending reviews. Annually Managed Expenditure (AME): this is money spent in areas outside budgetary control on items that may be unpredictable or not easily controlled by government departments.
High cost drugs	Expensive drugs typically used for specialist treatments, eg cancer, that are excluded from the Payment by Results (PbR) tariff as they would not be fairly reimbursed. Commissioners and providers agree appropriate local prices.
HMT	Her Majesty's Treasury, the government department that fulfils the function of a ministry of finance.

Glossary (2/2)

Non-elective patient	A patient who is admitted for treatment on an unplanned or emergency basis. Such patients are not relevant to referral-to-treatment (waiting-time targets).
Pathway	A patient's journey through an outpatient appointment, diagnostic tests, further outpatient appointments to a potential inpatient appointment (eg for surgery).
PDC dividends	Public dividend capital represents the Department of Health and Social Care's equity interest in defined public assets across the NHS, including NHS foundation trusts. DHSC is required to make a return on its net assets, which takes the form of a public dividend capital dividend.
PFI	The private finance initiative is a procurement method that uses private-sector capacity and public resources to deliver public-sector infrastructure and/or services according to a specification defined by the public sector. In the NHS a typical PFI contract involves a private consortium building a hospital and maintaining it to a defined specification for 20+ years for an NHS trust in return for annual payments from the trust that are indexed to inflation.
PPE	Property, plant and equipment, the term used for fixed assets under International Financial Reporting Standards (IFRS).
Surplus or deficits	Refers to the net financial position. See *End Notes*.
STF	Sustainability and Transformation Fund
Waiting times	The time a patient has to wait before treatment; this is termed RTT (referral to treatment) in the NHS.
WTE	Whole-time equivalent is the ratio of the total number of paid hours during a period (part-time, full-time, contracted) by the number of working hours in the period. one WTE is equivalent to one employee working full-time.

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This publication can be made available in a number of other formats on request.

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September 2018

NHS Providers briefing on the draft Integrated Care Provider (ICP) contract

Background

NHS England (NHSE) is consulting on the draft Integrated Care Provider (ICP) contract. The ICP contract, which is a variant of the NHS Standard Contract, is the first commissioning contract designed specifically to promote an integrated service model including primary care, wider NHS and some local authority services.

The draft ICP contract has developed out of work to implement the Multispeciality Community Provider (MCP) care model, one of the six 'vanguard' new care models. The previous iteration of this draft ICP contract was referred to as the draft Accountable Care Organisation (ACO) contract.

To date, Dudley CCG has been most explicit about its intentions to make use of the draft ICP contract (subject to the outcome of the consultation).

This briefing sets out the key features of the draft ICP contract. The full consultation package including the draft ICP contract can also be found here. NHS Providers will be responding to the consultation on behalf of our membership. We would welcome your feedback on any of the aspects set out below to adam.wright@nhsproviders.org by Monday 1 October.

Key features of the draft ICP contract

ICP core requirements

The ICP contract includes core requirements of a provider delivering an integrated, whole population care model. For example, the contract:

- requires providers to consider how they can address health inequalities, supporting the CCG's discharge of its own statutory duties in this respect
- adds a requirement for the provider to conduct risk stratification to identify people who are more likely to require care in the future
- includes a requirement for the provider to provide analysis of population health needs and to develop strategies to improve the health and wellbeing of the population, supporting the CCG's discharge of its own duties in this respect
- includes an obligation to develop shared electronic patient records.

As far as healthcare services are concerned, the area served by an ICP will be defined by commissioners, usually by reference to the practice areas of the GP practices integrated with it. For any public health services and adult social care services, the area served by the ICP is likely to be the area of the relevant local authority.

The duration of any ICP contract will be for local commissioners to decide, based on the model that they think would work best for their population. The ICP contract may be awarded for a term of up to ten years, recognising that the details of the contract will need to be monitored and revisited regularly to ensure the contract continues to reflect changing circumstances. NHSE believes that a longer-term contract offers stability that would allow providers to invest in services that improve longer-term outcomes.

ICP contract structure and service specifications

Much of the content of the contract remains identical to that of the NHS Standard Contract and includes the same Particulars, Service Conditions and General Conditions. This is because the regulatory, safeguard and policy requirements for NHS services remain the same. The contract will contain high level detail on the core care model, but this will need to be supplemented locally by commissioners through service specifications that could add "flesh" to nationally-mandated requirements.

The wording of the Service Conditions remains deliberately high level so that models of delivery can be refined (based on learning) over the duration of the contract. Local systems are encouraged to retain flexibility for ongoing service redesign and remain responsive to the needs of the population over the longer contract length. Commissioners should not "pin down the detail" of services too tightly. At the same time, some security is needed so an ICP can be held to account against what is must provide and what outcomes it must deliver.

It is possible to include separate specifications for healthcare services, public health services and social care services, while primary care services will be organised under a new set of "Directions" that have been drawn up to streamline the contract. The Department of Health and Social Care (DHSC) will undertake a separate consultation for these Directions.

General Medical Services (GMS)/Personal Medical Services (PMS) amendments

The consultation makes clear that participation of GPs is critical to the successful delivery of integrated care. However GP participation in this contract is of course entirely voluntary, and the extent of integration is up to individual practices and the ICP. Broadly speaking, two approaches to amending the contract have been made:

Partially integrated approach

Under the partially integrated model, GPs will continue to deliver services under existing General Medical Services (GMS) or Personal Medical Services (PMS) arrangements. The ICP remains responsible for the delivery of a package of other services. Locally defined "integration goals" will be drawn up by the ICP and GPs to align services, and each GP will enter into an Integration Agreement with the ICP. This agreement may involve remuneration for GPs based on the delivery of certain services, and will create a framework for shared governance and decision making between the GP practices and the ICP. Commissioners will not monitor delivery of commitments as the ICP will be monitored for its overall performance. The Integration Agreement is not contractually binding.

Full integration

Under the fully integration model, the ICP contract includes terms and conditions that apply to primary medical services. This arrangement will require GMS and PMS arrangements to be suspended, either permanently or for the length of the contract. Suspended GMS and PMS contracts may however be reactivated during the length of the contract. Changes to secondary legislation have been proposed by the DHSC that would give GPs the option to become either salaried GPs of the ICP or subcontractors.

ICP budget and incentives framework

Integrated budgets

A new payment approach for whole population models of integrated care has been developed. Based on existing system capability and data availability, a simplified form of capitated payment* has been proposed for use with the ICP contract.

In August 2017 NHSE and NHS Improvement (NHSI) published a handbook on integrated budgets as part of the then consultation on initial proposals to develop ACO contracts. Integrated budgets, also known as Whole Population Budgets (WPBs) are designed to put financial incentives in place to facilitate greater coordination between local partners and support the delivery of more integrated care services. The new approach intends to adhere to three core characteristics:

- predictability;
- accountability and flexibility;
- and risk and reward.

Risk is still borne by commissioners and providers based on fluctuations in utilisation, quality and efficiency, among other things.

Integrated budgets should be derived from current commissioner expenditure and should cover the relevant service scope for an ICP's population. The intention is to remove the direct relationship between

* According to NHS England and NHS Improvement, capitated payments "mean paying a provider or group of providers to cover the majority (or all) of the care provided to a specified population across different care settings. The regular payments are calculated as a lump sum per patient". You can read more from the national bodies here: gov.uk/guidance/capitation

activity and payment, improve alignment of payment for all providers, better incentivise prevention and wellbeing, and focus on outcome, activity and cost across a system.

Payment mechanisms

There are three core elements to the overall payment approach that ICPs would need to adhere to:

- systems should establish the required integrated budget for delivering services
- the commissioner should ensure the ICP will have access to an incentive scheme (that operates as a top slice from the integrated budget)
- local system should develop a gain/loss share for both the commissioner and provider.

Any local proposals need to comply with the principles and rules detailed in the National Tariff Payment System local pricing section, particularly if these proposals involve moving away from national prices and/or currencies set under the National Tariff. GP participation in this payment model will depend on whether practices are fully or partially integrated.

Systems are advised to first focus on calculating the budget baseline, and then estimating its value in future years. The ICP and commissioner need to agree an incentive scheme, and finally introduce the gain/loss share element. Systems should then shadow test proposals in order to refine its features, with particular attention paid to provider to provider payments.

Incentives framework

Lengthier contracts will need to be flexible so they can reflect long term developments, but they will also need to retain a commitment to clinical, population and system outcomes. The proposed incentives framework will therefore have a greater focus on long-term population and outcomes-based measures. But in the short term the framework needs to align with existing national reporting frameworks. CQUIN will still apply (to relevant services within the ICP) as will QOF (if GPs are fully integrated within the ICP). Local systems may expand existing indicators or supplement existing incentive payments with additional measures. All ICP incentives frameworks will be subject to the Integrated Support and Assurance Process (ISAP).

Subcontracting

It is anticipated that subcontracting elements of the package of services commissioned under an ICP contract may be required to enable delivery of the desired care model. Subcontracting will also continue to enable patient choice and diversity of provision.

ICP subcontracting may not be done without the approval of the commissioner and the ICP ultimately remains accountable to the commissioner for the delivery of its 'supply chain' of subcontractors. Subcontractors may be required to sign a Direct Agreement with the commissioner; this is to ensure that in the event of ICP financial failure, the relationship with the subcontractor will be transferred to the

commissioner. In certain circumstances commissioners may require subcontractors to be appointed, removed or replaced.

Additional safeguarding provisions

Commissioners will need to have assurance that the ICP's budget is being used appropriately and that the ICP itself remains on sound financial footing. The ICP will need to manage demand and remain within budget, but it is crucial that it does this transparently. Therefore the contract includes a range of provisions designed to offer assurance to commissioners. These include the requirement for ICPs to provide independently audited financial business plans, operate 'open book' accounting, submit annual audited accounts, and to be transparent about remuneration of senior staff.

Commissioners will also retain responsibility for ensuring that the ICP continues to provide the full range of services, and that quality or safety of care is protected. Other safeguards are there to replicate and in some cases strengthen those already included in the regular NHS Standard Contract (including for example the right to terminate contracts, the right to suspend individual services, as well as detailed exit arrangements). There is a safeguard that prohibits an ICP from doing anything that would put the commissioner in breach of its statutory duties or amount to unlawful delegation. The ICP contract also includes the requirements to ensure that existing patient rights are protected and includes a number of requirements to reflect this.

Selecting organisations to hold ICP contracts

Statutory organisations are likely to hold the ICP contract, but for example ICPs based on primary and community services could be led by a GP federation.

All ICP contract awards will be subject to the ISAP framework, designed to operate as an additional safeguard, and increase the speed of national assurance for complex contracts. It is not meant to be a substitute for CCG governance and assurance processes.

ISAP is designed to ensure proposals are in the interests of service users and the public; to take a system view of the potential consequences of the proposal, and to ensure potential risks are identified, understood and mitigated. There will be three checkpoints during the ISAP during which the national bodies will pursue several key lines of enquiries. Full guidance can be found here.

ICPs are not new types of legal entity, but rather provider organisations working in alliances and partnerships which have been awarded ICP contracts. However, within its existing legal powers, the Care Quality Commission (CQC) will be able to register an organisation holding an ICP contract where it is established as a separate legal entity.

Public accountability and involvement

Use of this contract does not change the different requirements already placed on providers, local authorities and CCGs to consult and engage the public. The obligations for public involvement on the ICP

mirror those obligations imposed on any other provider under the NHS Standard Contract. For example, the ICP contract requires the ICP to support commissioners in performing their duty to involve the public on changes to service provision. In some cases this engagement and involvement may actually be led by the provider.

Local authority involvement

There are several models through which closer integration of healthcare, public health and social care services can be achieved, and under the ICP contract it will remain for local health and council partners to decide the best approach. This may be through a section 75 agreement between NHS and local authority commissioners, or through separate arrangements, such as an integration agreement between the local authority and the provider holding the ICP contract for healthcare services.

In summary

NHS Providers will be responding to the consultation on the draft ICP contract on members' behalf and we would welcome your feedback to inform our response.

Our initial view would be that the ICP contract is a well intentioned step intended to offer local systems a contractual mechanism in support of more integrated care. However this is a complex contract and it seems likely that NHSE/NHSI will wish to be heavily involved in assuring those systems interested to pilot and help develop the approach (via the ISAP and other methods). It is also clear that not all systems will wish to adopt the ICP contract as a means to underpin integrated care models. We will give further thought to the implications for providers, both contractually and in terms of governance and accountability. We will also stay closely in touch with how the contract evolves and continue to support members in flagging the benefits and risks involved.

Adam Wright, Senior Policy Officer, adam.wright@nhsproviders.org
Ella Jackson, Policy Advisor, ella.jackson@nhsproviders.org

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Trust Board

Meeting Date:	26th September 2018

Title and Author of Paper:	Safer Care, Annual Report 2017 – 2018 Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control

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

Paper for Debate, Decision or Information:	Information and debate

Key Points to Note:

This is the first Annual report for the Safer Care Directorate which became operational in October 2017 in line with the Locality Care Groups.

- The report provides an overview of the six teams within the Safer Care directorate that includes; team overview, key achievements and developments for the coming year.
- As a statutory requirement of the Trust the Infection and Prevention Control and Safeguarding and Public Protection full Annual Report reports are hyperlinked within this report.
- Whilst the directorate is in its infancy we recognise we are in a unique and crucial position to support everyone working in the trust who have a duty to reduce risks which could harm patients.
- We include our ambitions for the coming year to ensure staff, leaders and managers can work together to devote resources for continual learning and the improvement of patient care.

Risks Highlighted to Committee : 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:

Outcome Required: The Board of Directors are asked to note the content of this report.

Link to Policies and Strategies:

Safer Care Directorate

Annual Report

2017/2018

Introduction

In October 2017 the Safer Care Directorate was established at the same time as clinical services were re-designed and reshaped into Locality Care Groups, recognising that the trust Clinical Support functions must also work in different ways and be provided as efficiently and effectively as possible.

Achieving safer healthcare brings benefits to patients, families and all involved in the delivery of care. The Safer Care directorate aim to provide a comprehensive effective and sustainable culture of learning and improvement to underpin the delivery of good clinical governance. The directorate ensures its work remains focused on the quality and safety of patient care and the patient experience.

Thanks to data and information of incidents across the organisation the Safer Care Directorate, we are able to support the targeting of improvement actions and escalation processes to Locality Care Groups and Senior Management to further drive improvement. In so doing, the Safer Care Directorate continues to strengthen its role in supporting the Locality Care Groups, trust committees and groups as well as providing Board assurance about quality care and safety.

This annual report provides an overview of what each individual Team within the directorate have provided and what we have achieved over the last year as well as what we have introduced and developed as a Directorate since October 2017.

Safer Care Directorate Ambitions

As a new directorate we are developing a greater understanding of the work each discrete dedicated service provides to support the Locality Care Groups and the trust as a whole to deliver safer care. At the heart of our ambition is the view that greater integrated working is the primary vehicle to improve the quality of the service we provide to patients and carers.

Our ambitions linked to the trusts overarching strategy ‘Caring, discovering, growing: Together’ for the coming year are as follows;

- Work together
- To be highly flexible to respond to any changes in the delivery of care
- A relentless focus on quality, based on understanding the drivers and human factors involved in delivering high quality care, which reduce avoidable harm.
- Devoted to continuous Trustwide learning and improvement

Directorate Team Functions:

- Patient Safety Team
- Public Health Team
- Safeguarding and Public Protection Team
- Nursing Development, Education and Clinical Quality Improvement Team
- Staffing Solutions
- Emergency Preparedness, Resilience & Response
- Treatment Effectiveness and Governance (Addictions)
-

Sections 2 to 6 provide an overview of each team, the work undertaken and key achievements over the last 12 months with a hyperlink to a full annual report for those teams who provide a statutory function for the Trust.

Safer Care Directorate

Subject Experts

Group PA
Laura Piper

Head of Workforce & OD
Victoria Bullerwell

Head of Business Development – Finance
Joanna Copeland

Anne Moore
Group Nurse Director Safer Care, Director of Infection Prevention and Control

Damian Robinson
Group Medical Director, safer Care 0.4 wte

Corporate Nursing Development

Anne Moore Corporate Lead

Physical Health & Wellbeing
CQUIN
STP / Networks MMC

Michelle Hall
Alan law
Pauline Carr
Corinna Thompson

Professional Nursing Development
Nursing Strategy
Nursing education & Workforce development
Nurse Education and Clinical Placements / PPFs

Sheryle Cleave

International Recruitment

Colin Bland
Jackie King

Safer Staffing
Staffing Solutions
Bank and Agency Flexi-pools
Carter Review

Paul Veitch
Nurse Consultant 0.5 wte /Associate

Safer Staffing
Non-Medical prescribing/AC/RC
CPA / Care Co-ordinator clinical lead
Schwartz Round
Quality Improvement approach
CQC Compliance link
RIO Clinical Lead
R&D Committee

Community matrons:
-vacancy
-Emma Bailey
-Lindsey Spencer
Community Practice Development

Ruth Jordan
Audit/Seclusion

Margaret Orange
Governance Manager Safer Care (Addictions)

Addictions Complaints Unexpected deaths
Addictions Strategic Clinical Network Development
Consultancy
Education and Training
Specialist support re tenders and contracts

Jan Grey
Associate Director Safer Care

Tony Gray
Claire Taylor

Health and Safety & Security Mgt
Patient Safety
Incidents
Complaints
Falls
Safety Thermometer

LOCALITY PATIENT SAFETY NORTH AND SOUTH

Craig Newby
Positive and Safe 0.2 wte
Patient safety 0.3 wte

CENTRAL LOCALITY

Carole Rutter
Kay Gwynn
Sonia caudle
Kevin Chapman

Infection Prevention and Control

Public Health & Lifestyle
Medical Devices
Water Safety
Resuscitation and Medical Emergencies
Tissue Viability

Nursing and Midwifery (NMC) Referrals

Leesa Stephenson

Safeguarding and Public Protection

Clinical sessions
Unexpected deaths/Mortality reviews
Chair MMC
Regional Suicide
Smoke Free

Section 1: Serious Incident, Investigations and Inquest Management Team

This process is overseen by the Head of Clinical Risk and Investigations.

The team comprises of administration support, and a dedicated Serious Incident investigation team. The Trust has, on average, 120 serious incidents each year that require an investigation to review the care and treatment provided by the organisation, ensuing any lessons learned are identified and disseminated to improve practice and prevent similar incidents occurring wherever possible. Of those incidents that require a Coroner's inquest, the team also support clinical staff through the process.

Key achievements

- The dedicated team have received formal training by Niche Health and Social Care Consulting in root cause analysis. This training is to assist the Investigation Officers report analysis by using the contributory factors framework and associated factors as recommended by the NHS Serious Incident Framework (2015).

- The team have produced and received ratification of the Trust Learning from Deaths Policy, written in conjunction with the other mental health trusts in the North of England (Mazars). The production of the Practice Guidance Note to support this policy with a Structured Case Note Review.

- A Structured Case Note Review has been introduced for natural cause deaths of service users in our care. These are undertaken by the Investigation team and presented to a Mortality Review panel on a monthly basis to identify any learning. A formal evaluation of the new process will be completed in the autumn.

- At the request of Locality Care Groups to support teams in resolving complex care issues, the team have fully reviewed the previous process and re-established a Managing Complex Case panel. The panel provide expertise in relation to the complex issues presented and assists the clinical care team in developing actions to address the issues.

Developments for 18/19

- On-going training is planned for the Investigating Officers and also the Trust Board and Directors for investigation processes by Niche Health and Social care Consultancy.

- Training with the local Coroners for Trust senior clinical staff in relation to the Coronial Process.

- Training for the Coroner's in relation to Trust processes and investigations.

- An audit programme has been agreed with Niche Health and Social Care Consulting to look at SI reports that have used the new template, followed the training and have been through internal assurance processes.

- An outline programme has been devised to look at further joint work to follow on from the joint learning from death work, with the 9 Northern Mental Health Trusts

Complaint and Claim Management

Incident, Complaints and Claims Manager manages the day to day function of complaints and claims team. The claims administrator processes the claims made against the Trust for clinical negligence, employer liability, public liability and property expenses in conjunction with NHS Resolution and panel solicitors DAC Beachcroft. They also deal with ex gratia claims for easily quantifiable damage which does not fit into the other categories; usually missing or damaged property of patients, staff and visitors.

The complaints team consist of Complaints Administrators and a Complaints Manager.

Key achievements

The Trust carried out an RPIW in September 2016 to streamline the existing complaint process due to transforming corporate services. Following this the process changed dramatically and the Complaints policy was re-written to reflect this including;

- All trust staff that investigate complaints have completed complaints awareness training.

- All new complaints are triaged by the most senior directors.

- A complaint report is provided weekly within Business Delivery Group – Safety, including outlining any new complaints, triage outcome, monitoring of all complaints and completion.

- All complex complaint responses are reviewed and sent to the complainant by the Chief Executive.

- Twice a year the Chief Executive and Executive Director of Nursing and Chief Operating Officer undertake an audit of standard complaint responses to ensure the quality of the investigation is to the required standard.

- All complaints are reviewed by the Investigating Officer following discussion with the complainant for the most accurate and meaningful category to inform thematic analysis of complaint type.

- Updating of Claims Policy and Processes to deal with claims through the newly established NTW Solutions and their commercial insurers.

Developments for 18/19

- Standard Operating Procedures are to be developed for Complaints Administration to ensure case load supervision to ensure a consistent approach.

- Delivery of complaints awareness training for new investigators with the programme updated as any changes are made with any national guidance or local learning.

- Attendance/participation at the newly formed Northern Region Complaints Forum to share learning and good practice

Section 2: Health, Safety, Security and Resilience

The following functions form part of the operational responsibilities for the Head of Safety, Security and Resilience.

- Incident Management - overseeing the reporting, recording, quality checking and transfer to national systems of 38,500 incidents per year.

- Health & Safety – The Trust has two competent safety professionals in the Head and Deputy Head of Safety , Security and Resilience, they support teams to comply with Health and Safety legislation, ensure compliance with Reporting Injuries, Diseases and Dangerous Occurrences Legislation (RIDDOR), and oversee policy support and improvements.

- Central Alert System, co-ordinate the system to ensure compliance with all Department of Health & Social Care, NHS Improvement and Medicines and Healthcare Products Regulatory Agency alerts. To ensure timely response and distribution of all safety related alerts.

- Security Management including lone working – The Trust still maintains two accredited security management professionals in the Head and Deputy Head of Safety, Security and Resilience, and they support the Trust to comply with all internal security standards and response to any external requests. Close alignment with the Positive and Safe Team to ensure support for the reduction of aggression and violence across the Trust.

- Policy Management System – The central team co-ordinates over 400 policies and PGNS and 1000 supporting documents within the Trust, supporting authors to review, update, consult and approve their corporate documents.

- Management of the Safer Care intranet site, and dissemination of the Safer Care Bulletin.

- Emergency Preparedness, Resilience and Response – The responsibilities for EPRR transferred into the central safety function in January 2018 to further integrate the systems of the Trust.

Key achievements

- Full compliance with external incident reporting for patient safety incidents for NHS Improvement, with no concerns identified. Published information shows us no significant change from the previous period, and no under – reporting as a Trust. We are currently showing green across the board for the quality standards of information for our provisional data.

- Full re-build of the Safeguard Risk Management system following clinical transition in October 2017 to ensure timeliness of critical clinical information and maintenance of safety / talk first dashboards for the Locality Care Groups.

- Produced all monthly reports for Commissioners and re-designed a Board schedule for reporting all safer care related activity from floor to Board throughout 2017/18.

- Review of all Health & Safety Policies and Practice Guidance notes in 2017 to ensure they accurately reflected the clinical transitional management arrangements to support the Clinical Business Units.

- Supported a fact find by the Principle Inspector from the Health & Safety Executive in relation to concerns identified to them around aggression and violence at Hopewood Park in May 2017, no subsequent concerns were identified and the fact find was closed without further action.

- Full compliance of the Central Alert System, formal review of policy and distribution lists to maintain safety following clinical transition.

- Review of plan for improvements of lone working system and transition plan for replacement of series 7 devices to series 8 GPS. GPS technology gives a greater level of information for positioning of lone workers in the community and improves response in an emergency situation.

- Completion of the 2017/18 Security Management Annual Report and submission to Board in May 2018.

- Review of all corporate, clinical and operational policies following clinical transition and a re-build of a database / framework to provide greater depth and detail and alerts around policy compliance.

- Creation of a specific Safer Care website portal as a one stop shop for Safer Care related material , including all related policies and following feedback requests from clinicians, an automatic upload of all CAS alerts and Key Cards. The system now acts as an accessible library which can be searched for learning.

- Creation in January 2018 of the Trust's Safer Care Bulletin, as a learning and dissemination tool for all clinical and operational services.

- Transition in January 2018 of the responsibilities of Emergency Preparedness, Resilience and Response into the central safety function, with an update of Trust Policy, Business Continuity Plans, meeting and governance structure, and compliance with external requirements. A full

annual report will be produced later in the year and submitted to Board prior to NHS England.

Developments for 18/19

- Development of a number of business cases for the following areas of activity:

  1. Metrasens Metal detection system for in-patient wards.
  2. Review of Closed Circuit Television Systems / Digital Systems across the Trust.
  3. Review and renewal of Lone working system.
  4. Pilot of Body Worn Cameras.

- Continued improvements and development of Trust Safer Care intranet site.

- Review of Policy approach in the Trust, with a view to streamlining.

- Full Transition of lone working system to series 8 GPS enabled by September 2018.

Section 3: Public Health Team

The Public Health Team provides Infection, Prevention Control, Tissue Viability, Medical devices, Physical Health and Public Health and Lifestyle functions to support staff and patients across the Trust.

Infection Prevention and Control Service

The IPC service across the Trust is provided by three IPC Matron's that ensure the Trust meets its statutory requirements and the Health and Social Care Act.

As a statutory requirement, the Director of Infection Prevention and Control (DIPC) is required to provide an annual report IPC (Click the link) that includes a summary of activity, provides assurance and developments that took place during 2017/18 relating to Infection Prevention and Control. This IPC report includes lessons learned from the flu campaign. The Infection Prevention and Control team is responsible for the outline delivery of the 2017/18 Infection Prevention and Control Annual Plan.

Key achievements

- IPC Risk assessments completed in all areas in line with National guidance.
- Both members of staff working in medical devices are members of NAMDET this helps develop regional networking, national links and further development of best practice within this area.
- Improved monitoring and recording of visits and maintenance provided via an SLA from Acute Trust for the servicing and repairs of medical devices.
- All of the information available on the intranet relating to Medical devices has been reviewed and updated.
- Undertook audits in key areas (UTI and Sepsis) to inform future clinical practice, prompt diagnosis and treatment. Initial findings identify areas of good practice as well as areas for improvement.
- We continue to achieve an increased flu vaccination uptake in clinical staff year on year. Achieved the 70% CQUIN target, for front line staff to be vaccinated.
- Patients were continually offered the vaccination in at risk groups throughout the flu campaign.
- Despite high levels of co circulation of both influenza and viral diarrhoea and vomiting in the community and surrounding acute Trusts only one ward in NTW experienced an influenza outbreak.

Developments for 2018/2019

- To consider integrating the IPC link workers into a combined role with Tissue viability and the Physical Health link workers. The objective is to reduce amount of time away from the clinical environment, creating capacity to care.

- Audit practice around the sepsis tool in line with NICE guidance and the Sepsis PGN.

- Work with Occupational Health to embed a culture of health protection in staff in the development of an immunisation Practice Guidance Note.

- Transfer inventory and manage medical devices via an electronic system (CAFM).

- Repeat UTI audit to establish necessary change has occurred and is embedded in practice.

- Improve monitoring and reporting of staff non-compliance with Bare Below the Elbow.

Tissue Viability Service

The Trust provides specialist Tissue Viability services in a range of clinical settings. The Tissue Viability Service is currently provided by a Modern Matron and a Clinical Nurse trained in Tissue Viability.

Key achievements

- We have recently adopted the best practice statements put forward in the 'Carter report' and are actively contributing to the development of a Secondary / specialist care data set reflecting the intricacies and difficulties of managing wounds in a complex setting. Healing rates and incidents of pressure ulcers are shared with colleagues and external stakeholders on a regular bases via regional TVN groups and participation in joint learning exercises.

- 2017 saw the extension of pressure ulcer monitoring and management across the Trust expanding the surveillance to include all wards. In line with NICE Clinical Guideline 179 and Quality Standard 89, NTW have been innovative in mapping the nationally recognised risk assessment tool – 'The Braden Scale' into an electronic version on our patient electronic records system (RiO).

- Working closely with our colleagues in informatics have supported the launch of risk assessment tools being built onto Rio our electronic patient record system, this is to ensure timely implementation of NICE guidance and ensure effective risk management and governance systems are in place. The TVN's

receive monthly statistical data which is used to monitor compliance, identify trends and training opportunities and also to target high risk clinical areas with education and support.

- In 2017/18 we have run several awareness sessions for carers which focus around the nature and presentation of their loved ones wounds. This has had excellent feedback and support and has led to clients identifying improved engagement and understanding from their carers'. Carers themselves have identified the experience as positive learning and discussing issues, anxieties and queries around their role in looking after and supporting someone with a complex wound.

- The TVN service have further developed the use of client specific pictorial care planning to inform and support the care of their wounds, clients identify this as positive with a more consistent intervention. These plans have also been useful in the transition / transferring of clients back to their homes.

- During 2017/18 the team have begun work across the Trust to support the management of clients who self-harm. We are currently working closely with the wards to upskill staff, provide a remote triage and consultancy process (using SKYPE) and also work closely with the clients, relatives and professionals to develop robust and responsive care plans (Pictorial and electronic) and treatment packages.

- Telemedicine pilot project (SKYPE) was undertaken to meet client needs and support staff in a more robust and timely way in relation to wound care. As we strive to upskill and develop competency within the clinical teams in respect of wound care, the use of SKYPE has offered a timely response and advice to wards including; responding to an incident, offering assessment, providing advice or support with wound assessment and ongoing management or treatment. Following on from the pilot within several ward areas and the evaluation of its success, this will be rolled out across all wards in 2018.

Developments for 2018/19

- To review the prevalence of self-harm events with multi professional teams. As we refine our approach we will be better enabled to prevent, manage or support clients, relatives and professionals to develop robust and responsive care plans (Pictorial and electronic) and treatment packages in respect of wound care.

- The TVN lead is helping in the development of a nationally recognised tissue viability competency framework for Mental Health and Learning Disability.

- To produce an article to be submitted for publication – Pictorial care planning.

Physical Health, Public Health and lifestyle.

The Public Health Team centrally coordinate aspects of physical health, public health and lifestyle in respect of health promotion and prevention. The Trustwide Physical Health and Wellbeing group is chaired by the Director of Nursing Safer Care that sets the strategic direction for the trust.

Within the team there is a Physical Health Lead Nurse and a Health Improvement Specialist to ensure good quality physical healthcare for patients with mental health, learning disabilities and specialist care needs, vital in reducing the incidence of secondary physical health problems and early death.

Key achievements

- The Trust recently held its Fourth Annual Physical Health and Wellbeing Conference. Delegates came from a variety of clinical and support groups across NTW, including nursing, medical, allied health professionals and NTW Solutions, as well as external candidates such as GP's and Health Trainers.

- The Public Health and Lifestyle group (PHLG) is chaired and led by an IPC Matron to ensure patients have access to screening services and healthy living programmes.

- The NTW 'A Strategy for Improving the Physical Health and Wellbeing of People Receiving NTW Services' has been developed with an associated action plan for implementation.

- The Physical Health Lead Nurse (PHLN) has supported the Link Workers, Health Champions and Clinical Trainers in delivering Foundation Physical Health Skills and Alcohol Brief Intervention sessions across the Trust sites.

- We have provided Health topic awareness sessions to community and inpatient teams, covering topics such as Bowel Cancer Awareness, Diabetes Awareness and Sepsis.

- The IPC Matron has become part of a regional group focussing on access to the bowel screening programme across all inpatient services in NTW.

- The PHLG has attended many health and wellbeing events, using a range of interactive models and information to educate both staff and patients.

Developments

- Support the development of awareness sessions for oral care and sexual health

- Access to bowel screening in one area of the Trust with further roll out across NTW inpatient services.

- Working with the dietetic service to deliver the “Weight Off Your Mind” strategy across NTW services.

- Support the training team in delivering masterclasses related to diabetes management and neuro-observations.

- STP - (stainability and transformation partnership) leading the Physical Health/SMI work stream.

- NHSI - recently joined the MH SMI collaborative, Closing the Gap.

Section 4: Safeguarding and Public Protection Team

Service Overview

The Safeguarding and Public Protection (SAPP) Team aims to support all trust staff to keep children, young people and adults at risk safe, and to meet its statutory obligations. We promote collective accountability in all that we do, working together to prevent and stop all forms of abuse or neglect happening wherever possible. The SAPP team continually work with partner agencies on a day to day basis to ensure robust safety plans and risk management are in place to safeguard and protect.

The Safeguarding and Public Protection service consists of a Team Manager/ Named Nurse, six Senior Nurse Practitioners who bring a variety of safeguarding and public protection expertise, skills and experience. They are supported by the Administration Team Manager and two administration support officers.

The SAPP team produce an annual report that is requested and shared with the Clinical Commissioning Group's and Local Safeguarding Children and Adult Boards to provide assurance of the trusts safeguarding arrangements. The full annual report Safeguarding (Click on the link)

Key achievements

- A fully operational "triage" system for every safeguarding and public protection concern raised across the Trust.

- Trust Board development sessions; Adolescent to Parent Violence / Domestic Homicide Reviews. Domestic Abuse and Coercive Control.

- Team Manager / Associate Director Safer Care attended on request Self-assessment assurance sessions as part of Safeguarding Adult Board's annual cycle of audit, reflection and improvement.

- Development of 7 minute briefings to cascade learning Trustwide.

- Over the last year several Local Authorities have developed / are developing Multi Agency Safeguarding Hubs (MASH) for multi-agency safeguarding decision making at the point of referral, the SAPP team are providing virtual support / information to assist decision making / outcomes required to safeguard children and adults.

- Development of a mental health referral pathway into the Trust for Channel Panels in response to NHS Guidance to Mental Health services in exercising duties to safeguard people from the risk of radicalisation November 2017. This pathway enables multi-agency Channel Panels to request directly a

timely mental health assessment for people who are not active to trust services.

- Local Safeguarding Children and Adult Performance group meeting attendance and reports provided by the Locality Care Group by the Heads of Commissioning and Quality Assurance.

- Continued support and leadership to Safeguarding Boards during a period of change and restructuring.

- Strengthened safeguarding dashboard reporting to CCG Designated Safeguarding Leads and where required present at Safeguarding Assurance Meetings.

- Submission of National Unify 2 Prevent data returns detailing training figures, referrals and policy compliance

Developments for 18/19

- The current Patient Safety Trust Clinical Police Liaison Lead post to be part of the Safeguarding and Public Protection team to further enhance multi-agency working with police colleagues / partners. This will enable SAPP Practitioners and the Police Liaison Lead to share knowledge, skills and experience to further enhance and strengthen public protection arrangements both internally and externally.

- To develop an information sharing process for MATAC meetings (multi-agency tasking and coordination) across local authority areas to reduce domestic abuse offending and improve victim safety by focussing on offenders.

Section 5: Nursing Development, Education and Clinical Quality Improvement Team

The Corporate Nursing Development and Education Team have a significant role in supporting delivery of our nursing strategy Delivering Compassion in Practice 2014-2019. The nursing strategy provides us with a sound and flexible framework to enable the nursing workforce to grow and develop to meet the needs of patients within a changing culture of care provision and economic climate.

The team leads on a number of initiatives covering professional development, nurse education and workforce development and is responsible for clinical placements.

Key achievements

- Established a Nurse Education Forum (NEF) to provide a framework for professional governance and assurance. The forum is responsible for the strategic direction for nurse education and training and ensuring it reflects changing clinical priorities and models of care in line with the Transformation agenda.

- Introduced a Nurse Leadership Forum to widen participation and provide greater opportunities for clinical leaders to influence the education and practice agenda.

- In line with our nursing workforce plan we have worked in partnership with Sunderland University and TEWV Trust to co-produce both a mental health and learning disability nursing pathway.

- Following the validation event, we have secured funding from Sunderland University for two Senior Lecturer posts who will spend a half day per week in practice, a Principal Lecturer post and commitment to fund two Clinical Link Staff who will spend 50% of their time in practice.

- In line with our nursing workforce plan we have expanded access to clinical placements to the Open University, Sunderland and Teesside Universities in addition to placements provided to Northumbria University.

- Following a comprehensive review of practice placements capacity, we have introduced a centralised NMC compliant mentor database. This has enabled us to significantly increase placement opportunities and support to students on several programmes; registered nurses (mental health; learning disabilities and adult); paramedics and trainee nursing associates working with several universities.

- We have launched a Community of Multi-Disciplinary Education and Training (COMET). Jointly delivered by Practice Placement Facilitators and Peer Support Workers, the aim is to gather students from different disciplines to lend their perspective to discussing presented anonymised or fictionalised case studies

- Currently we are taking part in a national pilot test site for the Trainee Nursing Associate programme. This new regulated role will allow Nursing Associates to provide high levels of service in a safe and competent manner; releasing time to care for Registered Nurses.

Developments for 18/19

- We will lead on the development of our Nursing Strategy 2019-2024 for launch in March 2019. Supporting focus groups to ensure staff, service users and carers have a voice in its development.

- We are working with Sunderland University and our Vocational Training Team in the co-production of both a Mental Health and Learning Disability Degree Apprenticeship pathway; following NMC validation the programme will commence early next year. We will provide masterclasses for mentors in order to promote understanding of curriculum / delivery differences ensuring the programme becomes well embedded.

- We will work in partnership with Teesside University to ensure the Trainee Nursing Associate programme meets NMC approval and continue to facilitate masterclasses aimed at ensuring this role is understood as we prepare for the initial cohort to qualify in 2019.

- We will continue to build placement capacity utilising innovative placements and building learning communities across our services as well as external agencies.

International Recruitment

Service Overview

The international recruiment team has now been established for over one year. It is a partnership with Nursing, Medical staffing,International Agency, NTW Solutions, Clinical Services, Sunderland University and Safer Care Directorate and this is underpinned by a Project Steering Group. As part of our plan to support the medical and nursing workforce strategy we can report that visits to India to develop liasions and recruit Nurses and Doctors have successfully led to a number of offers of employment using values based recruitment. The recruitment of the staff is having a having a positive impact upon patient care and wellbeing. Ensuring a seamless and safe transition into a new role is a primary

objective for the team and this is led by the Senior Nurse, Relocation Officer with support from the team. Relocating to another country is a daunting experience let alone taking up a new role with new systems, processes and a new team. We never underestimate these things and will work with each member of staff on an individual bases and assess their individual needs. Induction to the service is completed in a safe and considered manner. There will be a dedicated mentor / supervisor to support each individual member of staff and regular supervision meetings.

Developments for 18/19

- We will support the development of Medical staff in completing Section 12 Approved Training at an appropriate point of Induction to service.
- We will review the effectiveness of induction particularly with Medical Staff.
- We will ensure there is a robust plan for each Nurse engaging in OSCE preparation.
- We will evaluate the effectiveness of our achievements by receiving feedback from individual staff who have relocated to the UK.
- We will ensure that each member of staff has a seamless transition to the UK by continuing to refine our approach to relocation.
- We will ensure that a dedicated point of contact (from clinical services) begin to communicate prior to relocating.
- We will learn from others experiences and feed this back to the Project Steering Group to help inform changes in practice.

Clinical Quality Improvement

Associate Director (AD) Safer Care leads on several clinical functions within the Safer Care directorate.

- Non-medical prescribing, the role involves ensuring the good governance of the programme which supports CBU clinicians to be appropriately prepared for the role through training, ensuring qualifications are recorded. Safer Care develops the CPD programme for non-medical prescribers provided in-house. Supporting CBU's to develop their workforce programmes is also an aspect of this programme.
- Approved Clinician programme. The development of non-medical (or 'multi-professional') approved clinicians is an important area of practice development. It supports medical recruitment and offers medical and non-

medical staff new ways of working. Improving choice for patients detained under the Mental Health Act is also an aspect of this programme.

- The care coordination policy has been reviewed and has reduced in volume and complexity. At the time of this annual report it is currently in the Trustwide consultation stage and we encourage the submission of comments.

- Schwartz Rounds are now fully established within NTW and the Schwartz team are growing the numbers of qualified Schwartz facilitators and aiming to have ten trust wide rounds each year.

- RIO Clinical recording developments sits within Safer Care and a co-lead in the 'Creating Capacity to Care' working group, with a significant expectation to lessen the burden of clinical recording whilst simultaneously promoting best practice in clinical recording. This group has moved to a position whereby we are developing alternative tools and testing potential clinical impact.

- The NTW community matrons continue to be aligned to the locality CBU's and have a particular focus on practice development within their respective localities. They are managed within safer care and continue to make an active Trustwide contribution, e.g. through attendance at Serious Incident panels. The community matrons are undergoing a re-focussing exercise in order to enhance the role clinically.

Section 6: Staffing Solutions Team

Staffing Solutions is a one point service that supports operational services with temporary and flexible staffing needs. It incorporates Nursing, AHP, Psychology and Admin banks and offers a timely solution to short term staffing issues. In addition to the banks the Staffing Solutions team also support the flexi pools that operate within each of the three localities.

Staffing solutions role is to effectively manage the deployment of temporary staff so that they can help to create clinical capacity by taking on the administrative burden from ward and team managers.

The SMART system is used to request, allocate and approve assignments and bank members are notified of vacant shifts and can express their availability via an SMS system. Current bank and agency fill rates are 93% with 16% of that total being filled by agency workers.

One of the key roles of the Staffing Solutions team is to ensure our temporary staff are competent, have access to all relevant training and can deliver safe and effective care to our patients. Any bank workers who do not have up to date training compliance are contacted by email or telephone to remind them of the need to keep training up to date before being allowed to take up any future work assignment.

Safer Staffing Team

The Safer Staffing team are responsible for ensuring all relevant information such as acuity, staffing levels and Care hours Per Patient Day (CHPPD), are gathered from clinical areas in the most timely and least bureaucratic way. The purpose is to assist both the local services and the wider Trust to understand the context and narrative around what is actually happening on the ground within individual wards and teams. Their role is very much to support and work with clinical services to understand and report any exceptions and provide a governance and assurance framework to the Board, Locality teams and other key stakeholders.

The Safer Staffing team also act as a conduit between national initiatives and local services and are currently involved in the Carter Review of Mental Health and Community Services and the development of a national acuity tool.

Key achievements

- Standard Operating Procedures operating across all banks.

- Information hub for internal and external workers developed and is available via the intranet and internet web page.

- Staffing solutions team involved in resource planning meetings across localities.

- Competency passports developed for bank staff.

- “one point” service developed for all banks and flexi pool bookings.

- 93% fill rate on active bank requests.

- Supporting local services to reduce headroom and other elements that potentially impact on staffing resources, the wellbeing of staff and patients and the FDP.

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Section 7: Treatment Effectiveness and Governance

Overview

Drug Related Death (DRD) has increased year on year since 2012 and is currently at its highest reported levels since records began in 1993. Alongside this, the North East has consistently had the highest levels of DRD in England. This, combined with a region where we are aware of the high rates of morbidity and mortality from alcohol demonstrates a clear need to focus on addiction, not only in addiction services, but for the wider population.

Treatment Effectiveness and Governance in Addiction Services is now situated as part of the Safer Care Directorate and provides a Trustwide specialist lead responsible for addictions on behalf of the Safer Care Directorate and CBUs, alongside responsibility for ensuring the provision of specialist advice and supervision in relation to addictions across the Trust, including scaffolding support as appropriate. This will also provide specialist advice in relation to addictions within the Safer Care Directorate, particularly the SAPP team. The role is Trustwide and covers all clinical addictions services, working both in support of existing service management arrangements and independently for the purposes of service development and consultancy internally and externally.

Key achievements

Drug Related Death / Incidents

- Development of a system to review all addictions incidents individually and collectively to ensure identification of early warnings in relation to drug related deaths.

- Development of quarterly reports to CBUs and commissioners to support understanding and learning alongside identification of themes.

- Introducing patient safety and review initiatives to reduce risk.

Learning Lessons

- Exploring themes and embedding lessons learnt by providing briefings to staff using the DRD / Incident reports and individual case study to explore learning.

- Utilising models of safety in other industry to support development in addictions.

- Development of a central repository to store all information for addiction staff – Addictions Optimisation Recovery Map – an intranet based site where all current evidence, processes, checklists etc. are stored to ensure staff have the right information at hand when they need it and organisational memory is retained.

Training

- Bespoke training both internally and to partner organisations in relation to addictions.

- Provision of the ABC programme – a course which people can attend after arrest if the trigger offence was Drunk and Disorderly (mirroring speed awareness).

- Provision of regular training across both addiction and wider NTW services, examples include;
    - Identification and Brief Advice Alcohol (CQUIN)
    - International Treatment Effectiveness Programme
    - Clinical Guidelines
    - Naloxone

NTW

- Provision of clinical lead to the Addictions Strategic Clinical Network, which, whilst in its infancy, has established clear principles and work streams moving forward.

- Representing NTW on the NHS Substance Misuse Provider Alliance, a national organisation of NHS providers of drug and alcohol treatment services.

- Support to CBUs in exploring feasibility and subsequently tendering for new / existing services.

Consultancy

- Provision of support for Newcastle City Council to write and deliver an early intervention programme for alcohol and drugs for none addiction / none NTW staff – Identification and Brief Advice in Drug and Alcohol.

- In conjunction with the North East Ambulance Service, support to hostels following several DRD to train service users in the purpose and administration of Naloxone and lifesaving skills to reduce the risk of DRD – service users were also provided with Take Home Naloxone.

- Review of North East Prison Drug Services – supported by a small team of NTW addiction staff.

Developments for 18/19

- To support the reduction of risk of DRD and improve the physical health of service users in addiction services, a research pilot is being established to identify service users who are physically compromised due to undetected /

untreated respiratory illness, developed by this service and supported by CCG and commissioners. This development is proposed to commence in September 2018 and will provide significant insight into the respiratory health of individuals in the addiction services alongside learning in relation to risk management.

- Exploring trauma informed care and formulation is a priority in Addiction Services and discussions are underway to examine how 5P's plus could support this.

- Within addiction services, there are a current discussions in relation to developments which can improve outcomes for people who are addicted to drugs. Of particular interest is the national discourse around the development of Heroin Assisted Treatment and Drug Consumption Rooms. These developments are of interest locally and initial discussions are taking place with Public Health to ensure we are in line with developments.

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Trust Board

Meeting Date:	26th September 2018

Title and Author of Paper:	Annual Report for Infection Prevention and Control 2017 – 2018 Anne Moore, Group Nurse Director, Safer Care & Director Infection Prevention & Control

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

The Infection Prevention and Control Annual Report covers the period 2017 / 2018 and provides the Infection Prevention Control Committee, Quality and Performance Committee and the Trust Board with an annual assurance on key issues relating to infection and prevention and control in the Trust.

It provides assurance on how the Trust has acted to protect service users, staff and visitors from healthcare acquired infections, and complied with the Health and Social Care Act 2008 Code of Practice, for the year 2017 / 2018.

It highlights that there has been one notifiable communicable disease of Clostridium Difficile during the time period with a Root Cause Analysis undertaken. It also provides information of viral infection related outbreaks that have been managed effectively according to IPC policies and NICE guidance, including working proactively with local acute Trusts who were placed under considerable pressure in part due to infectious conditions such as influenza and norovirus over the winter months.

In addition the report provides information of the successful Flu Campaign and lessons learnt to take into the next campaign to protect both patients and staff.

Risks Highlighted to Committee : 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:

Outcome Required: The Board of Directors are asked to note the content of this report.

Link to Policies and Strategies: IPC Policy

2017 / 2018 Annual Infection Prevention Control Report

Anne Moore, Group Nurse Director, Safer Care, and Director of Infection Prevention & Control

IPC Matrons

Contents

Introduction and Context

The Annual Report of the Director of Infection Prevention and Control (DIPC) provides the Infection Prevention Control Committee, Quality and Performance Committee and the Trust Board with a summary of activity relating to assurance and developments which took place during 2017 / 2018 relating to Infection Prevention and Control across the Trust. The IPC function carried out across the Trust meets statutory requirements and the Health and Social Care Act. The Infection Prevention and Control Team is responsible for the outline delivery of the 2017 / 2018 Infection Prevention and Control Annual Plan.

Infection Prevention and Control Team Structure

The Infection Prevention and Control Team consists of:

- Anne Moore, Group Nurse Director, Safer Care Directorate and Director of Infection Prevention and Control (DIPC).
- Jan Grey, Associate Director Safer Care.
- Sonia Caudle, Infection Prevention and Control Matron.
- Kay Gwynn, Infection Prevention and Control Matron.
- Carole Rutter, Infection Prevention and Control Matron.
- Kevin Chapman, Tissue Viability Matron.

Consultant Microbiologist / Infectious Disease Consultant support is obtained by a Service Level Agreement with Northumbria Healthcare Foundation Trust.

Service Level Agreements

The Trust holds Service Level Agreements or arrangements for Microbiology Services with Northumbria Healthcare NHS Trust, Newcastle Hospitals NHS Trust, Gateshead Health NHS Trust, South Tyneside NHS Trust and Sunderland Hospitals NHS Trust. Results are available through the electronic ICE system. The Trust is assured that these services operate to the standards required for accreditation by Clinical Pathology Accreditation (UK) Limited.

The IPC core nursing team comprises of three WTE Matrons who hold roles within each of the Locality Operational Groups as well as corporate roles within the team.

The IPC Matrons attend the Operational Locality Governance Meetings, a subgroup of the Quality and Performance meeting of their respective Clinical Business Unit Group. The relationship with Clinical Care Groups, CBUs and ward and clinical teams is important to the success of both preventative and responsive and effective IPC measures.

The IPC Committee meets quarterly and is chaired by the DIPC. The IPC Committee reports to Trustwide Quality and Performance group.

IPC Committee meetings held in 2017/18

1st March 2018
3rd June 2018
6th August 2018
7th December 2018

The DIPC attends the Trust Board on a six monthly basis and data on key performance indicators is received by the Board or by exception.

External Accreditation Bodies

- Registration with the Care Quality Commission (CQC)
  The Trust received unconditional registration to the Health and Social Care Act and Associated Code of Practice in 2008 (2015).

  The Care Quality Commission have undertaken compliance inspections within the Trust and there have been no issues of note for IPC or Water Safety.

  IPC team have contributed to the Provider Information Return preparations for the forthcoming Well Led Inspection.

Infections from Incidents

The data on infections is reviewed at each IPC Committee meeting and sent to the Locality Care Group Safe meetings, a subgroup of the Quality and Performance Committee, on a monthly basis.

Infection and IPC Surveillance

- MRSA and Clostridium Difficile
  Any incident where a patient develops a Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteraemia or a Clostridium Difficile toxin-positive infection isolated from a stool specimen whilst in NTW will have a Root Cause Analysis (RCA) undertaken and the case will be reported through the IPC Committee and the Governance Subgroups and where appropriate through the National Reporting System.

  As required, mechanisms exist to formally report data on Clostridium Difficile and MRSA bacteraemia in the six monthly Performance report reviewed by the Trust Board. This is supplemented by six monthly attendances at the Board by the DIPC.

- IPC Dataset 2017/18
  The following tables form the Infection Prevention and Control data set for the Trust for the year 2017 / 2018.

		Financial Year			
KPI	**Detail**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
IPC-KPI 01	Cases of MRSA bacteraemia	0	0	0	0
IPC-KPI 02	Cases of clinical clostridium difficile infections	0	1	0	1

Source: Trust records

- MRSA Bacteraemia
  There were no cases of MRSA bacteraemia in the period 2017 / 2018.

- Root Cause Analysis of Clostridium Difficile Infection
  In November 2017 a patient was confirmed with a C. difficile toxin-positive infection on Mowbray Ward, Monkwearmouth Hospital. A Root Cause Analysis identified that the infection was unavoidable due to recurrent Urinary Tract Infections which required antibiotic treatment. The patient made a successful, uneventful recovery.

- Reported diarrhoea and and/or vomiting outbreaks
  There were five outbreaks of diarrhoea and vomiting which were all managed well and resolved in the expected timescales (see appendix 1).

- Confirmed Influenza Outbreak – St George's Park Hospital
  There was a confirmed influenza outbreak on Hauxley Ward in February 2018. Nine patients were symptomatic; seven of the patients had been vaccinated, two had been offered the vaccination but had refused and this was documented within patient and ward health records. There was a 100% vaccination uptake rate in staff and there was no transmission to staff; this success will be shared Trustwide and is a positive message for next year's campaign. The After Action Review highlighted the following areas:

  - It is a requirement to include how to care for people with influenza in the vaccinator training and more information on how to put on and take off PPE.

  - There was a delay in getting lower dosage of antiviral medications.

  - Prophylactic antivirals should possibly have been commenced for asymptomatic patients earlier. This was discussed on a number of occasions, during the outbreak.

  - The lessons learnt have been disseminated to IPC link workers, CBU governance meetings and the Trustwide Quality and Performance Group.

Key Achievements

During the winter months, local acute Trusts were placed under considerable pressure in part due to infectious conditions such as influenza and norovirus. The Trust IPC matrons took a proactive approach to communicate with the acute Trusts and manage patient transfers with the Bed Management team. This was communicated across the CBU and helped to minimise and manage admissions and transfers, potentially reducing cross infection. Nurse Practitioners and Doctors also managed patient transfers with the IPC Matrons to ensure patients received timely safe care.

Infection Prevention and Control Link Workers

Infection Prevention and Control Link Workers are an important conduit to share good practice across the clinical services from the IPC team and equally from the clinical services to the IPC team. Their contribution is valuable, but it was noted in 2017 that attendance at meetings was dwindling. An approach was piloted to combine the Physical Health Link Workers with the IPC workers as they were often the same member of staff and also to reduce the amount of time staff were off the wards in order to optimise their clinical time and capacity to care. This combined role worked well and evaluated well and is adopted now across the Trust. Training is an integral part of the meetings and in a season where norovirus and influenza have been reported with high activity, the effect of these viruses has been minimal in the Trust, in relation to regional surveillance. This reflects a well-led and effective service.

Infection Prevention and Control Practice Guidance notes (PGNs)

A number of PGNs have been updated this financial year in line with the three yearly Trust requirement update (see appendix 2).

Seasonal Flu Vaccination Campaign

The seasonal flu vaccination campaign was launched on the 25th September 2017 with a series of launch events across all of NTW hospital sites. By the end of February 2018, 73.6% of all front line staff had received their flu vaccine representing a 9.2% increase in uptake from the previous year. This clearly shows the commitment of staff to protect patients and NHS services.

Vaccination uptake over the last two years amongst Frontline staff

Frontline Staff Group	2016/17	2017/18
Doctors	58%	76%
Qualified Nurses	71%	77%
All other professionally qualified	58%	73%
Support to clinical staff	62%	71%

As in previous years vaccinations have been offered to staff who deliver frontline care to our patients, but who are not employed by the Trust. This season 416 staff from a range of roles and backgrounds were vaccinated, this included teachers, agency staff, social workers, medical students, student nurses, police officers and ambulance staff.

This season the Trust made the decision based upon clinical evidence and also in recognising the importance of providing the best protection that is available to purchase the quadrivalent vaccine for both patients and staff. This vaccine has been recommended for all healthcare workers in the 2018 / 2019 campaign.

In January 2018, one of our wards at St Georges Park Hospital in Morpeth had several patients with confirmed influenza. No staff were affected as all of the ward staff had received their flu vaccine as part of the seasonal flu vaccination campaign achieving 100% uptake on the ward. The patients received excellent care from the staff who were all able to work throughout the period of the outbreak (also referenced in Infections from Incidents, page 5).

In preparation for the flu campaign we trained 194 staff from both nursing and pharmacy in flu vaccination administration. This enabled all NTW staff to have easy access to vaccination at a time and place that was convenient to themselves with minimal impact. The flu trailer once again, alongside the many clinics held across the Trust, played an integral part in adopting a flexible approach to vaccination and toured all of our hospital sites during the campaign.

A Lessons Learnt event was held at the end of the campaign in 2018 to review the programme and inform the 2018 / 2019 campaign.

Eighteen members of staff from across the Trust attended to share good practice and review the effectiveness of the campaign. Key areas reviewed included:

- Vaccination uptake rates in all clinical areas.
- Vaccinator performance.
- How to keep the flu campaign engaging with all staff.
- How to continue to reach staff who may not wish to be vaccinated.
- Providing vaccination to non-trust staff.
- The publication of NICE guidance.

<u>Key Achievements Identified in 2017 / 2018 Flu Campaign</u>

- We continue to achieve an increased vaccination uptake in clinical staff year on year.
- Patients are continually offered vaccination in at risk groups throughout the flu campaign.
- Despite high levels of co circulation of both influenza and viral diarrhoea and vomiting in the community and surrounding acute Trusts only one ward in the Trust experienced an influenza outbreak.

- We significantly increased the number of trained vaccinators across the Trust. Senior leaders were trained to vaccinate supporting the campaign and delivering key messages.

- Clinical evidence suggests the quadrivalent vaccine offered the best protection.

- A move towards a positive cultural attitude towards vaccination and the protection of the wider health economy.

- The introduction of an e-learning book accessible through share point with up to date information for all vaccinators.

- Achieved the CQUIN target of 70% front line staff vaccination uptake.

Key Challenges for the 2018 / 2019 Flu Campaign

- To continue to dispel myths, challenging staff who chose not to be vaccinated by providing information, advice and support.

- Identification of front line clinical staff who chose not to be vaccinated.

- Address staff anxieties about the process of vaccination e.g. needle phobia

- The publication of NICE guidance and recommendations for the campaign.

- The CQUIN target for 2018 / 2019 will be to achieve a 75% uptake in frontline clinical staff.

Recognising the importance of early planning, the Flu Team will hold its inaugural meeting of the 2018 / 2019 campaign in May 2018, with regular scheduled meetings planned to follow this.

Training in Infection Prevention and Control

The IPC team have taken the lead in developing mandatory training sessions and the induction training to comply with statutory requirements. The training package also has sections to satisfy the NICE baseline assessments in relation to antibiotic stewardship, sepsis and Urinary Tract Infections. It also details water safety management and specifically how this is managed by Trust staff.

Infection Prevention and Control training is important to update staff and refresh their knowledge of the subject, it includes national and local requirements. It also covers policy and procedural requirements to assist in keeping patients and staff safe from infections. Uptake throughout the year has consistently been above 90%. One area which dropped significantly was the junior doctors. This was due to some of their training records not being available through NTW training dashboards. This has been rectified and the relevant records are available.

Training performance reports have been monitored by each locality care group via their Quality and Performance meetings, IPCC and are also monitored through the CQC Compliance meetings and during “mock” visits to wards and departments.

Mandatory training in Infection Prevention and Control has been maintained at approximately 90% for all groups of staff throughout the year. E-learning has been accessed by approximately 50% of staff that completed training. This reflects the recent review of staff being able to choose E-Learning or face to face sessions, both are well attended. The face to face sessions are still well attended and give staff the opportunity to discuss certain issues and debate any challenges encountered within their environment.

Infection Prevention and Control training is currently a requirement on induction and every three years thereafter for all staff. This is also supplemented with bespoke sessions, delivered by the IPC Matrons, for areas with outbreaks, specific infections and any areas with service users with invasive devices, which potentially increase their risks of infection.

Hand Hygiene competencies have been completed for all clinical staff every three years by the link workers on the wards and department. This is a practical session assessing knowledge of technique for hand washing and staff knowledge.

IPC link worker meetings have been held bi-monthly on each of the main sites and they have also been used for training opportunities for link workers to cascade current infection control training requirements such as influenza updates, outbreak management, Sepsis and other current infection prevention and control topics.

Audits

The IPC team audit areas to systematically measure the effectiveness of healthcare and service delivery against agreed standards to implement, where necessary, improvements and changes at individual, team or service level.

This is implemented in conjunction with the NTW Clinical Effectiveness Strategy, in particular Objective 2, which aims to ensure the culture of the organisation is to deliver clinically effective care. This ensures clinical teams and clinicians are actively involved with auditing practice and improving care.

Lower Urinary Tract Infections: Audit of compliance to Trust and NICE guidance (Adult men)

In March 2017 the Lower Urinary Tract Infection AMPH- Practice Guidance Notes (PGN)-09 became operational. The PGN outlines guidance on the diagnosis and treatment of clinically suspected / diagnosed lower urinary tract infections which complies with current standards recommended by professional bodies in line with current clinical evidence.

In order for the Trust to demonstrate compliance to the Lower Urinary Tract Infection PGN and Antimicrobial Prescribing Guidance it was agreed that an audit on all inpatient wards would be undertaken over a four month period from 1st October

2017 to 31st January 2018. Findings from the audit were shared with the Trust IPC Committee and Trustwide Physical Health Group.

CA-17-0032 NICE (Implementation) Sepsis: Audit of Compliance to Trust and NICE Guidance

In April 2016 the NTW Sepsis Assessment Tool AMPH-PGN-05 became operational. The tool is designed specifically for use within non-acute hospital settings where early identification of sepsis can lead to prompt referral for expert care within acute hospital settings.

In order for the Trust to demonstrate compliance to the Sepsis Assessment Tool PGN it was agreed an audit on all inpatient wards was undertaken over a one month period from 1st April 2018 to 31st April 2018. Findings from the audit will be shared with the Trust IPC Committee and Trustwide Physical Health Group within the financial year 2018 / 2019.

Risk Assessments

It is a requirement that the Trust comply with the Health and Social Care Act for reducing Healthcare-Associated Infections 2008. Criterion 1 states that providers should demonstrate systems to manage and monitor the prevention and control of infection using risk assessments to consider the susceptibility of service users and any risks that their environment and other users may pose to them. All inpatient areas and community services which conduct physical health screening have an annual risk assessment by an IPC Matron accompanied by a senior member of the nursing team. This is an opportunity for the IPC Matron to observe practice and the environment to ensure practices comply with IPC PGNs and recognised national guidance. Approximately 60 inpatient areas and 35 community premises were assessed.

The risk assessment was developed by combining audit tools from the Infection Control Nurses Association for Monitoring Infection Control Standards 2004 and the Infection Prevention Society Quality Improvement Tools for Mental Health 2013.

Each section has a percentage score, this indicates the level of compliance.

The completed risk assessment is sent to the Ward Manager, Clinical Nurse Manager and Associate Director. A copy is also sent to the Head of Estates and Head of Facilities.

Following the risk assessment an action plan is compiled ensuring that any comments raised in the assessment are also included. The formulation of this action plan is the responsibility of the service area and a copy of the action plan should be returned to the IPC Matron within three weeks of the assessment being sent out. Some of the risks may be environmental such as carpet in treatment rooms or lack of hand washing sinks. This is reported to the clinical business governance groups in September each year.

Decontamination Report/Medical Devices

Decontamination
The IPC team have led on Decontamination in 2017 / 2018.

Contaminated equipment can lead to the spread of infection. Decontamination of equipment is reinforced during IPC mandatory training. This reminds staff the relevance and importance that this process occurs.

IPC continues to work closely with NTW Solutions to review and keep up to date with new cleaning products, to ensure we are using the safest, most effective and value for money products.

Part of the annual IPC risk assessment, which occurs within inpatient ward areas, includes checking that the wards can demonstrate they have systems in place for decontaminating equipment, and evidence that these systems are being followed. The Decontamination of Medical Device Equipment PGN has been reviewed and updated this year.

Medical Devices
The IPC Team have led on Medical Device maintenance and procurement during 2017 / 2018.

Over the past year a review of the current processes and procedures for the ordering, receiving of medical devices and how the current medical device policy is implemented has been able to identify necessary changes to improve the management of these devices going forward.

The Medical devices Policy and 13 associated PGN's have been reviewed and updated this year.

The Medical Device Team have monitored the use and cost of hire relating to profiling beds and dynamic mattresses across the Trust. As a result a paper was submitted and discussed at the Business Delivery Group (BDG) and agreed that a bed replacement programme would be initiated with the programme starting at Walkergate Park. After the initial outlay this would reduce the requirement to hire beds and mattresses and become cost efficient.

Computer Assisted Facilities Management programme (CAFM) will be the electronic system which will record, track monitor repair, maintenance of the Medical Devices across the Trust. This programme is expected to be in use from the end of March 2018.

Water Safety Group Report

The Director of Infection and Prevention Control has ensured that water safety standards have been met in 2017 / 2018.

The Water Safety Group (WSG) has met on a regular basis throughout the year, with the aim to identify, analyse and propose remedies for risks relating to water safety including Legionella. The group is chaired by the Director of Infection and Prevention Control and comprises of technical estates staff including the Responsible Person and Deputy Responsible Persons, together with the Infection Control Matrons, Facilities staff, representation from nursing teams and additional technical support from an external Legionella / water safety consultancy. The focus of the group remains that multi-disciplinary management of infrastructure and services to ensure prevention of contamination, swift eradication, or control and minimisation of water borne bacteria including legionella.

The key issues dealt with by the WSG during 2017 / 2018 included the following:

- In August 2017 some routine microbiological testing of the hydrotherapy pool, at Walkergate Park, had high readings. A task and finish group was convened to review the management of the pool. There were no immediate significant safety issues, but the cleaning schedule, testing regime and procedures manual for the pool were updated. The group continues to meet quarterly.

IPC-PGN-27.2	Control of Legionella and Legionnaires disease - Preventing accumulation of stagnant water

Management Policies
The Estates management procedures are in the process of being expanded to encompass all issues associated with water safety. It is anticipated this work will be complete in April 2018 and implemented thereafter.

Training
The Trust has continued to invest in specialist training and a wide range of staff including, Estates Maintenance, Capital Projects, Facilities and IPC staff have completed training with a number undertaking the ILM Responsible Person course.

Risk Assessments and Audits
The Trust is maintaining the requirement of having risk assessments in place across all premises, reviewed on a biannual basis or when major changes take place. The Trust also continues to have independent management audits carried out by external specialists in Legionella Management and Water Safety and the team are regularly complemented on their high standards and recognisable cross disciplinary working.

In the coming twelve months, the group will look to implement the revised management procedures and ensure new / upgrade schemes incorporate designs and systems designed to reduce risk as far as reasonably possible.

Annual Cleaning Services Report

The cleanliness standards throughout the Trust have continued to remain consistently high as evidenced by the monthly inspections and the PLACE inspection scores which reflect the inspections carried out at the beginning of the period.

There continues to be an excellent working relationship between the Facilities staff responsible for cleanliness and ward managers/nursing staff and the IPC Matrons. This co-operation helps to promote a team approach in maintaining high standards of cleanliness in clinical environments. It also assists in identifying at an early stage any problems which enables them to be resolved in a timely way. Monthly meetings take place between the senior Facilities Managers and the IPC Matrons. At these meetings any areas of concern are discussed and actions agreed.

Cleanliness Audits

The Trust continues to carry out detailed periodic cleanliness audits in line with the requirements of the national standards. The scores consistently meet the 95% pass target indicating a high standard of cleanliness is maintained across Trust premises (these scores are summarised in the table in appendix 4).

The cleanliness audits are carried out in all clinical areas monthly, and non-clinical areas less frequently determined by the risk. Taking part in these audits are a qualified nurse, Facilities supervisor, Estates officer and also an IPC Matron as appropriate.

Having a multi-disciplinary team undertake this work enables all factors that can impact on the standards of cleanliness to be examined; it also assists in getting corrective action done in a timely way.

Staffing

Domestic staff have consistently achieved the Trust's target of 90% for all statutory and mandatory training and JDRs. On some occasions sickness has exceeded the Trusts target levels, in some areas at different times of the year, however through careful monitoring of cleanliness conditions and management of staff, this has not led to any on-going drop in standards.

PLACE (Patient Led Assessments of the Care Environment)

Between March and May 2017 a total of 67 locations were visited at 13 sites and the results are summarised in the tables below, illustrating the final Trust results set against the national average for each of the domains with an IPC link.

It can be seen that the overall scores for the Trust are above the national average across the individual assessment criteria.

	Cleanliness	**Condition, Appearance and Maintenance**
NTW Average	99.3%	95.8%
National Average	98.4%	94.0%
Variation	**+ 0.9%**	**+ 1.8%**

The assessment process ran extremely well and it should be noted that this was due to the input of the patient assessors, Trust assessors, admin support and the co-operation of ward staff during the visits. Where sites have dropped scores the reasons for this are explored to see where improvements can be made.

Summary

The IPC Team alongside the Facilities Teams have worked with clinical care groups to ensure the safe and effective implementation of IPC measures across the Trusts during 2017 / 2018 in line with the statutory requirements of the Health and Social Care Act 2008.

Appendix 1

Reported Diarrhoea and Vomiting Outbreaks

Outbreaks 2017-18		
	2017 (April – December)	2018 (January – March)
NORTH		
	None reported	
Hauxley Ward		1
CENTRAL		
Cuthbert Ward	1	
Benton House		1
Ashby Ward		1
SOUTH		
Shoredrift Ward	1	
Bridgewell Ward	1	

Source: Trust records

All outbreaks were typically viral in presentation and managed effectively to ensure a quick resolution

Appendix 2

Infection Prevention and Control Practice Guidance Notes (PGNs) updated in 2017 / 2018

Document No.	Document Name	Author	Responsible Person	Version / Issue	Ratification Date
IPC-PGN-03.1	Safe Use and Disposal of Sharps	Kay Gwynn	Anne Moore	V04-Issue 1	March 2018
IPC-PGN-05	Reporting and Notification of Infectious Diseases PGN and appendices	Carole Rutter	Anne Moore	V04-Issue 1	March 2017
IPC-PGN-06	Major IPC Incidents (including major outbreaks)	Carole Rutter	Anne Moore	V04-Issue 2	March 2017
IPC-PGN-10	Disinfection and Decontamination PGN and appendices	Kay Gwynn	Anne Moore	V 05-Issue 1	November 2017
IPC-PGN-12	Used Laundry	Sonia Caudle	Anne Moore	V04-Issue 1	October 2017
IPC-PGN-15	Antimicrobial Prescribing Guidance	Claire Thomas	Damian Robinson	V04-Issue 1	July 2017
IPC-PGN-17	Transferring Patients with known or suspected Infectious Diseases	Sonia Caudle	Anne Moore	V04-Issue 2	May 2017
IPC-PGN-27.2	Control of Legionella and Legionnaires disease - Preventing accumulation of stagnant water	Sonia Caudle	Anne Moore	V04-Issue 1	January 2017

Appendix 3

IPC Training 2017 / 2018

Classroom provision of mandatory courses in year 2017-2018

Course Name	Completed	Did Not Attend	Withdrawn	Total	Number of Sessions
Corporate Induction (2 Days)	482		1	**483**	31
Infection Control	440	102	70	**612**	92
Infection Prevention and Control - Level 1	4			**4**	4
Grand Total	**926**	**102**	**71**	**1099**	**127**

Infection Prevention & Control - Inoculation Incidents – Hand Hygiene: Training completion in year 2017-2018
(Excluding long-term absentees)

Executive Directorate	Numerator	Denominator	Percent
North Locality Care Group	1422	1498	95%
Central Locality Care Group	1333	1439	93%
South Locality Care Group	1638	1750	94%
Nursing & Chief Operating Officer	200	232	86%
Chief Executive	25	27	93%
Deputy Chief Executive	103	112	92%
Medical	220	297	74%
Commissioning & Quality Assurance	112	115	97%
Workforce & Organisational Development	32	36	89%
NTW Solutions	535	586	91%
Staffing solutions - Nursing/AHP bank	424	514	82%
Grand Total	**6044**	**6606**	**91%**

Appendix 4

Cleanliness Audit Results

Servicetrac Results					
Hospital Site	**Average Servicetrac Score (%)**				
	2017-2018	**2016-2017**	**2015-2016**	**2014-2015**	**2013-2014**
St Nicholas Hospital	97	98	98	97	96
Campus for Ageing & Vitality	97	98	98	97	96
Walkergate Park	98	99	99	98	96
Ferndene	99	99	98	98	98
St George's Park	98	98	98	98	98
Northgate Hospital	99	99	98	99	99
Monkwearmouth Hospital	99	99	99	98	98
Hopewood Park	99	99	99	98	97
Tranwell Unit	98	98	98	97	98
Elm House	98	98	98	98	n/a
Rose Lodge	98	98	98	97	n/a
Craigavon	Closed end March 2017	99	98	98	n/a

Appendix 5

PLACE Results

PLACE Cleanliness Results 2017				
Hospital Site	**2017**	**2016**	**2015**	**2014**
St Nicholas Hospital, Gosforth	99.92	100	100	99.87
Campus for Ageing & Vitality	99.05	96.35	97.13	98.58
Walkergate Park	99.94	99.86	100	100
Ferndene	98.41	100	99.9	100
St George's Park	98.24	98.71	99.82	99.63
Northgate Hospital	99.96	99.87	99.95	99.41
Monkwearmouth Hospital	99.56	99.33	99.43	99.80
Hopewood Park	100	99.94	98.58	98.80
Tranwell Unit	97.89	97.58	98.18	99.08
Elm House	100	100	100	99.81
Rose Lodge	100	100	99.83	100
Brooke House	100	100	Not inspected	100
Craigavon	Not inspected	Not inspected	97.01	98.51
Royal Victoria Infirmary (31A)	98.73	100	99.15	100

Appendix 6

Statement of Compliance with the Health and Social Care Act Code of Practice 2008

This document details how Northumberland, Tyne and Wear NHS Foundation Trust will protect service users, staff and visitors from Healthcare-Acquired Infections, and comply with the Health and Social Care Act 2008 Code of Practice, for the year 2017/18.

Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.

Statement

- The Trust IPC policy incorporates the Trust statement reflecting its commitment to prevention and control of infection amongst service users, staff and visitors. This document also outlines the collective and individual responsibility for minimising the risks of infection and provides detail of the structures and processes in place to achieve this.
- The Trust has appointed a Director of Infection Prevention and Control accountable directly to the Chief Executive and Board (see below).
- Effective prevention and control of infection is secured through an IPC team, assurance framework, annual work and audit programme, and surveillance and reporting system (see below).
- Training, information and supervision is delivered to all staff through either face-to-face or e-learning.
- There is an annual audit programme in place, approved by the Board, to ensure implementation of key policies and guidance.
- We have a named decontamination lead.

Risk Assessment

- The Trust has developed an IPC specification for clinical areas, which details all the standards for IPC. Following a risk assessment, action plans for achieving compliance with the specification are developed where necessary. Ownership of the action plans lies within the clinical Groups, and is monitored in each Governance meeting a sub Group of Quality and Performance groups. Groups decide if identified risks are sufficient to enter on the Group's risk register or escalate to the Trust risk register. IPC Matrons are members of the Group meetings and are available to advise.

- The risk assessment tool is used annually to monitor improvements achieved through action plans. In addition, the risk assessment is triangulated against other assessments through the year (including, but not limited to, PLACE assessments, CERA assessments, root cause analyses, serious untoward incidents, quality-monitoring tool) to ensure that any new risks are identified and recorded. Risks are reported through the quality and performance meetings of the Groups.

- The Trust has implemented an electronic patient record system (RiO) which has electronic admission and discharge criteria which include infection control issues.

Director of Infection Prevention and Control

- The Trust has designated the Director of Infection Prevention and Control, referred to as the DIPC. This post is held by Anne Moore, Group Nurse Director, Safer Care Directorate.

- The DIPC is directly accountable to the Chief Executive and Trust Board. The roles and responsibilities of the DIPC are detailed in the Trust Infection Prevention and Control policy.

- The DIPC chairs the Trust wide Infection Prevention and Control Committee, which meets at least every three months and is a member of the Trust wide Quality and Performance Committee (a subgroup of the Trust Board), and deputy chair of the Patient Safety Group.

- The DIPC produces an annual report for the Trust Board on the state of public health in the Trust. This also constitutes the annual report of the DIPC. This report is made publicly available on the Trust internet, and is available in print to any service user, staff member, or member of the public who requests it.

Assurance Framework

- The DIPC reports to the Trust Board on a six monthly basis to report on developments on public health services, including infection prevention and control. Data is provided on C difficile and MRSA bacteraemia, and modern matrons concerns regarding cleanliness and infection control are reported on each occasion. The annual work and audit plan and the annual report are presented to the Board each year for approval.

- All infection related incidents are reported to the Trust through the Trustwide incident reporting system, SAFEGUARD, and are additionally collated by the IPC team. Statistics on incidents are produced monthly and reported at the Safe meetings, a sub group of the Quality and Performance meetings of each Group, for analysis and discussion. Full datasets are reviewed by the IPC Committee at each meeting for analysis of trends. This data includes, but is not limited to, MRSA infections and screening compliance, Clostridium difficile

infections and outbreaks of gastrointestinal infections. The low level of infections in the Trust render year on year analysis of trends difficult.

- Serious untoward incidents related to infections are reported through the Trust's SUI reporting system and investigated accordingly. The results of SUI investigations, and action plans arising from them, are monitored through the Safe sub groups Quality and Performance meetings and the IPC Committee.

- The IPC team undertakes Route Cause Analyses for each case of MRSA bacteraemia and Clostridium Difficile infection identified. The results of root cause analyses, and action plans arising from them, are monitored through the Safe meetings and the IPC Committee. They are also reported through the North of Tyne Health Care Acquired Infection (HCAI) reduction partnership meetings.

- Data on MRSA bacteraemia and Clostridium difficile infections are Trustwide key performance indicators (KPIs) which are reported to the Board each quarter.

- All inoculation incidents are reported through to the IPC committee and the Governance sub Group Q and P meetings and are subject to an after action review at local level.

Infection Control Programme

- Each year the DIPC and IPC team produce an infection prevention and control programme which sets objectives for ensuring the safety of service users, staff and visitors, and identifies priorities for action over the year. The programme also includes audits to be undertaken to assure the Trust of compliance with key IPC policies.

- This programme is presented to, and approved by, the Trust Board at the start of each year. Progress against the programme is reported to the Board in the annual report of the DIPC.

- All staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient information on and training and supervision in Infection Prevention & Control.

Infection Prevention and Control Infrastructure

- Northumberland, Tyne and Wear NHS Trust provides an Infection Prevention and Control service in house. The IPC team comprises, three infection prevention and control matrons (3 WTE), all of whom have approved qualifications in infection prevention and control. There is also a 365 day on call service.

- All IPC nurses are lead nurses (banded 8a). They work closely with other lead nurses in the Trust to support them in delivering the infection control and cleanliness agenda.

- Each IPC Matron also takes on Trustwide roles to ensure that IPC is embedded in the normal operation of the Trust; this includes governance, decontamination and health protection, physical health including CQUIN and the annual flu vaccination programme.

- The IPC team and IPC Committee obtain expert microbiology advice through a service level agreement with Northumbria Healthcare NHS Trust to provide attendance of a microbiologist at the IPC committee meetings and support on the development of policies and guidance.

- The Trust has 24-hour access to infectious diseases advice through SLAs with microbiology services and the local health protection unit through Public Health England.

- The Trust is an active member of the multi-agency North of Tyne Healthcare Associated Infections Reduction Group.

Movement of Service Users

- Guidance is made available to staff on the admission and transfer of service users with a known or suspected infection through an infection prevention and control guidance note. Transfers to, from and between Trust wards require the completion of an inter-healthcare infection control transfer form. IPC staff are available for consultation between 9am and 9pm each day (including weekends and bank holidays).

- All wards have an outbreak pack which provides information on restricting admissions, discharges and transfers during an outbreak. This also identifies need for good communication between services.

Criterion 2: The Trust provides and maintains a clean and appropriate environment in managed premises which facilitates the prevention and control of infection.

Statement

- The Trust lead for the provision of cleaning services is the Head of NTW Solutions.

- Ward Managers are accountable for the cleanliness standards on all in-patient areas.

- The Trust has a range of buildings ranging from new, purpose built facilities to old or adapted facilities.

- The NTW solutions strategy envisages all clinical areas achieving category B standard for buildings.

- Cleaning schedules detail the standard of cleanliness required and the frequency of cleaning. Cleaning schedules comply with the National Standards of Cleanliness. All schedules have been reviewed and will be signed off by IPC Matrons and ward managers. These schedules are displayed publicly in all clinical areas.

- The cleanliness of the environment is assessed through weekly ward checks, monthly standardised cleaning audits (Servicetrac audits) and annual PLACE assessments. The results of these assessments are made available to the Groups, the IPC committee and are available on the Trust intranet.

- The Trust has issued guidance on staff dress reflecting infection prevention and control and health and safety standards and requirements, including promoting good hand hygiene practice. The guidance includes advice on the correct laundering of uniforms and clothes worn at work.

Cleaning Services

- Clear definitions of specific roles and responsibilities are identified in job descriptions and the cleaning strategy.

- Service level agreements with each ward identify the cleaning specification including standards, cleaning frequency and responsibility for cleaning all equipment. These have recently been reviewed by IPC Matrons, facilities and ward managers.

- Sufficient resources have been identified to maintain clean environments. Where potential gaps are identified due, for example, to holidays or sickness, additional resources are identified including the use of overtime and agency staff. Any concerns that cannot be addressed are individually assessed and escalated where appropriate.

- Routinely requests for additional cleaning are directed through the facilities department and all areas have appropriate contact numbers. Domestic supervisors visit areas weekly and any concerns are escalated to the appropriate level. Urgent and out of hours cleaning requests are escalated via the on call manager / director to NTW solutions manager.

Policies on the Environment

- IPC staff are members of the Trust water safety group.

- The Trust has policies on Legionella control, potable water management, waste, laundry and food & nutrition.

Decontamination

- The Trust does not undertake sterilisation procedures for any reusable medical devices. A practice guidance note outlines disinfection and decontamination procedures. Wherever possible all medical devices are single use or single named patient use only.

- The Trust PGN on decontamination was revised in 2017.

- The Trust lead for decontamination for 2017 / 2018 is Kay Gwynn, IPC Matron.

Linen, Laundry and Dress

- All staff are required to adhere to "bare below the elbow" practice when undertaking certain procedures including hands on care, physical examination of patients, clinical procedures and preparing or serving food.

- The Trust identifies several clinical areas as being of higher risk with regard to infections than most of the clinical areas within the Trust. These include currently, older people's inpatient wards, neurorehabilitation wards at Walkergate Park and palliative care wards within the learning disability Directorates. These areas are subject to higher levels of controls to prevent infection, reflecting their risk status. In these areas staff are required to be "bare below the elbow" at all times.

Criterion 3: Provide suitable accurate information on infections to the service users and their visitors.

Statement

- The Trust utilises a range of written information to inform service users and carers about general principles of infection control and specific infections. These include information produced by Public Health England, Department of Health, and others.

- WHO 5 moments has been incorporated into hand wash guidance.

- The annual report of the Director of Infection Prevention & Control includes information on the occurrence of infections in the Trust, and the general means by which infections are controlled within the Trust. This is publicly available on the Trust internet.

- The process for transferring service users with known or suspected infections, both within the Trust and to other service providers, is detailed in IPC-PGN 17. This includes the requirement for an inter-healthcare transfer form to be completed.

- Where it has been decided not to install alcohol hand gels at the entrance to wards visitors are advised by a poster to ask staff for access to hand washing facilities.

Criterion 4: Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.

Statement

- Arrangements are in place to prevent and control HCAI and demonstrate that responsibility for IPC is effectively devolved. This is detailed in the IPC policy and associated practice guidance notes. Staff have access to electronic versions of the IPC manual and core plans and advice on infection prevention and control is available from IPC services from 0900 to 2100 each day (including weekends and bank holidays). Advice on the specific treatment of infected patients is available from local microbiology departments or the regional infectious diseases unit.

- An IPC link worker network has been developed with the aim of ensuring that all areas having a link worker. There is an active training and support programme in place for IPC link workers.

- IPC Matrons have identified responsibilities into clinical groups and key performance indicators are produced at Group level. Senior nurses within Groups are also a key link.

- The Trust has access to the electronic reporting systems of most pathology departments (ICE).

- IPC have representation on the North of Tyne TB network.

- We have robust reporting systems with other trusts. We use transfer forms to identify infections and risks.

- Outbreak communication demonstrates accurate, timely communication with other departments e.g. Facilities, Estates and other healthcare providers.

Criterion 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.

Statement

- All staff, contractors and others are offered written information, induction and access to IPC advice.

- It is recognised that IPC is everyone's business and this responsibility is

reflected in all job descriptions.

- Volunteers attend IPC training and basic advice sheets are given to all contractors working on site.

Criterion 6: Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.

Statement

- Responsibility for infection prevention and control is detailed in the Trust IPC policy and is included in the job description of all staff.
- Mandatory training is provided every three years for all staff, both clinical and non-clinical. All new staff receive IPC training in their induction programme.
- The IPC team has robust relationships with CBU Senior nurses and NTW Solutions.
- Regular updates on the Hygiene Code are given at appropriate meetings.
- Senior nurses and IPC Matrons regularly do “walk throughs’” to ensure areas are meeting the requirements of the Hygiene Code.
- Catheter care has been identified as a core skill requirement in certain clinical areas. A training programme has been developed.
- All staff have the opportunity to have a flu vaccination each year. Service users in risk groups who are inpatients are offered flu vaccination.

Criterion 7: Provide or secure adequate isolation facilities.

Statement

- IPC Practice Guidance Note (IPC-PGN 08) details the procedures to be followed to isolate a patient with a known or suspected infectious disease.
- The availability of a suitable isolation area in each in-patient area is part of the IPC specification.
- Most in-patient areas in the Trust have single rooms suitable for the isolation of patients with infectious diseases. In the event of a service user requiring isolation, and that not being available on their own inpatient unit, arrangements would be made to transfer the service user to a clinical area where adequate isolation facilities are available.

- In the event of a large scale outbreak of infection then affected service users would be cohort nursed in an identified area of an in-patient ward, or the entire in-patient ward would be regarded as an isolation area.

- To date, no incidents have been reported where it was not possible to isolate a known infected case.

Criterion 8: Secure adequate access to laboratory support as appropriate.

Statement

- The Trust does not provide laboratory services in-house.

- The Trust holds service level agreements or arrangements for microbiology services at Northumbria Healthcare NHS Trust, Newcastle Hospitals NHS Trust, Gateshead Health NHS Trust, South Tyneside NHS Trust and Sunderland Hospitals NHS Trusts. Results are available through the electronic ICE system.

- The Trust is assured that these services operate to the standards required for accreditation by Clinical Pathology Accreditation (UK) Limited.

Criterion 9: Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.

Statement

- The IPC Matrons produce a range of practice guidance notes to assist staff implement adequate measures to control the transmission of infection and manage service users with infections. This guidance forms part of the Trust Infection and Control Policy and staff are expected to follow the guidance unless there is a compelling reason not to.

- Compliance with practice guidance notes is audited through the Quality Monitoring Tool, the IPC risk assessment and the annual audit programme.

- The range of practice guidance notes covers the following topics:

    - Standard infection control precautions
    - Aseptic technique
    - Outbreaks of communicable infections
    - Isolation of service users
    - Safe handling and disposal of sharps
    - Prevention of occupational exposure to blood borne viruses, including prevention of sharps injuries
    - Management of occupational exposure to blood borne viruses and post exposure prophylaxis
    - Closure of rooms, wards, departments and premises to new admissions

- Environmental disinfection
- Decontamination of reusable medical devices
- Antimicrobial prescribing
- Single use
- Disinfection
- Control of outbreaks and infections associated with the following specific alert organisms
    - MRSA
    - Clostridium difficile
    - Blood borne virus, including a viral haemorrhagic fever and Transmissible Spongiform Encephalopathy
    - Tuberculosis
    - Diarrhoeal infections
    - Legionella

- The following alert organisms are unlikely to be experienced within the spectrum of activity of a mental health and learning disability trust and currently the Trust does not have practice guidance notes covering these:

    - Glycopeptide Resistant Enterococci
    - Acinetobacter
    - Viral haemorrhagic fevers

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Trust Board

Meeting Date:	26th September 2018

Title and Author of Paper:	Safeguarding & Public Protection Annual Report Jan Grey, Associate Director, Safer Care

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

The Trust Safeguarding and Public Protection annual report covers the period from April 2017 to March 2018.

Safeguarding is fundamental to all work of the Trust. This report provides assurance that the Trust is fulfilling its statutory safeguarding responsibilities and demonstrates a strong commitment to working together within all aspects of safeguarding and public protection. The work of safeguarding adults and children from abuse and neglect is a never ending process with an ever increasing and challenging agenda. There continues to be robust governance and accountability arrangements within the Trust. This ensures that safeguarding is core business and there is continued commitment to the priorities of the safeguarding and public protection agenda from executive level and throughout all Trust employees.

The report outlines the progress that has been made in safeguarding the health and wellbeing of patients and carers. It highlights areas where the safeguarding and public protection team are continuing to develop and offers an insight into the safeguarding priorities for the organisation.

Risks Highlighted to Committee : 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:

Outcome Required: The Board of Directors are asked to note the content of this report.

Link to Policies and Strategies: Care Act 2014; Working Together to Safeguard Children 2015; Children's Act 2004

Safeguarding and Public Protection

Annual Report

2017 / 2018

SAFEGUARDING AND PUBLIC PROTECTION

ANNUAL REPORT

2017 / 2018

Introduction

This annual report gives an account of the safeguarding activity across Northumberland Tyne and Wear NHS Foundation Trust. The report covers the period April 2017 to March 2018. The report demonstrates the organisations commitment to protecting children, young people and adults at risk of harm across all service areas.

Safeguarding activity across the Trust continues to increase in volume and complexity. Safeguarding concerns are positively being recognised more frequently across clinical areas. Trust staff need to always consider that there is a child behind every parent and a parent behind every child. It provides an overview of some of the key safeguarding activity that is supported, co-ordinated and scrutinised by Clinical Commissioning Groups (CCG's), Local Safeguard Children Boards (LSCB's) and Local Safeguarding Adult Boards (LSAB's). All health providers are required to have effective arrangements in place to safeguard vulnerable children and adults at risk and to assure themselves, regulators and their commissioners that these are working. These arrangements include safe recruitment, effective training of all staff, effective supervision arrangements, working in partnership with other agencies and identification of a Named Doctor and a Named Nurse.

Ultimately the Trust Board requires assurance that the organisation is fulfilling its obligations to make arrangements to safeguard and promote the welfare of children and vulnerable adults. Prevention and early intervention are key areas that the SAPP Team wish to take forward into 2018 / 2019.

"Safeguarding is everybody's business"

Safeguarding and Public Protection Team

The Safeguarding and Public Protection Team aims to support all Trust staff to keep children, young people and adults at risk safe, and to meet statutory obligations. We promote collective accountability in all that we do, working together to prevent and stop all forms of abuse or neglect happening wherever possible. The Trust is highly committed to safeguarding and this is evident from 'ward to board' with a strong culture of safeguarding individuals of any age that have contact with our services – either as patients, carers or members of the public. The team work across boundaries with organisations and local authorities outside of the geographical area due to the high volume of service users from other areas.

The SAPP Team practitioners provide a "triage" service to all safeguarding and public protection concerns raised within the Trust to ensure that the person is wherever possible safeguarded and effective safety plans put in place. Daily advice, supervision and support are provided to Trust services.

SAPP Practitioners, on behalf of the Trust, attend all MARAC (Domestic Abuse high risk incidents), MAPPA and Prevent (public protection) multi-agency meetings.

Key Achievements 2017 / 2018

- Domestic Abuse and Coercive Control workshop at Trust Nursing Conference.

- Trust Board development sessions: Adolescent to Parent Violence / Domestic Homicide Reviews; Domestic Abuse and Coercive Control.

- Attended Self-assessment assurance sessions is part of the SAB's annual cycle of audit, reflection and improvement.

- Development of seven minute briefings to cascade learning Trustwide.

- Over the last year several Local Authorities have developed / are developing Multi Agency Safeguarding Hubs (MASH) for multi-agency safeguarding decision making at the point of referral. The SAPP Team are providing virtual support / information to assist decision making / outcomes required to safeguard.

- Development of a mental health referral pathway into the Trust for Channel Panels in response to *NHS Guidance to Mental Health services in exercising duties to safeguard people from the risk of radicalisation, November 2017*. This pathway enables multi-agency Channel Panels to request directly a timely mental health assessment for people who are not active to Trust services.

- Local Safeguarding Children and Adult Performance group meeting attendance and reports provided by the Locality Care Group by the Heads of Commissioning and Quality Assurance.

- Continued support and leadership to Safeguarding Boards during a period of change and restructuring.

- Strengthened safeguarding dashboard reporting to CCG Designated Safeguarding Leads and where required present at Safeguarding Assurance Meetings.

- Submission of National Unify 2 Prevent data returns detailing training figures, referrals and policy compliance. Previously this was a requirement only for Trusts in high priority areas which did not include the North East. Progress continues to be monitored by CCG's and reported directly to NHSE.

Operational Management Developments

- From January 2017 the new SAPP triage "front door" became operational. An increase in reported safeguarding and public protection concerns over 2017 / 2018 was anticipated as the review of the triage system prior to operationalisation indicated the telephone calls into the SAPP team did not equate to the web based reports requested post advice from the triage worker. *Activity analysis is provided in the safeguarding activity section.*

- From 2015 a SAPP Practitioner has been seconded into the Gateshead Adult MASH (multi- agency adult safeguarding hub) to work closely with partner agencies, of serial victims of domestic abuse and complex safeguarding cases. The SAPP Practitioner has played an integral part within the Gateshead Multi-Agency safeguarding Hub (MASH) as a large majority of referrals are often concern for people experiencing mental health difficulties or distress resulting in self-harm or suicidal behaviours. Also they often directly relate to people with mental health diagnosis / issues who are experiencing significant self-neglect, adult abuse or domestic abuse or actively being targeted by others. The post has established and fostered relationships between agencies and professionals working with those who are the hardest to reach, who need a service but for whatever reason are not engaging. Where there are layers of complexity or significant risk issues they often require a strategy meeting to determine next steps and a coordinated multi agency response. The SAPP Practitioner has also facilitated supervision to MASH support workers who were working with serial domestic abuse victims where toxic trio of mental health, substance misuse and domestic abuse were concurrent. This secondment ended March 2018 when the funding for the MASH ended in its current function. Going forward the SAPP Team will provide a "virtual" support to multi agency MASH meetings.

- The Associate Director Safer Care is the Trust named Prevent lead. A dedicated SAPP Practitioner has undergone training and development over the last 12 months to provide continuity and knowledge of Prevent referrals made by Trust clinical staff and attend Prevent / Channel Panels accordingly. Good working relationships have also been fostered with Special Branch colleagues who have the police lead for Prevent.

Safeguarding Assurance

The Safeguarding and Public Protection Group is a quarterly Trust forum that enables Safeguarding and Public Protection Professionals and senior Trust managers to support learning and practice development specifically to meet the safeguarding agenda. The Safeguarding Group is chaired by Anne Moore, Group Nurse Director, Safer Care Directorate, who brings challenge and scrutiny into the work of the group. Internal Trust assurance is led by this group with a number of reviewing and reporting mechanisms including:

- BDG Safety weekly meetings for significant / complex safeguarding concerns.

- CDTQ Monthly Safer Care reports.

- Bi-monthly Trust Board reports for Case reviews and LA Safeguarding Board updates.

- Quality and Performance Committee four monthly report.

- Locality Care Groups individual Quality and Performance SAPP activity report.

- CCG quarterly Safeguarding Dashboard reports.

Audits

During 2017 / 2018 work has been undertaken to further develop robust systems for safeguarding and public protection via audits to provide assurance to the Trust and external agencies that safeguarding is integral to all the work that we do.

Domestic Abuse Audit
This audit followed the victims journey from the domestic abuse concern raised, the Risk Indicator Checklist completed and the actions taken to safeguard. The completed audit provided Trust compliance and robust assurance with the MARAC process.

Safeguarding referrals made to Local Authorities
In order for the SAPP team to be effective in their response to Trust staff in relation to safeguarding concerns there is a need to receive and triage the concerns as soon as possible in order to identify low level concerns as well as those concerns that are more serious requiring multi agency interventions to ensure vulnerable people are safeguarded. All safeguarding concerns require the completion of a web-based report including comprehensive detail of the incident and actions to safeguard the individual / situation. Once received this will be triaged by the SAPP Team and advice given as to whether a referral is required to the Local Authority Safeguarding Team.

The conclusion of the audit provided reasonable assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place in a consistent manner and at the time of this report an action plan was being developed to strengthen assurance.

Our Commitment to Partnership Working
Over the last 12 months the Safeguarding and Public Protection Team continually work with partner agencies on a day to day basis to ensure robust safety plans and risk management are in place to safeguarding and public protection.

The Trust has a duty to cooperate with the Local Authority in the operation of the six Local Safeguarding Children and Adult Boards as a statutory partner. It needs to share responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children and adults by ensuring there is appropriate representation at the LSCB and LSAB meetings and sub groups.

Currently, the Trust Medical Directors, Nursing Directors and the SAPP Team have played an integral part in relation to this crucial partnership working. This has been achieved by assisting in Ofsted and peer inspections, representation on Local Safeguarding Boards and sub-groups, as well as attendance at the Police and Probation statutory meetings for Public Protection.

Trust Clinical staff and the Locality Care Groups, Heads of Commissioning and Quality Assurance are actively involved in sub groups that sit underneath the Safeguarding Boards.

External Assurance Audits

The SAPP Team have participated in five multi-agency audits for safeguarding children, this is an increase on previous years. Each LSCB choose a different topic of abuse and no key themes / learning was identified. Gateshead undertook an audit of neglect, Northumberland sexual abuse, South Tyneside one of sexual and one of domestic abuse and Sunderland self-harm and overdose.

Multi agency events have taken place to present findings. Assurance was given that abuse is recognised, recorded and responded to appropriately by all agencies.

Section 11 Audits

The Trust completes annual Section 11 Self-Assessment Assurance Audits in relation to their duties under Section 11 Children Act 2004. This tool aims to assess the effectiveness of the arrangements for safeguarding children at a strategic level. The Safeguarding Team have completed several Section 11 audits in respect of the Trust arrangements for safeguarding.

Quality Assurance Framework (QAF) audits

The Trust also completes annual Quality Assurance Framework Audits in relation to their duties under the Care Act 2014 for safeguarding adults. This tool aims to assess the effectiveness of the arrangements for safeguarding adults at a strategic level. Assurance has been provided to the LSAB's that the Trust is meeting its safeguarding adult responsibilities. The Head of SAPP and SAPP Team Manager have attended challenge events within LSCB's. This promoted constructive challenge to Trust safeguarding arrangements and provided assurance that the Trust is meeting its safeguarding responsibilities.

External Inspections

A number of OFSTED inspections have taken place within Local Authorities that the Trust have assisted with information for the inspections as well as multi-agency interviews to support the process. Any action plans post inspection that have been developed and where necessary the Trust have assisted within the allocated time frame.

Raising Awareness

Throughout the year the Trust communication team have supported Safeguarding and Public Protection through a range of information to staff this has included:

- Information to staff and parents of Child Deaths associated with Bath Seats.

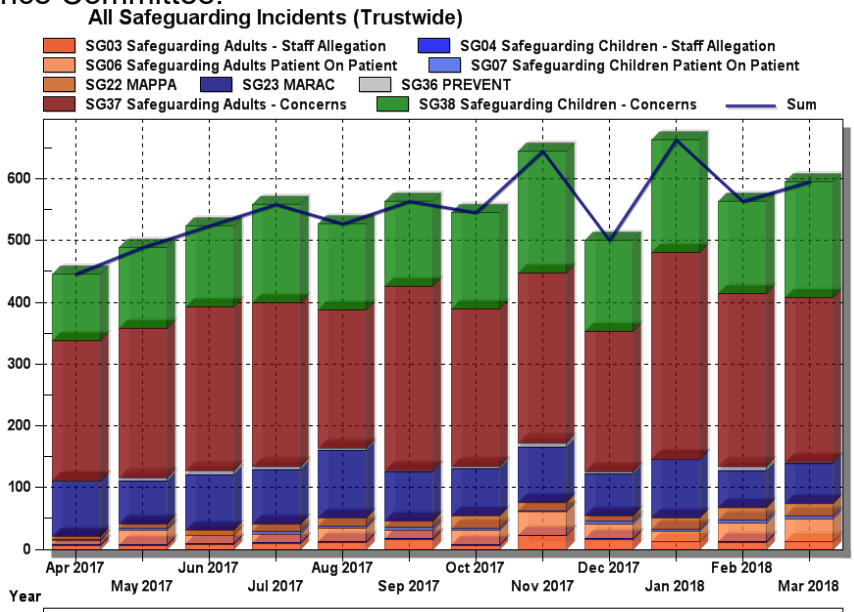
- One Minute Prevent Guide.
- NHS England Safeguarding application on all trust mobile phones.
- Independent Inquiry Child Sexual Abuse (IICSA) Truth Project Information.
- Child Sexual Exploitation Awareness week.
- Operation Sanctuary (Police led investigation into sexual exploitation in Newcastle) - key findings.
- Private fostering for Professionals – key information.

Safeguarding and Public Protection Statistical Data

The SAPP Team uses data generated from the web based incident forms used across the organisation. The incident forms track appropriate actions at the point of the concern being raised and they categorise the cause of concern, threshold of concern, where the concern was raised and the outcome.

This information is collected into quarterly dashboards, scrutinised and is used to identify “hotspots“, target training and provide supervision by the SAPP team.

The safeguarding performance information is shared with the Locality Care Groups and Trust Quality and Performance Committee.



Year	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
SG03 Safeguarding Adults - Staff Allegation	5	6	8	9	10	16	5	22	15	12	11	12
SG04 Safeguarding Children - Staff Allegation	2	2	1	1	2	2	2	1	2	0	1	0
SG06 Safeguarding Adults Patient On Patient	7	22	14	14	22	13	23	37	23	17	30	37
SG07 Safeguarding Children Patient On Patient	1	4	0	5	3	4	4	2	6	4	6	5
SG22 MAPPA	5	7	7	12	14	10	20	13	8	18	19	20
SG23 MARAC	90	69	91	87	109	80	77	90	68	94	60	65
SG36 PREVENT	1	5	6	5	3	2	3	6	3	1	6	2
SG37 Safeguarding Adults - Concerns	227	243	265	266	224	299	256	277	228	335	282	266
SG38 Safeguarding Children - Concerns	107	131	132	160	140	138	156	197	147	183	149	188
Sum	445	489	524	559	527	564	546	645	500	664	564	595

Over the last 12 months there were 6,622 Safeguarding and Public Protection concerns reported into the SAPP Team, this is an increase from last year of 3,256. As anticipated in last year's annual report, due to operational changes in the model of access into the triage front door from January 2017 for incidents for 2017 / 2018, the numbers of reported concerns were expected to be above 5,500. This is not an indication of safeguarding and public protection concerns across the organisation increasing significantly but evidence of a robust process of reporting and management. The SAPP Practitioners on average are reviewing 550 reported safeguarding and public protection concerns via Web Based Reports per month, liaising with services and recording on every service user health records to safeguard.

From the analysis, all "allegations against staff" are taken seriously, initial fact-finds take place and referrals to the Local Authority are made where necessary. If required any internal disciplinary investigations are undertaken, with feedback provided to the Local Authority on the outcome of any investigation.

The safeguarding incidents "patient on patient" for both children and adult are those concerns on wards where in the main psychological or physical abuse occurs between patients requiring internal safety plans to be put in place to safeguard. The Local Authority safeguarding teams are contacted if necessary.

MAPPA activity are the cases that Trust staff have referred into the MAPPA process and / or the cases discussed in MAPPA meetings where the Trust are involved with the service user. Over the year 153 new cases were referred to MAPPA / Potentially Dangerous Person (PDP) process and wherever necessary panels arranged with multi agency safeguards put in place.

From the analysis safeguarding and public protection activity MARAC activity has continued to fluctuate over the 12 month period. Within the MARAC meetings held 980 cases over the year were current service users whom are either victims or perpetrators of domestic abuse. This is an increase from the previous year of 824. Multi agency safety plans are put in place to safeguard the victim.

43 PREVENT concerns were made by Trust staff, this is a significant increase on last year of 12 concerns raised. In comparison to other safeguarding and public protection activity this is low, however the Trust are the highest health referring agency in the region and are seen as a good reporters by Northumbria Police. All referrals are discussed with Police Special Branch in the first instance as well as SAPP attendance at a Prevent / Channel Panel chaired by the Local Authority where necessary. This positive reporting highlights staff awareness and identification via training and in discussion with the SAPP Practitioners that a service user is at risk of being radicalised.

Policies and Procedures

Safeguarding policies are in place and are accessible to staff via the Trust intranet. The six Local Authority areas safeguarding and public protection policies and procedures are also available via links on the staff intranet site. During the reporting period, SAPP policies have been amended in line with local and national changes.

Case Reviews

The Associate Director Safer Care and SAPP Team Manager attend statutory meetings as panel members and write Individual Management Reviews in respect of:

- Serious Case Reviews- Children.
- Serious Adult Reviews – Adults.
- Domestic Homicide Reviews (adults).
- Appreciative Inquiries (adults and children multi agency reviews).

Serious Case Reviews (SCR)
Serious case reviews (SCRs) are undertaken by Local Safeguarding Children Boards (LSCBs) for every case where abuse or neglect is known or suspected and either: a child dies, or a child is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child.

Over the last twelve months there have been 15 referrals submitted into the Safeguarding Children Boards Case Reviews sub groups, which have been considered under Working Together to Safeguard Children (2015). None of those met the criteria for a Serious Case Review.

Safeguarding Adult Reviews
A Safeguarding Adults Review (SAR) is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adults cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected. The purpose of a SAR is to learn lessons, review effectiveness of procedures, improve practice.

Over the last twelve months there has been one SAR commissioned, this was in Northumberland following the death of an older person, where there were concerns in relation to neglect from the care provider. The Trust had very limited involvement in this review.

A number of cases have been referred and discussed in Gateshead but have not reached criteria for SAR, decision made on two cases for an alternative learning review which are currently ongoing.

Domestic Homicide Reviews

The Statutory requirement related to domestic homicide reviews came into force in April 2011. The focus is a multiagency approach with the purpose of identifying learning. The Trust have been involved in no new Domestic homicide Reviews over this 12 months period, however have played a part as a panel member where a review has been undertaken with no Trust involvement.

All reviews are reported to the Trust Board on a bi-monthly basis and lessons learnt are cascaded throughout the organisation and / or built into future training. Bespoke training has also been provided for those service areas involved to ensure all staff have received the lessons learned.

Annual Work Plan 2016/17

All of the actions in relation to the 2017 / 2018 Annual Work plan have been achieved:

- The SAPP Team are working with partners in exploring a revised process for MARAC meetings. It is recognised that the current process is extremely administration heavy and time consuming. It is hoped that the revised process will be more reactive to the needs of the victim in real time with multi-agency action planning in place.

- Over the year there has been a pilot in one LA area only that has been trialled twice weekly and then weekly MARAC meetings. The outcome has been that there will be a weekly MARAC in that LA. To date all other localities continue to hold MARAC meetings fortnightly however police colleagues are reviewing MARAC process and will look to discuss this with partners in the near future.

- The six Local Authority areas the Trust works within are in the process of developing Multi Agency Safeguarding Hubs (MASH). The hubs are envisaged to be in the main co located multi-agency teams where any safeguarding concerns are discussed with safeguards put in place to protect. The Head of SAPP is currently involved in the development stages to ascertain what is expected from health providers.

  MASH is now in place for several LA areas and in development in others. The SAPP Team support this on a virtual basis. Requests for information are made via secure e-mail and processed by the SAPP Triage worker with proportionate information supplied. All incoming requests are timescale RAG rated and information requests are recorded in the service user electronic health record. Where necessary discussions are held with the MASH and triage worker.

- The SAPP Team will embed the Making Safeguarding Personal principles across the Trust when a concern has been raised.

  The SAPP team continue to support teams in ensuring the wishes of services users are obtained when reviewing safeguarding issues, for example ensuring service users are asked their wishes regarding the safeguarding concerns / giving the information to make an informed choice, being transparent in terms of our reporting to partner agencies, working with service users so they recognise abuse, being proportionate in responding to disclosures made. This is currently recorded in health records as part of the information obtained from service users.

  Making Safeguarding Personal is included in the Trust training which is delivered to all staff.

- To undertake a thematic review of all Prevent cases to identify and share lessons learned across the organisation.

  Over the last 12 months there have been 43 concerns raised by operational staff across the Trust. A thematic review of the 12 months activity and analysis is underway with findings scheduled to be presented at the Trust Safeguarding and Public Protection Group and Learning and Improvement Group.

Developments for the Forthcoming Year

- The current Patient Safety Trust Clinical Police Liaison Lead post to be part of the Safeguarding and Public Protection team to further enhance multi-agency working with police colleagues / partners. This will enable SAPP Practitioners and the Police Liaison Lead to share knowledge, skills and experience to further enhance and strengthen public protection arrangements both internally and externally.

- To develop an information sharing process for MATAC meetings (multi-agency tasking and coordination) across local authority areas to reduce domestic abuse offending and improve victim safety by focussing on offenders**.**

Conclusion

This annual Report provides the Trust Board, partners and stakeholders with an overview and assurance of the activity for Safeguarding and Public Protection during the periods 2017 / 2018 the Safeguarding and Public Protection Team are looking forward to the year ahead in ensuring safeguarding is maintained as a high priority for the Trust and is everyone's business.

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	26th September 2018
Title and Author of Paper:	Positive and Safe Annual Report 2018 Positive and Safe Care Team
Executive Lead:	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Paper for Debate, Decision, or Information:	Information
Key Points to Note:	The paper describes the ongoing implementation of the Trust's Positive and Safe Strategy 2017 – 2018.
Risks Highlighted to Board :	None
Does this affect any Board Assurance Framework/Corporate Risks? Please state Yes or No If Yes please outline	NO
Equal Opportunities, Legal and Other Implications:	
Outcome Required:	The Board of Directors are asked to note the content of this report.
Link to Policies and Strategies:	Positive and Safe Strategy

NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

Positive and Safe Care Annual Report 2018

Co-production of a stained glass window by a young person on Stephenson ward

Positive and Safe Care Annual Report 2018

Foreword

Dr Keith Reid
Associate Medical Director Positive and Safe Care

What does “Positive and Safe Care” mean? It is our program of attempts to reduce the constellation of violence, challenging behaviour, restrictive care and potential breaches of human rights.

We are happy to report that we have enjoyed some sustained success. 2017-18 data suggest that patients and staff feel safe. We reduced self-harm, assaults on staff, use of injectable and oral tranquilisation, prone restraint, seclusion and mechanical restraint. Violence and aggression and restraint increased marginally, traceable to one out of area patient with very complex needs whose medications were attempted to be reduced (but were reinstated) in line with STOMP, a national agenda. That person’s challenging behaviour has improved and he now enjoys leaves. Older peoples’ services are rising to the challenge of caring for changing population, including some “younger” older adults with complex needs and challenging behaviour.

One of our tasks has been to set out and repeatedly highlight the importance of systemic factors such as recruitment and retention, incident reporting, supervision, formulation, and patient involvement in providing Positive and Safe (P&S) Care. The antithesis of this broad based strategic approach might be to focus e.g. simply on training, its governance, or to ban certain tertiary interventions.

We have engaged the clinicians who do the work with patients. We have encouraged operational responsibility and authority by handing implementation over to the actual teams and collective leadership, rather than overreaching into their decisions. We have concentrated resource in primary and secondary interventions; but accepted as necessary in some cases the skilful use of more restrictive practice once other options have been shown to be unsafe. We have championed patient involvement, not as a political posture, but because it is necessary and effective and part of our strategy. We have benefitted from our Service User Project Coordinator Paul Sams, who also brings a skilful and credible social media presence.

The most visible aspect of P&S to working clinicians may be Talk 1st, our suite of ward level interventions: wards meet other wards, share their incident data, reflect on the themes and make plans to further reduce violence. These are based on improving the therapeutic milieu using Star Wards and Safe Wards.

Other aspects include P&S training, i.e. PMVA training compatible with the strategy; or daily updated violence reporting via Talk First dashboards.

The Positive and Safe team won a Shining light Award for innovation for these dashboards. They are increasingly becoming part of daily life on wards. Next we are helping wards with a wipe clean board for debriefing after tertiary interventions (RRI).

Our work has not been without challenges. NTW are large for a trust. While this brings benefits in recruitment and retention, economies of scale and infrastructure, it also brings complexity to work like ours. Learning disability practitioners have had to take cognition and communication into account; CYPS practitioners have modified Star Wards to make their own “CAMHeleon” awards developmentally appropriate for children; forensic practitioners have been careful to site destigmatisation and mutuality in a safe relational security environment.

Happily, we work in line with NTW’s leadership culture which fosters decision making at the right level. Finally, in line with this, we as a team would like to thank the rest of the trust for their support of our work. It allowed us to do our work while maintaining external networks and innovating. This year saw publications and presentations in local, national and international journals and conferences – innovations in game theory, and qualitative research regarding patient experience. Practical innovations are too many to list here but include electronic versions of risk tools, positive engagement with social media, novel ways of analysing violence trends and every innovation that the trust’s coalface staff make to implement the strategy.

Introduction

The trust's Positive and Safe strategy's overall aim is to minimise the use of all restrictive interventions and promote collaborative working to ensure our service users are cared for in environments that are safe and focus on evidence based therapeutic intervention and recovery by teams committed to a culture of incident reporting, meaningful post incident support / debrief and clinical risk review to inform organisational learning.

The NTW Positive and Safe Strategy focuses on primary prevention and safe and therapeutic secondary and tertiary intervention which is carried out in a culture of care and recovery.

The Talk 1st team have developed clinical dashboards available to all staff, just simply apply via the Trusts ratio system, to support teams and clinicians to quickly identify trends and patterns of incidents on their wards and act accordingly.

The Talk 1st programme has recently been highlighted as innovative practice in the NHSI publication 'Valued care in mental health: Improving for excellence'.

Current analysis of activity across the trust shows a positive year end position for all Talk 1st incident metrics, except violence and aggression and restraint, which were higher than the previous year.

These increases are in relation to a small number of highly complex patients as well as a higher level of admissions into the new Mitford ward at the beginning of the financial year.

Some of our biggest reductions in restraint have been in CYPS MH Inpatient services where primary intervention work is proving to be very successful. On average CYPS MH inpatient units have recorded restraint reductions of around 67% and prone restraint reductions of around 76%.

Staff assaults have reduced significantly in certain areas this year; particularly in CYPS MH Inpatient have recorded a reduction of 55%.

This needs to be balanced against increases in CYPS LD, Autism and OPS. The overall reduction recorded this year is the first reduction in staff assaults recorded since merger in 2007.

The Positive and Safe Strategy will continue to develop and new initiatives are underway such as the trusts **Reducing Restrictive Interventions Positive Practice Process**, (RRI) all wards should now have their boards.

We are currently working on a joint conference with our colleagues in TEWV to celebrate and share the positive work being undertaken by both Trusts. The conference will launch the newly established North East and Yorkshire Restraint Reduction Network.

The conference will take place on the 7th of November with approximately 400 attendees from both trusts.

You can now follow and engage with Talk 1st across Twitter, Facebook and Instagram

https://twitter.com/Talk1stNTW
https://www.facebook.com/Talk1st
https://www.instagram.com/talk1stntw/

Service user Project coordinator

My name is Paul Sams, I have joined the Positive & Safe Care team on secondment for a year. I am fast approaching five months in the post. I have just completed my orientation visits, these have developed quickly to a point that I am identifying best practice as well as where there are deficits. When deficits are identified I am able to offer support to teams that promote the development of more robust Talk 1st plans.

In recent weeks I have gone live with our Talk 1st social media identity. This is an opportunity to share the great work that is going on across the trust and has been well received. This will grow and develop over time.

I have over fifteen years of experience of being a service user, this experience is valued in Positive and Safe meetings and when developing strategies. I offer balance to a team that is predominantly clinical. I also support the team during cohort review days. This takes the form of providing honest feedback around my ward visits.

Themes

Ethics Advisory Group

At the request of John Lawlor Chief Executive, and Gary O'Hare Executive Director of Nursing & Chief Operating Officer we have begun an Ethics Advisory Group for the trust, chaired by Dr Reid. This allows a space for reflection on ethical issues, and for signposting to appropriate procedural revisions, expertise or supervision. The first two sessions have gone well. The first dealt with the boundaries of disclosure of lived experience from staff and how this differs between staff employed with lived experience in their job description or not. The second dealt with supporting gender diversity within In-patient services.

National Guidance and Reporting Standards

The P&S team have been working on Expert Reference Groups with Dept. of Health and the CQC to draft national standards for reporting and a set of standards for providers' "Reducing Restrictive Intervention" Strategies. We have been able to share our experiences with other organisations across the UK and have also been able to bring innovation from other Trusts.

Innovations

We have many irons in the innovatory fire, with service evaluations of the interactions of annual leave and staff assaults, the influence of patients on each other, mindfulness to increase staff resilience to assault, the importance of SALT services in preventing restraint, work on stalking, and other exciting work. These add to our recent publications in game theory and qualitative research on patient/carer/staff experience of restraint.

Reducing Restrictive Interventions (RRI): Positive Practice Process

Every ward now has a wipe clean RRI process board, each ward also received guidance on using the board. This is a pathway process that uses current best practice alongside national guidance and trust policy.
The main focusses of the RRI board are to promote;

- Co-production between staff, patients and their carers and families.
- Person centred care plans.
- Post incident debrief.

Talk 1st

The Talk 1st programme has recently been highlighted as innovative practice in the NHSI publication 'Valued Care in mental Health: Improving for Excellence'.

Monitoring

The year-end positions are shown below. We have presented the data without scaled axes because the underlying numbers of beds and services has changed. Incident data is shared externally on a regular basis to local and national commissioners via QRG's.

All clinical staff have access to Talk 1st dashboards and this information forms part of regular clinical discussions including CPA reviews, CTR's and ward rounds. In addition to this ward based data is scrutinised and discussed at every Talk 1st cohort review date, which every ward attends on a three monthly basis.

Whilst Trust wide data is very useful to look at the overall position, ward based information helps clinical managers to identify hotspot areas as well as areas where incident rates have fallen significantly. Used in conjunction with ward based dashboards, this information is proving to be incredibly useful to front line clinicians in formulating patient centred approaches in reducing incidents and improving patient experience.

Use of Restraint

Restraint numbers for this year have not reduced primarily as a result of significant increases in Autism and Older People's Services. One, out of area, patient within autism accounts for 1953 restraints over the period. Removing this restraint data from the overall figures would show the trust as having a 24% decrease over the year and highlights the impact individuals can have on incident frequency. Within that is a reporting culture in Older Peoples Services which includes reporting of simple redirection for basic care as restraint. We are working with the CQC and Department of Health to achieve a more intuitive threshold, or tiered thresholds for reporting restraint.

At the beginning of the year Autism also had a high number of new admissions, which have driven their numbers up. It must be noted that the overall restraint numbers include low level supportive care where staff hold patients to aid in toileting and other personal needs. Analysis of this type of activity shows around 78% of OPS restraints are low level interventions. A draft practice guidance note has recently been developed, which looks to ensure this type of activity is recorded in the patient notes rather than recording as a restraint incident.

Prone restraint has reduced more significantly. 2016/17 we saw a 25% decrease in prone restraint and the years position shows a further 13% reduction. Positive and Safe interventions, such as SafeWards, Star Wards and other patient centred initiatives have helped to reduce the amounts of prone restraint.

This year we have introduced alternative injection sites for rapid tranquilisation and the use of seclusion chairs, both of which have started to help to reduce prone restraint even further.

It must be noted NTW record all prone restraint, including unintentional, where a patient may fall to the floor in that position. Some other trusts record this differently, which may be one reason why we are noted as an outlier.

Some of our biggest reductions in restraint have been in CYPS MH Inpatient services where primary intervention work is proving to be very successful. On average CYPS MH inpatient units have recorded restraint reductions of around 67% and prone restraint reductions of around 76%.

Seclusion

The number of seclusions reduced 2016/17 by 30% and this year we have a further reduction of 13.8%. A further iteration of the Talk 1st Dashboard has been released, which also shows the duration of seclusion and gives a far more accurate reflection of seclusion use over the year. Overall, seclusion duration has also reduced during the period. Primary phases of intervention such as access to chill out rooms, distraction techniques, activities, peer support workers, etc. have helped to reduce the number of times seclusion has been required. In addition to this a number of discharges and the closure of female LD low secure will also have an impact on the numbers. We currently have 35 accessible seclusion suites across all main sites, which all meet our minimum environmental standard.

Assaults on Staff

There is no national comparison for our data following the cessation of NHS Protect. Inpatient and Specialist Care have very comparable numbers for last year. Like other metrics staff assaults have reduced significantly in certain areas this year; particularly in CYPS MH Inpatient have recorded a reduction of 55%. This needs to be balanced against increases in CYPS LD, Autism and OPS as identified in other metrics above. The overall reduction recorded this year is the first reduction in staff assaults recorded since merger in 2007.

Patient on patient assault increased last year; however the year-end position shows a reduction of 14%. Most activity can be found on older peoples wards and the Talk 1st feedback sessions have highlighted a number of effective interventions in these areas that appear to be very effective. Further influencing factors to consider would be the decrease in bed numbers within OPS, which may be impacting on the number of incidents.

Mechanical Restraint Use (MRE)

MRE use can include the use of either emergency response belts, handcuffs or a combination of both of these. The numbers shown above do not include those deployed by either the police or secure transport services. The biggest reductions during 2017/18 can be found in CYPS inpatient services where numbers have reduced by approximately 85%. This results from a combination of patient discharge, lower admission rates, primary intervention work and the development of the new quiet rooms and seclusion at Ferndene. Recent analysis of MRE use shows its deployment primarily being in relation to hospital / dental transfers and the safe movement of patients to seclusion. All MRE use is subject to strict governance, which includes director approval and monthly scrutiny at the Trust Positive and Safe Implementation Group.

Self-Harming Behaviour

Following the escalation in this type of behaviour last year, it's encouraging to see a year-end reduction of 23%. Areas of high activity continue to be CYPS Inpatient, Forensic LD and Autism services, driven by a small number of patients. Significant decreases this year have been monitored in both CYPS Inpatients and Forensic services; however increases in Autism are accounted for in relation to higher admission rates at the start of the year.

Violence and Aggression

The year-end position for violence and aggression rates remains higher than last year by 8.7%%. A small increase in community services requires further analysis but could be accounted for by improved reporting cultures following the introduction of web based incident reporting. The more significant increases can be found in Autism services, Woodhorn, Hauxley, Lamesley and Lowry.

It is encouraging to note that despite a rise in violence and aggression the use of restrictive interventions has broadly reduced, this is testimony to the dedication and persistence of the inpatient NTW clinical team's ongoing implementation of the Positive and Safe Strategy.

Locality areas

The remainder of this document is comprised of reports directly obtained from teams, minimally edited, to reflect their voice and contribution.

Central and North Locality

Collingwood is a male acute admission ward for adults. The wards have a well-established Mutual Help Meeting facilitated every week by OT and Ward Manager. Tea / Coffee and delicious snacks are provided and all members of the MDT and patients are welcome to attend. Mutual Help Meetings have been running for over a year and they have evolved over time. Preparation for the meeting begins through the week and all contributions are welcome.

The team on Collingwood follow the agenda suggested by Safewards as follows:
1. 'Round of Thanks'. Round of thanks is collected throughout the week and has developed over time. Staff and patients are now very keen to nominate 'Star of the Week' which is displayed on the Talk 1st Board in the lounge and Family room for all to see. Star of the week has seen staff make it into the staff bulletin and allows some slight competitiveness among peers.
2. 'Round of News' usually includes pertinent information to the ward including the activity timetable for the week and any other relevant news. During this part of the meeting patients have presented work that they have completed at the recovery college which has been inspiring to others. Staff also use the part of the meeting to give updates about Talk 1st and what interventions are being focused on.
3. 'Round of suggestions. When the meetings started off there were lots of suggestions which were usually about activities, layout of the ward, ward cleanliness etc. Over time we are seeing fewer suggestions and more praise from patients about the changes that have been made.
4. 'Support for Each Other – Staff and patients take the opportunity to support each other. There have been offers to provide peer support to complete a tasks / activities and we usually use this part of the meeting to arrange activities for the weekend.

The Mutual Help Meeting concludes with a ward challenge which is chosen by patients from the challenge box. Challenges often given the opportunity for staff and patients to work as a team and there are prizes provided to the winner(s).

Before everything is tidied away patients and staff are encouraged to think of a positive statement that is displayed on the Talk 1st board alongside 'Star of the week' and the minutes from the Mutual Help Meeting.

Kelly Myers, Ward Manager states *"Feedback from the Mutual Help Meeting has been amazing and we have noticed a change in culture on the ward. The atmosphere which was once tense of noisy is now calm and relaxing. Staff and patients enjoy spending time with each other and feel at ease on the ward. There has been a notable reduction in conflict and containment which is a positive outcome for all…"*

Collingwood have also embedded 'Know Each Other' – a visual representation of each member of the team displayed on a board including information about hobbies and interests. Patients can also include their own Know Each Other card if they choose. The board is definitely a talking point on the ward.

'Post Incident Debrief' model has been introduced. This is a safe forum that ensures staff and patients are supported following an incident on the ward. Feedback from both staff and patients is positive and that confirms the debrief is useful and supportive. Improvements in care planning and risk management planning have been noted since the introduction as the team develop a better understanding of the patient / incident / behaviours.

Collingwood ward staff and patients co-produce a weekly newsletter, named the 'Hadrian Herald'. This keeps everyone up to date with news and often includes an activity page, jokes and health promotion. Carers, families and friends newsletters are produced monthly offering an update.

The ward has invested in the development of the Carers champion Leads, providing additional training and support to ensure time is protected to enable the Champions to undertake their role.

Newton have approached the Talk 1st initiative with gusto. All grades of staff are attending Talk 1st cohort reviews on a rotation basis to promote ownership throughout the whole team.

Time is protected to ensure mutual help meetings occur every day. The team has incorporated 'Positive words' into the mutual help meetings as well as the daily reviews by introduction of a 'positivity box' (made by a patient in woodwork).

Patients put in their positive comments of the day which are then read out at the mutual help meeting. The community spirit is further nurtured each Wednesday when staff and patients cook and eat together during a 'social lunch' promoting togetherness and communion.

Newton have also developed a well-being clinic each week. A nurse, ward doctor and pharmacist is available to meet with patients and review physical health, medication queries/side effects etc. – this is also open to carers and they are made aware of this in an invitation letter on admission

Hauxley Allotment Project

Hauxley Ward is a 16 bedded Acute Admission and Assessment Unit at St. Georges Park, working with men and women predominantly over 65 years with functional mental health needs, which are often complicated by complex physical health needs. Patients, Carers and Staff attending ward Community Meetings regularly discussed 'Activities' in relation to the range available during their stay in hospital. These discussions included the limited access to structured, outdoor activities.

In the winter of 2016/2017, and in collaboration with Patients, Occupational Therapy and Ward Team including Activity Coordinator and with support from Gardening Staff, initial discussions took place to look at how the outside space could be better used to extend the range of activities available to the patients accessing our service, the aim being to improve patient experience during their recovery.

Ward Manager Angela Dixon with the support of Alan Oliver Head of Garpro (garden project) and Head Gardener Jim Harrison, arranged for Gardeners to remove all perennials and shrubs from the raised bed in the central courtyard garden in preparation for this space to be used as an allotment. This work started in December 2016.
In March 2017, one and a half tons of top soil was delivered and with spades and wheelbarrows in hand, the 'big dig' began……
Once the preparation was done, Allison (Activities coordinator) and the patients discussed how to plan the allotment and what they would want to plant. The collective decision was to have a flower garden, a vegetable patch, a herb garden, and enchanted fairy garden.

Throughout our first year, it was important to remember that the allotment project was about participation, working together, use of and maintaining existing skills, learning new skills and not necessarily about 'the end product'.

Willow View Mutual Help Meetings

Getting this group started required some support from the ward leadership team to encourage both staff and patients to invest in the group. To get it established 3x coffee mornings were held during the week with the full Mutual Help Meeting agenda reserved for the Friday.

Slowly but surely interest and value in the group has grown. The consistent attendance of Clinical Leads, Occupational Therapy team and regular certain service users contributed to the MHM becoming an established part of the ward routine. New service users admitted to the ward see this group as “the norm” for the culture of the ward. Initially facilitation of the group was the responsibility of either the Occupational Therapist or Clinical Leads as other staff still felt apprehensive about running a group. Over time other members of staff have been encouraged or volunteered to facilitate the group, which has again consolidated the group as part of the ward routine.

Service user participation/facilitation has grown organically, beginning with one service user asking to facilitate the group of her own volition. We have encouraged this with others and have now had several service users run the group. Service users recognise the positive and supportive nature of the group and perhaps feel more able to take up the facilitator position.

The ‘thanks’ that people offer one another are recorded and displayed with a brief description of Why that the nominated ‘VIP’ of the week was awarded the accolade, added to the display.

The “challenge of the week” is a fun way to end the group. A little healthy competition can go a long way!

The group has gone from strength to strength and is regularly facilitated by service users who are flourishing. Confidence is growing and inspired individuals to pursue careers within peer support. The group is embedded to the weekly routine and the community looks forward to the meetings.

Here is some feedback from patients on the Mutual help group:

The best thing about this group is...

- Everyone participates
- Something good is said about everyone who attends
- Round of thanks and VIP of the week. Lovely to hear everyone appreciating others and gives me a boost of confidence
- Great
- Friendship & togetherness
- I get to know everyone in this group activity
- Good communication with staff and patients

I enjoy the challenge of the week, because it…

- Is something different every week
- Stimulates the brain and mind
- Helps me work together as part of a team. By this we learn life skills as team working is a skill
- Makes me feel good
- Is good fun
- Can be very interesting

During the 'Round of Thanks'…

- Everyone gets to show their appreciation and everyone gets to feel appreciated if they are thanked
- It sets the tone of positivity for the week ahead
- It makes me feel good
- People feel appreciated
- You feel good about yourself
- It's a chance to thank friends and staff

Receiving Positive words makes me …

- Feel uplifted and gives the recipient a boost in confidence
- Feel good
- Think about the Law of Attraction. Positive words attract positive outcomes; like attracts like
- Feel great, proud
- Feel nice
- Think about myself and others
- Have a boost in confidence

I find the group is helpful….

- •As it gives me a chance to reflect on the previous week.
- Everyone gets to feel good about themselves which helps with their recovery
- •Because I can talk with others
- •As it brings patients closer together as a group and a ward. We also get to hear any updates about the ward
- •As it enables us to get to know everyone
- •We find out about future events
- •I get ideas from others
- •It's very rewarding

Lynne Doyle Assistant Practitioner, OT has told us about the "Willow Warbler".
"The idea for a newsletter led by Service Users, was born from observing interactions at the weekly Mutual Help Group. It felt like a natural progression; the initial meeting was well attended where an Editor and Sub Editor were nominated and elected. After many great ideas and suggestions the "Willow Warbler" was born. The team meet weekly to plan, organise, share and discuss, currently working on Issue 4. They all fulfil their roles and take their responsibilities seriously whilst being able to make it a fun experience. Copies are distributed to all Service Users and staff at Willow View and the initiative has been warmly received".

Willow View Star Wards Activities:

Willow View have rolled out a range of social events that involve the whole ward, staff and patients.
A regular walking group encourages physical health and well being alongside social and recreational opportunity. Walks exploring the North East and Northumbrian countryside are led by support worker, Ray, and are very well attended. (see photo attached).
Theme nights have been popular, with social evenings influenced by cuisine and culture from around the globe being shared by patients and carers.

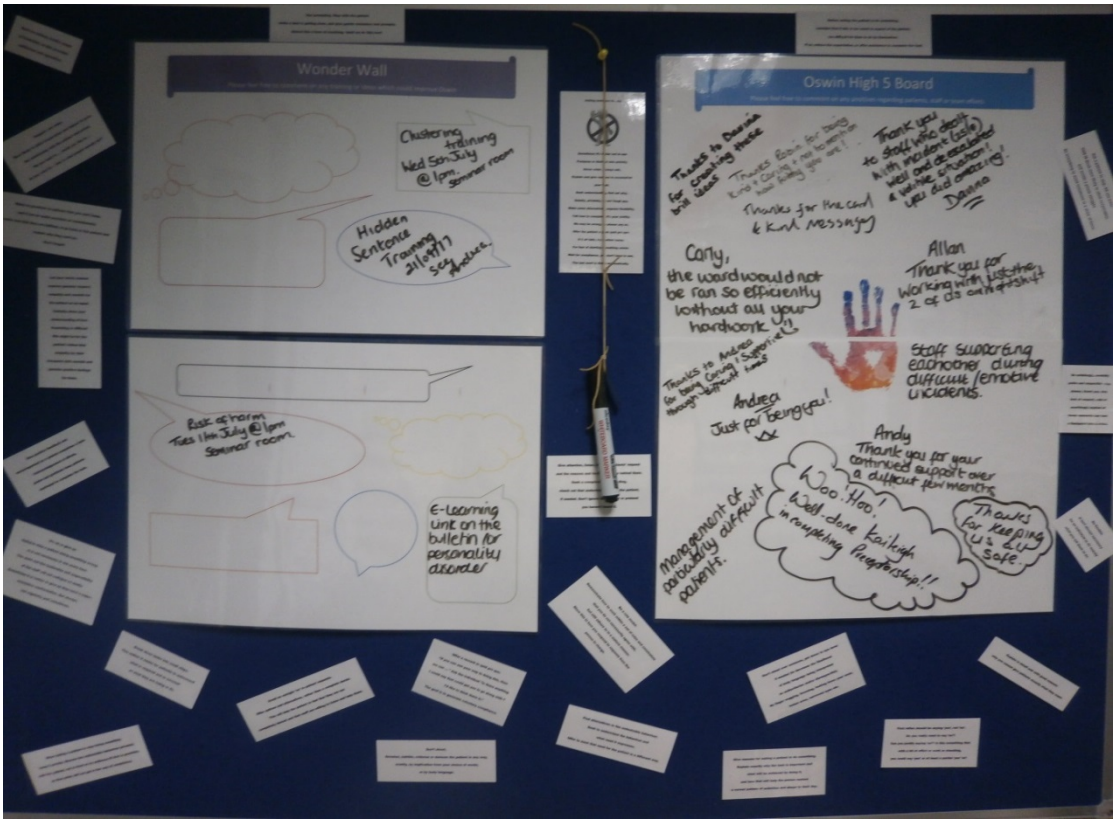
Carer support groups have been running for over six months. These groups are facilitated by x2 staff from the ward fortnightly on a Tuesday evening and encourage mutual support, sharing of stories and incorporation of psycho-education. Feedback from both carers and patients has been very positive.

Willow View 70's theme night

Bamburgh Clinic and Bede

The Bamburgh Clinic is a male medium secure unit based at St Nicholas hospital. The clinic is made up of three wards. Oswin ward is an offender pathway ward. Aidan is an acute admission ward and Cuthbert which is a rehabilitation ward. Bede is also based on the St Nicholas site. It is a male low secure ward. All four wards come together every two weeks to a Talk 1st meeting. The wider multi-disciplinary team is also invited. We use this meeting as an opportunity to review Star Wards plans following all four wards achieving the Full Monty award last year. All the wards have worked collaboratively with patients and carers to embrace the positive message of Talk 1st.

1. The ‘high five’ board was developed by a staff nurse on Oswin ward. It is a board which is placed in the ward office. It provides a place for staff to write messages of support and to congratulate staff on the good work they do. It provides another effective method of communicating information to each other, including updates on training and other information between the MDT. This has now also transferred into the patient area and staff and patients both write on it sharing messages of congratulations. This concept has now rolled out onto the other wards. For example on Bede Ward, we use a ‘thumbs up Board’ which has a similar function. This has been an excellent success and supports positive words.

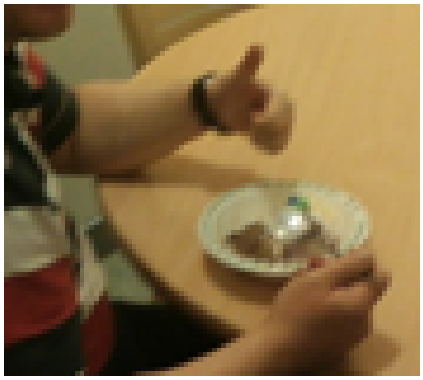


2. The ‘café cart’ was developed with the patients of the MSU and LSU. A need was identified to provide shop items to patients who do not have leave or are unable to shop for themselves. These patients often have to rely on the shop on site or families and staff purchasing for them. It was through listening and discussions that the café cart was born. The café cart is ran by the patients which provide an excellent service.

Every Tuesday in the shared therapy space the café is open. It serves a variety of coffees as well as soft drinks, snacks and toiletries. There are regular questionnaires shared with the patients to see what they would like to be sold in the shop. This is not for profit so at the request of the patients any additional funds raised go to charity. We are in the process of making a short film about the café cart. This is an excellent example of co-production. Patients running the shop have enhanced their skills in varied ways, such as completing their level two in food hygiene as well as money handling and budgeting.

3. The discharge passport was developed with the patients on Cuthbert Ward to see what would be useful for them as they integrate into the community. The passport is another excellent example of co-production. Patients and staff together have developed the passport as part of their pathway. This is something the patient can take with them into the community and includes achievements, exam results etc. so that they have all of this information available should anyone require it.

4. Theme nights have been a great success on Aidan ward each month the patients decide what theme they would like to choose they then look up the ingredients of a dish related to the country of choice. They then purchase the ingredients and together with staff make the meal and all eat together. The dining room and ward are decorated with the countries flags etc. of the chosen theme.
This has supported the patients to develop their skills on the internet, purchasing skills and cooking skills.

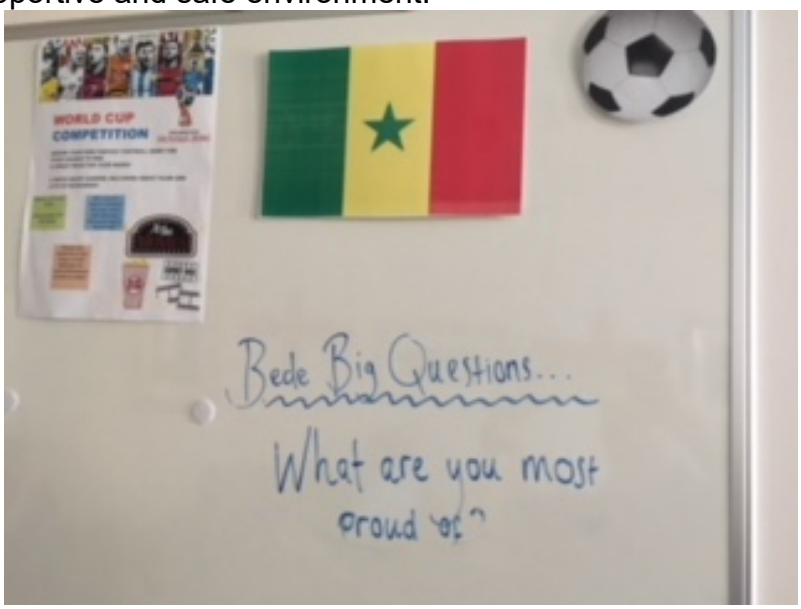


5. All wards have embraced the Know Each Other intervention from Safe Wards. Oswin Ward, together with the patients decided on a very creative approach which involved drawing themselves and creating their own pictures together. This supported co production and working together in groups which really supported the process. Bede Ward used candid photos of the staff combined with information such as favourite quotes.

6. The team on Oswin, along with the patients developed a Talk 1st poster which they felt together would allow any new patients and our carers to further understand the Talk 1st initiative. This was also supported through our Family and Friends meeting which takes place every three months. One of our current presentations was supported by Patient Safety Manager, Craig Newby who provided a session to our families and friends to share the Talk 1st dashboards.

We had excellent feedback from all. We have also supported one of our patients to develop a Talk 1st presentation which will be co-delivered to the patients in groups with the aim that they will then receive a certificate following attendance.

7. ‘Mutual Help’ Meetings have been embedded on Bede ward. Patients use this meeting to support each other to plan leaves and activities and to socialise. A recent addition to this meeting is the daily ‘Bede Big Question’ where patients and staff come together to think about things that make them proud or things that they worry about, in a supportive and safe environment.



8. Post incident support and debrief has been embraced by both staff and patients with involvement of our carers. A baseline audit was carried out to gain an understanding of what staff and patients understood of post incident support and debrief and what they meant for everyone involved via discussions and questionnaires. Following a period of collating information and feedback the findings were developed into a presentation. This was delivered across the wards in groups which were attended by both staff and patients together, which supported excellent discussion and reflection. Again feedback was obtained and formed part of the evaluation. This project was supported through our research team and is due to be published in the Nursing Times.

9. To promote our regular carer events, patients devised a carer’s newsletter. The newsletter contains information for patients and carers about upcoming events and activities. This newsletter is written and edited by patients.

It has been exciting to see how all of the wards have embraced the ideas generated by talk 1st to co-produce work with our patients.

Inpatient South – Talk 1st Annual Update

The Inpatient South group provides services at two main hospital sites, Hopewood Park in the south of Sunderland and Monkwearmouth Hospital in the North.

Once a month all wards attend our Talk 1st meeting, this meeting is chaired by the lead for the locality and is attended by nominated ward leads who are team members of all bandings and grades but who are motivated and share common values and goals in relation to reducing incidents within our inpatient wards and improving engagement with our patients. The Talk 1st meeting is also attended by Ward Managers, Occupational Therapists, Exercise Therapists, Peer Support Workers, Psychologists, Student Nurses and Doctors .

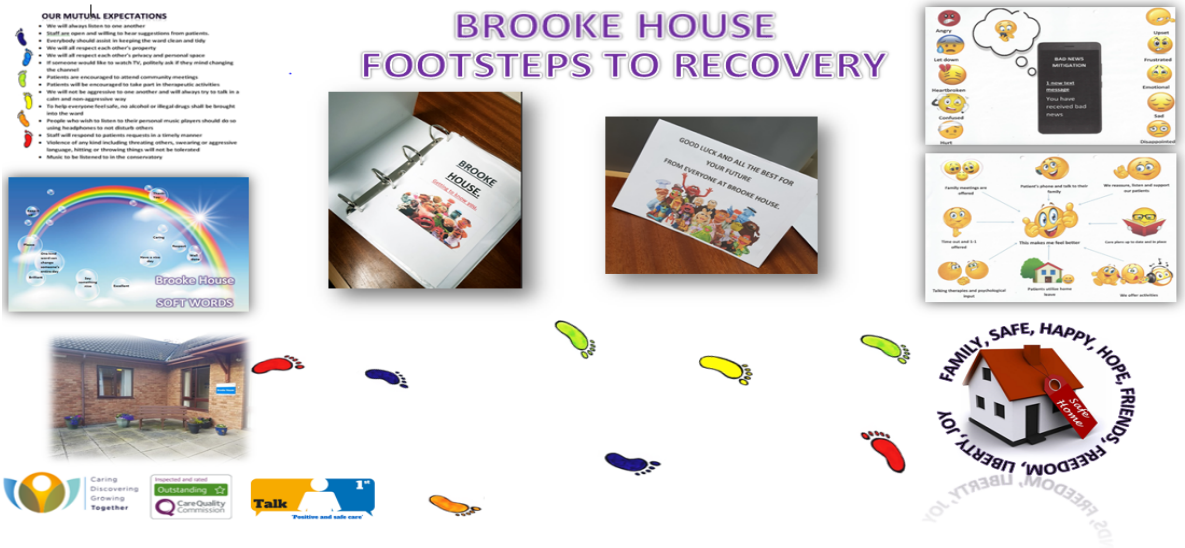
Below we have highlighted some of the excellent work which has been done over the past 12 months.

- Post Incident Review Rota – a 24hr 7 day a week rota for post incident support / review across the HWP hospital site. On every shift there is an experienced nurse allocated to a rota, this nurse will not be included in the baseline staffing numbers on their own ward and will attend any clinical incident where the site incident response team are required. The nurse will then ensure a 'debrief' or Post Incident Review' is facilitated following the incident. All reviews are documented and recorded so information about good practice, what went well and areas for improvement can be shared accordingly across the relevant services, this document also identifies any follow up actions and who is completing them, this includes facilitating discussion or review with the patients involved.

- Since this went live on 1st March 2018 over 60 post incident reviews have been completed with team members identifying feeling much more supported, valued, listened to and have also identified positive changes in relation to practice and care planning following a review taking place.

- Implementation of a doctors review booking system for patients and relatives – a very simple yet effective initiative whereby doctors provide their availability for appointments for the coming week, this is then displayed in a communal area of the ward and patients will book a slot which is convenient for both them and the ward doctor. This has been very effective in terms of improving communication and reducing flashpoints.

- Road to Recovery display boards which 'plot out' potential pathways and journeys for patients within some of the rehabilitation services, these boards display information on what activities and therapies are available for patients during their time in hospital with the roads leading to positive/discharge messages from other patients, some of whom have been discharged and from members of the ward teams.



- Cleadon and Brooke House have started the Ward Stars initiative – a Star Wards validation and professional development initiative for Band 2, 3 and 4 nursing staff focussing on 7 areas of care which are identified as being most valuable to patients.

- Use of data within MDT meetings – all wards are now using the live dashboards as a standard part of their MDT/CPA/Formulation meetings and using the data to develop collaborative care plans with patients and their carers. Some wards, including Marsden have found the use of this type of information particularly useful when working with families who were struggling to understand patterns and contributing factors to incidents involving their loved ones. Mowbray ward have found the information particularly useful when identifying then working with accommodation providers to ensure the successful transition into placements.

- Brooke House developed a Bad News Mitigation ‘Emoji’ leaflet/poster with the patients. The poster was collaboratively designed and created to help patients who can sometimes struggle to express their emotions verbally. Using the Emoji’s the patients have been able to communication with the team more effectively during times of distress resulting in a reduction in incidents of violence and aggression.

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors Meeting

Meeting Date: 26th September 2018

Title and Author of Paper: R&D Annual Report 2017/18
Simon Douglas, Joint Director of Research Innovation and Clinical Effectiveness

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information:
Information

Key Points to Note:

The R&D Annual Report is presented for information. Since the R&D strategy was approved in 2012 there has been significant progress and some clear evidence of the impacts of the strategy.

The implementation of the research strategy has seen increases in research activity through increases in numbers of research projects (59), numbers of service user participants (1746), numbers of staff involved and grant income received. Further achievements have been NTW being ranked in the top 4 of most research active mental health and learning disability trusts in England in terms of number of research studies since 2015. We can also point to a significant number of high profile national and international publications based on research in the Trust; significantly strengthened research collaborations across the region and further progress in successful funding applications. The report summarises progress against the R&D Strategy's key themes.

The key points to highlight from this report are:

1) Research income / expenditure

   Research income has remained largely stable over the last few years with a slight drop in 2017/18. This is due to a number of large funded research grants ending and a slight drop in commercial income, also due to a high recruiting study closing. The full breakdown of income and expenditure shows the majority of research income funds posts within NTW, both within the research delivery team and for researchers to work on specific projects. A significant amount of funding goes into locality groups, largely to fund medical and other clinical staff time on research.

2) Assurance on NTW research

   As part of an internal review of NTW's approach to governance of research we redeigned the process for audit and monnitoring of research happening in NTW. The new standard is that we audit 10% of hosted studies and 100% of sponsored studies annually. This means we have reliable assurance that the research which is happening in NTW is being run in accordance with best practice standards (in addition to the ethics and Health Research Authority assessments and approvals which are done nationally). The results of the audits are reported with no significant deviations, and we have a range of actions in place to address the minor issues which were highlighted.

Other issues for the Board:

1) NTW is the host organisation for a new regional research infrastructure bid, the ARC

(Applied Research Collaboration) which, if successful will be worth £9m over 5 years. Although this funding will be largely distributed around the region the benefits for NTW will be reputational and in developing capacity for research. The interviews are being held in London on October 2018. If successful funding will start in October 2019.

2) Research income is expected to rise significantly in 2018/19 with the start of two new large-scale research grants totalling £3m over the next three years. These are both funded by the National Institute for Health Research (NIHR) Health Technology Assessment programme.

3) The NTW R&D Strategy encourages the research involvement and up skilling of non-medical researchers. This is increasingly successful, we have a number of AHPs on research development programmes and nurses with research doctorates. Further developments are in the pipeline with the NIHR Training academy which will offer valuable educational and research opportunities at both pre and post-doctoral level specifically aimed at non-medics, we have already begun working with potential candidates.

Risks Highlighted to Committee :
None

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: for information

Link to Policies and Strategies:
NTW Research and Development Strategy (2016 – 2021)

Northumberland, Tyne and Wear NHS Foundation Trust

Research and Development Annual Report 2017/18

Caring | Discovering | Growing | **Together**

Contents

Glossary and Abbreviations

NIHR	National Institute for Health Research	The research arm of the Department of Health
	NIHR Portfolio	A register of large scale research projects which meet certain standards of size and quality, usually funded by NIHR
MRC	Medical Research Council	Funding Provider
RfPB	Research for Patient Benefit	NIHR funding stream
PGfAR	Programme Grant for Applied Research	NIHR funding stream
EME	Efficacy and Mechanism Evaluation	NIHR funding stream
HTA	Health Technology Assessment	NIHR funding stream
NIHR CRN	NIHR Clinical Research Networks	The research delivery arm of NIHR, represented in the North East by CRN North East and North Cumbria (CRN NENC)
PID CR	Performance in Initiating and Delivering Clinical Research	A measure of performance of NHS Trusts in approving clinical research to run in the NHS, reported by DH
RCF	Research Capability Funding	Strategic funding given by NIHR to NHS Trusts based on previous year's NIHR grant income
LCRN	Local Clinical Research Network	Local (North East and North Cumbria) regional branch of the Clinical Research Network (CRN)
DenDRoN	Dementias and neurodegenerative diseases	Specialty Group of the LCRN

1 1 Page Summary

Key achievements in R&D for 2017/18:

- Lead and host for two key NIHR Health Technology Assessment awards totalling £3m
- Increased number of NIHR Portfolio studies recruiting participants in year to 59 (from 51)
- Increased number of NTW participants into NIHR portfolio research to 1746 (from 1364)
- NTW one of the top performing NHS Trusts nationally on research approvals – 14/16 trials approved and recruited first participant within the 70 day target
- Annual conference reached 229 attendees across a wide range of disciplines partner organisations
- 117 publications authored or co-authored by NTW staff and related academics
- Audit and monitoring process now in place – 36 studies audited with no major findings
- Action plan to address minor themes from audits including training / self-assessment and new guidance
- Close working with patients and public in designing research projects
- Increases in numbers in all of NTW's research registers (mental health, dementias and neurology)
- Impact in developing the careers of NMAHPs including successful Fellowships, Internships and training and development
- Successfully delivered several commercial trials and have gained a reputation as a UK leader in Huntingdon's research and Children and Young Peoples mental health.

We look forward to another successful year in 2018/19.

Simon Douglas, Joint Director of Research Innovation and Clinical Effectiveness, July 2018

2 NTW Research Strategy

The NTW Research strategy was approved by the Trust Board in 2012 as a plan for the first three years of a ten year programme. Work to refresh the strategy to provide a plan for the next five years in line with the Trust strategy was completed in 2015/16, leading to a refreshed plan for implementation in 2016/17.

The original three strategy objectives were retained but the initiatives and actions required were significantly updated and in doing so we reflected on the successes and challenges to date. These successes have seen NTW become one of the leading research active mental health and learning disability Trusts, generating and participating in increased large-scale research (NIHR Portfolio) activity, embedding research and evaluation into the Trust's service provision and developing the capability and capacity of the workforce.

Some of the challenges associated with the strategy remain: maintaining the value and importance of research to all stakeholders in a time of financial difficulties for the NHS; systematically involving service users and carers in the full range of our research activity; widening participation in research to a full range of health disciplines, including nurses and Allied Health Professionals (AHPs); and promoting the opportunity to take part in research for all of our service users.

A range of initiatives were continued from the original strategy document but in addition there were several new ideas which were to be developed as new streams of work for the strategy implementation plan. Notably we promoted an approach to engage with all local Universities within our footprint with the aim of harnessing academic expertise which would fit with the diverse service provision of NTW as a Trust and a focus on developing the careers in research or nurses and allied health professions. This was broadened out in 2017/18 with initiatives to engage farther afield to ensure we were able to learn from other research collaborative such as SLAM/Institute of Psychiatry and the Biomedical research Centre in Nottingham.

3 Impact of NTW research in 2017/18

Research has been widely recognised as being an important factor in providing high quality care for healthcare organisations. Not only does organisational involvement in research improve clinical outcomes and service user satisfaction but it is also suggested in the evidence that organisations are able to attract higher quality employees, organisational culture benefits so that employees are more interested in basing care and treatment decisions on the best available evidence and on measurable improvements in outcomes. While these are benefits of NTW involvement in research there should also be a demonstrable benefit for our service users. In some areas this is clear but for others it can take several years for benefits to filter through to front line services, this is something we should aim to address in future developments of the R&D strategy.

A wide range of examples of impact of the NTW research Strategy on care and treatment for our service users were presented at the Annual Research Conference in May 2018. We have further highlighted some examples of impact in 2017/18 below:

Newcastle instrumental in identifying anxiety in autistic children and adolescents

Newcastle University along with NTW have been involved in the development and validation of the first assessment tool for the identification of anxiety in autistic children and adolescents (Anxiety Scale for Children – ASD; Rodgers et al, 2016). It has, in the last year or so, been adopted by a number of NHS trusts as a routine outcome measure, is being used in treatment trials nationally and internationally, has been translated into nine different languages (to date) and has recently (June 2018) been adopted by the Iranian Welfare Organization for use in 72 Autism centres in Iran. NTW was the sponsor for the initial research developing the tool and recruitment was via the ASD-UK child database.

Family Based Positive Support (FabPos) project

The FabPoS project was developed to deliver and improve an intervention for families caring for people with learning disabilities and behaviour described as challenging. The project has not finished yet but it is already having an impact beyond NTW and helping families. Project lead Dr Steve Noone has been asked to present at a regional carer/ parent support meeting in the autumn. NHS England have promoted this and are keen to offer support to see how FabPos can be further developed across the age range. In addition NHS England have funded a further pilot project to implement FabPos in early years intervention in Cumbria.

New Driving and Dementia Guidelines

NTW clinical academics John-Paul Taylor and Paul Donaghy have led on the ratification and publication of National Driving and Dementia Guidelines (2018) accredited by Royal College of General Practice, Royal College of Psychiatrists (old age faculty), Driving Mobility, and the Memory Services National Accreditation Programme. Additionally NTW Trust has been a key contributor to the 2018 set-up of a large novel Driving & Dementia Study which aims to improve support/ advice provided on driving to patients with dementia/ carers.

4 Research Activity

4.1 Number of research studies

Research activity is an important measure of progress in the R&D strategy. One of the measures is the *number* of large scale research projects which have recruited participants from NTW. Figure 1 below shows the number of studies recruiting from NTW and illustrates a gradual increase year on year. NTW is currently third in the NIHR-published league table of most research active mental health trusts and we hope to hold or improve upon this position in the coming year.

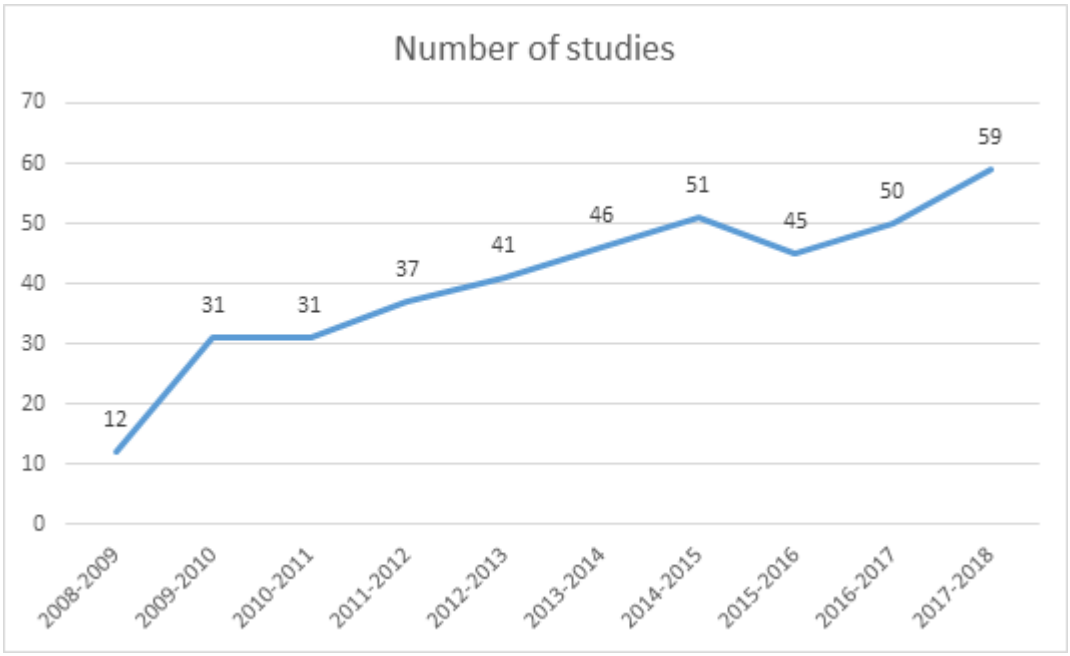


Figure 1 – Number of NIHR Portfolio Studies recruiting participants year on year

Whilst there is a focus within objective 1 of the strategy on large scale research, there is also a significant amount of smaller scale research, ranging from student research to pilot work for larger scale funding bids and service evaluation work, running in NTW. This work provides evidence to develop and improve the quality of the NTW service provision.

4.2 Portfolio recruitment

To ensure continued level of national research network funding, recruitment of participants to NIHR portfolio research remains the key measure for NHS organisations nationally. While this measure is sensitive to a range of factors such as study complexity, availability of research funding or outliers such as single high-recruiting projects, we can in NTW point to evidence of progress over the life of the strategy (Figure 2 below). The final total for NIHR portfolio recruitment in NTW in 2017/18 was 1746, well above the total of 1364 in the previous year.

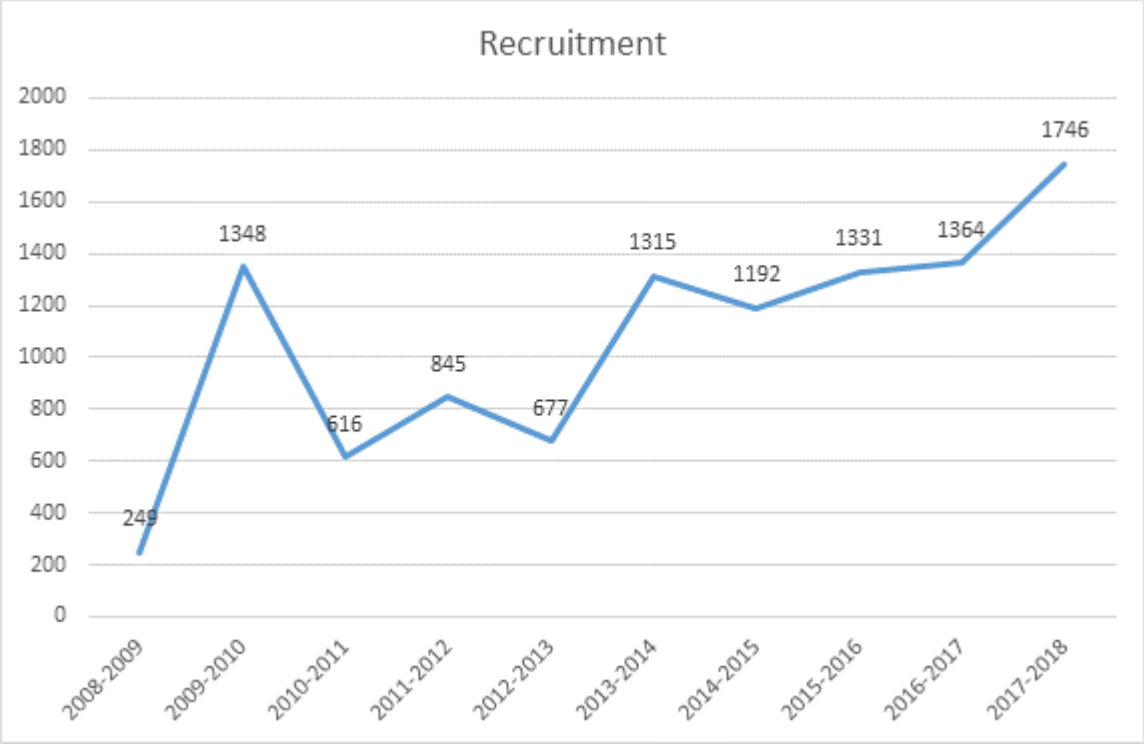


Figure 2 – Recruitment to NIHR Studies year on year

4.3 Commercial Research

An important aspect of the NTW Research strategy is to develop the Trust's capability to compete for commercial research, usually sponsored by pharmaceutical companies. In general this is seen as a method of income generation, although this is considerably more difficult in mental health than in some acute medicine specialities due to the limited number of possible research studies. Although still relatively small scale in comparison with the non-commercial portfolio of research, from a baseline of one or two commercial studies per year the commercial portfolio continues to grow. 16/17 saw a focus on research in Huntingdon's Disease, for which NTW is seen as a leader nationally.

It is encouraging that more recently in 17/18 (and to continue in 18/19), NTW is seeing an increase in mental health expressions of interest from commercial companies, in the CYPS speciality and in Regional Affective Disorders.

5 Research Approvals

The new national system for NHS permissions, run by the Health Research Authority (HRA) was implemented fully from 1st April 2016. The aim was to make the research approvals process simpler for researchers by ensuring that the activities which had previously been undertaken by research departments could be done centrally, with national approval as oppose to different local approvals. The element of research approvals processes which is now devolved to the Trusts is that of "confirmation of capacity and capability", which is the NTW process around whether the Trust has the knowledge, expertise, patient population, research team capacity and local clinical services approval for any study approved via the HRA process. This new system has now been in place for two years and local procedures in response to this change have been implemented successfully.

Performance in Initiating and Delivering

NTW reports directly on the research approvals process for particular types of important research projects, including commercial pharmaceutical projects, to the Department of Health (DH) through the Performance in Initiating and Delivering Clinical Research (PID-CR) process. This is reported quarterly to the DH and publicised by them and on the Trust external website. There are potential financial penalties for NHS Trusts who fail to deliver within the target timescales of 70 days from submission of valid application for NHS approval to the recruitment of the first research participant.

In 2017/18 NTW had 20 trials eligible for PID reporting. Of the 16 trials initiated in 17/18, 14 were approved and recruited the first participant within the target of 70 days. The average set up time was 27 days and the average time to first participant recruited was 18 days. NTW therefore remained one of the top performing NHS Trusts nationally on research approvals. .

6 Financial Report

NTW's research income for 2017/18 decreased slightly on the previous year. This was largely due to two of the funding streams, NIHR grant income and commercial income. For NIHR income this is mostly the result of two large NIHR grants finishing, (and this also explains a slight reduction in RCF funding) and for commercial a reduction in numbers recruited into commercial studies due to the (planned) closure of a high-recruiting Huntingdon's study. The expected NIHR grant income for 2018/19 will increase again.

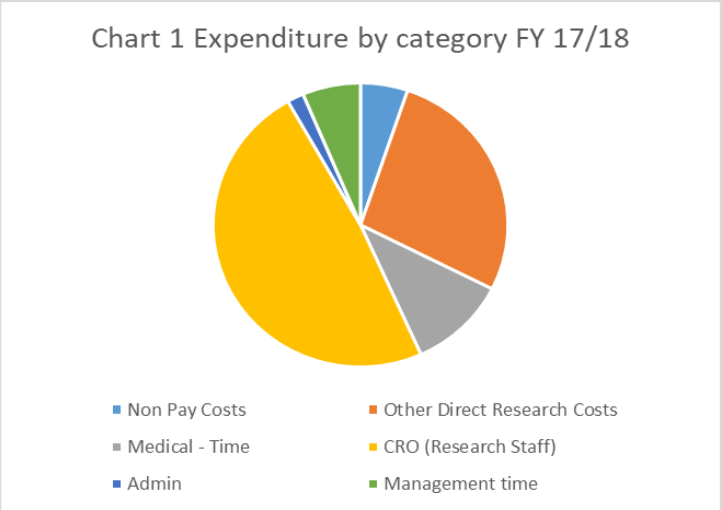
Income type	2014/15 £	2015/16 £	2016/17 £	2017/18 £
Grant income	720,618	921,906	1,224,400	1,008,338
DH funding (RCF)	240,182	298,152	295,965	263,901
NIHR network (via LCRN)	1,107,677	1,022,157	1,030,550	1,005,060
Commercial income	81,588	100,251	173,928	134,150
Total	2,150,065	2,324,466	2,724,843	2,411,448

Table 1 – Research income figures 2014/15 to 2017/18

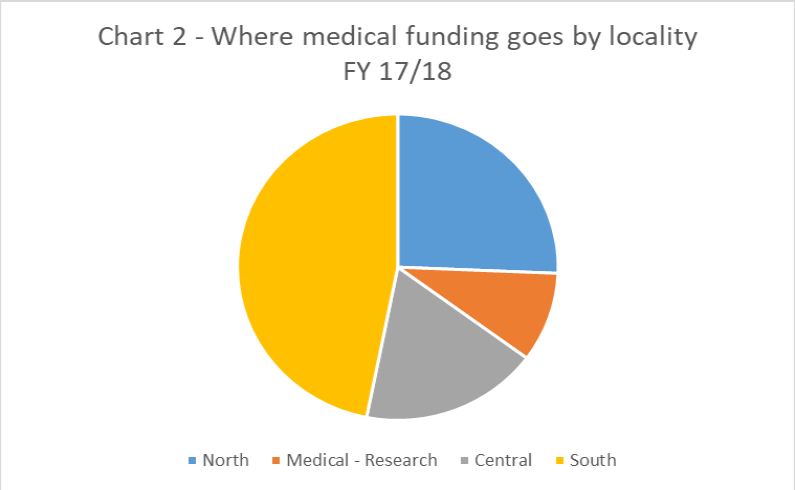
The usual annual allocations process for RCF was run with a range of very high quality applications of which 11 were funded, ranging from support to writing of grant applications to research time for analysis of scan data as background for further large-scale grant funding applications. This came to a total of £175k invested in new projects, with the remainder used to cover the costs to NTW of running these large scale grants.

Expenditure

As suggested above research income is received by NTW to cover the costs of engaging in clinical research. The majority of the income is spent on direct staff costs for working on specific research studies or for supporting a range of NIHR portfolio studies (chart 1). As per NHS spending guidelines the majority of income must be spent in the year it is received and must be spent on the purposes for which it is received (i.e. direct research). NTW is audited on this.



Other expenditure is to buy out clinical time for input on specific projects, in which case the funds go to the relevant clinician's team or CBU budget (chart 2).



The full expenditure breakdown for 2017/18 is detailed in the table by category. Lines 3 and 7 are largely grant funding which goes to cover or backfill medical or non-medical time working on research respectively.

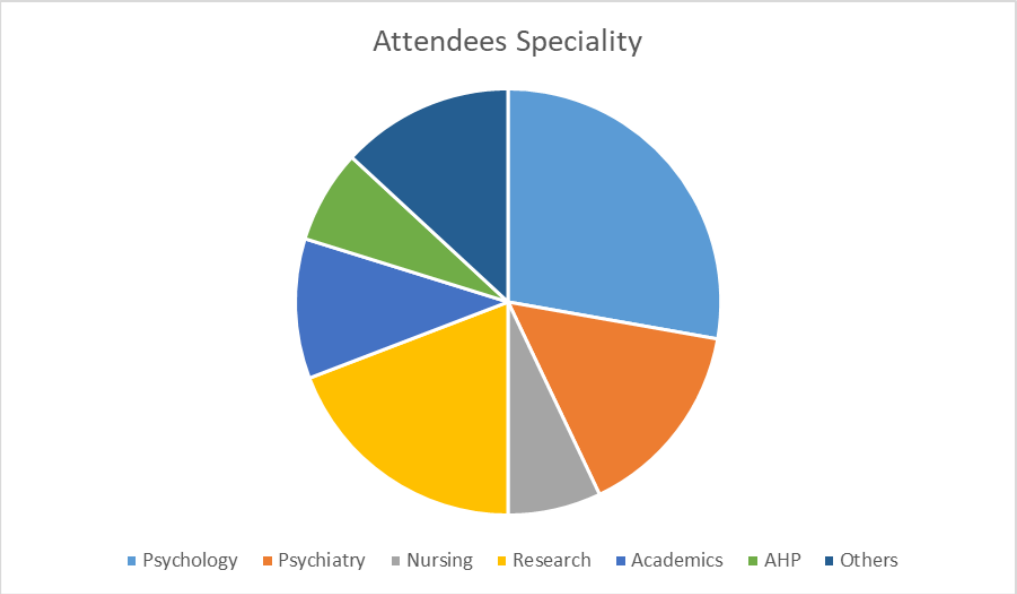
NTW Research expenditure 2017/18		
1 Non Pay Costs	**Expenses, office and travel**	111,432
2 Other Direct Research Costs	**Transferred to other collaborators**	585,327
3 Medical - Time (backfill)	**Transferred to cost centres within NTW**	232,556
4 CRO (Research Staff)	**Staff costs for research delivery team**	1,042,235
5 Admin		38,987
6 Management time	**R&D management and project management**	136,925
7 Non-medical backfill	**Non-medical research time e.g. psychology**	232,054
8 Pharmacy		28,374
9 Misc		3,555
Total		2,411,445

Table 2 – Expenditure 2017/18

7 Communications

The sixth annual NTW Research and Development Conference was held in May 2018 (but reported here as it was fully embedded in the 2017/18 funding and strategy cycle). Opened by NTW Chief Executive John Lawlor, it focussed on showcasing the work of our local academic collaborators, national academic collaborators, local research active clinicians and commercial collaborations. We were delighted to showcase our inclusive working with service users and carers and had service users and cares present research findings on the day. We again ran a dedicated poster session, enabling presenters to speak to their audience and answer questions, which again generated a great atmosphere of discussion and discovery. The most highly rated poster was awarded a prize, sponsored by Wolters Kluwer.

Conference registrations reached a high of 229 delegates, many of them NTW staff but with the addition of a number of representatives from local universities and commercial companies, demonstrating the increasing research links between the Trust, academic institutions and commercial companies.



We are becoming more active on social media and now have 258 twitter followers. Collaborating with local universities, the Research Design Service, the ACCs, Medical Education and the AHSN, we are regularly advertising a range of events and training opportunities in the R&D Bulletin and on twitter. We continue to have a presence at various local mental health and research events and this supports the number of people signed up to the Research Register and Case Register.

To celebrate Clinical Trials Week, R&D ran a series of information stands promoting research to staff, service users, carers and members of the public.

8 Workforce

Developing the research workforce has been a key strand of the NTW research strategy and we have had success in 2017/18 through developing non-medical Principal Investigators (PIs). We now have a second Nurse Consultant leading an NIHR Portfolio study as a local PI, Kate Chartres, in the LP-Maestro study with the Sunderland Liaison Psychiatry team.

In addition we have invested funds from NIHR Clinical Research Network in providing training sessions for both internal NTW staff and external research partners in site file preparation, MHRA readiness training, HRA processes and NHS approvals, and also promoting the availability of Good Clinical Practice (GCP) training and research awareness sessions. This was part of upskilling the workforce in readiness and preparation for MHRA inspections.

HEE/NIHR Integrated Clinical Academic (ICA) Programme for Nurses, Midwives, Allied Health Professionals (NMAHP)

NTW have had some notable successes within the HEE/NIHR ICA programme at a number of levels. Dr Simon Hackett, Principal Art Psychotherapist successfully completed his three year funded NIHR Clinical Lectureship at the start of this year. This fellowship included a 50/50 clinical academic split between NTW and Newcastle University where he completed a multi-site feasibility RCT of interpersonal art psychotherapy in four secure hospital in England. This portfolio study recruited to time and target and Dr Hackett has carried on to a NIHR Clinical Trials Fellowship with a placement at Newcastle Clinical Trials Unit for ten months. The ICA programme has also supported AHP research capacity building in NTW with Jean Herlihy, Music Psychotherapist being successful in gaining a HEE/NIHR Internship and she due to start her research project at Newcastle University's Institute of Health and Society (IHS) in September 2018. Jane Bourn, Drama Psychotherapist completed her Internship at IHS in 2017 and she was successful in gaining a fully funded one year NIHR MRes training at Leeds University which will finish this year. NTW have supported two NIHR AHP PhD applications to the ICA programme this year in partnership with Teesside University and Newcastle University.

9 Patient and Public Involvement (PPI) in Research

NTW has a strong track record in involving service users and carers in research, with some particular research projects having led to multiple awards and national recognition. The challenge is now to make this involvement a systematic part of all of NTW's research, as some areas have stronger and more established PPI than others.

Developing Grant Applications

NTW R&D has worked with local clinicans and commercial companies to support PPI involvement in developing protocols and patient facing documents. NTW ran two PPI events for Otsuka, a company developing a digital medicine device to support adherence to medication. Otsuka representatives travelled from London and the USA to speak to our service users in NTW to ask their opinion on the product design.

NTW R&D also worked to support a PPI group to help develop the study design for an HTA grant that will examine the efficacy of Pramipexole in the treatment of bipoar depression. This HTA was sucessful and NTW will lead 40 sites nationally in collaboration with Newcastle University.

The NTW Research Register

Since 2015 we have been working hard to develop a research register, the purpose is to draw together individuals who are interested in mental health research and to build relationships to support and develop research in NTW.

The register is now established and has **508** members who receive regular newsletters, information about current and published research and any other relevant information. Members are invited to focus groups regarding new research grants and other projects. Public engagement events are held about 4 times a year and the register enables us to reach a broad and varied audience for these events. These events increase awareness of local and national research which increases NTW capacity to conduct research through public, patient and clinician participation.

DeNDRoN Case Register

Regionally, the DeNDRoN Research Case register continues to be a used as an excellent recruitment tool for all our studies. During 2017/18:

- **93** new participants from NTW have joined the Case Register, they are still actively available for studies.
- **167** participants have been approached and **117** recruited into a research study in 2017-18
- **215** participants joined the Case Register in 17/18 from across the north east and north cumbria region.
- Total currently active on the DeNDRoN Case Register is **1037**

Neurology Research Register

Our neurology department is becoming inceasingly research active. They have developed a research register and have **55** members currently signed up.

As part of an internal review of NTW's approach to governance of research we redeigned the process for audit and monnitoring of research happening in NTW. The new standard is that we audit 10% of hosted studies and 100% of sponsored studies annually. This means we have reliable assurance that the resaerch which is happening in NTW is being run in accordance with best practice standards (in addition to the ethics and Health Research Authority approvals which are done nationally). An audit is defined in the International Conference on Harmonisation of Good Clinical Practice (ICH GCP) guidelines as:

"A systematic and independent examination of trial related activities and documents to determine whether the evaluated trial related activities were conducted, and the data were recorded, analysed and accurately reported according to the protocol, Sponsor's Standard Operating Procedures (SOPs), Good Clinical Practice (GCP), and the applicable regulatory requirement(s)"

Audits are designed to assess and assure the reliability and integrity of trial's quality control systems and are a way of measuring performance against recognised standards.

The table below shows the results of the 36 completed audits in 17/18:

Findings	Specific findings	% of studies with finding
Delegation Log	10	27%
CV's	7	19%
Evidence of GCP	4	11%
Document Version Control	9	25%
Research RiO Entries	6	16%

The results of the 36 audits have been categorised as follows:

- missing or incorrect entries on the delegation log
- missing, extraneous or incomplete Curriculum Vitae's (CVs)
- missing or unrecorded evidence of Good Clinical Practice (GCP)
- document version control
- lack of research RiO entries

This is not an exhaustive list, but provides an overview of the general issues that are commonly found in our Trial Master Files and Investigator Site Files.

In response to the findings from the 17/18 audits, we will commence 'first participant' audits. These will use a first participant audit checklist which will be completed during an R&D onsite visit following the consent of a first study participant. The aim of this is to improve awareness of the requirements for correct study file set up in a supportive way.

A new version of the audit report template has been created to improve the transparency of the audit process and improve the efficacy of the response by the Investigator of the study being audited. **12**

The continued success of the NTW research strategy underpins the increase in research activity over the previous year and we are confident that the implementation of the strategy will develop the foundations for continued success and improvement. £3m in new large scale grant funding suggests we are being successful in this.

Although the new league tables are yet to be released for 2017/18 we expect NTW have consolodated our position in the NIHR annual league table (currently 3rd among mental health trusts for research activity) which remains an achievement in the face of some increasingly organised competition. South London and Maudelsy Trust (SLAM) we expect to be in first place with their association with the Institute of Psychiatry at Kings Collecge London but we have recently had an organnised visit to SLAM/IoP in order to learn from them and have some ideas for improving still further in this direction. This may include developing funding bids and regional collaborations for infrastruture funding from NIHR.

Although there were no signifianct findings, in response to the round of audit and monitoring of research in NTW, we will commence 'first participant' audits. This will occur when a new study begins, the aim of which is to improve awareness of the requirements for correct study file set up. These will be based around the use of a self-assessment checklist which will be completed during an onsite visit following the consent of a first study participant. In addition, the Standard Operating Procedure (SOP) for essential documents (Trial Master File (TMF) & ISF) is currently being rewritten and will be widely disseminated once complete to include: file layout and set up including contents pages, requirements e.g. CVs/GCP certificates and expectations for the TMF/ISF. A new version of the audit report template has also been created to improve the transparency of the audit process and improve the implementation and recording of actions.

The quality assurance processes which we have instated will also stand us in good stead for the management and delivery of new research where NTW is acting as sponsor and host. This is advantageous in that NTW receives a funidng benefit but it does require us to have robust systems and processes for research management and governance and these are due to be implemented in the early part of 2018/19.

Appendix 1 – NTW Staff Publications 2017/18

April 2017

Alcohol Consumption, Early-Onset Drinking, and Health-Related Consequences in Adolescents Presenting at Emergency Departments in England.
Donoghue K, Rose H, Boniface S, Deluca P, Phillips T, Strang J, Drummond C, Coulton S, Alam MF, **Gilvarry E,** Kaner E, Lynch E, McGovern R, Maconochie I, McArdle P, Newbury-Birch D, Patton R, Phillips CJ, Russell I. Journal of Adolescent Health; 2017 Apr; 60(4) p. 438-446.
Abstract only

Get involved with the ethical debate on prenatal testing.
Marsden D, **Wyatt R.** Learning Disability Practice; 2017 Apr; 20(2) p. 14.
Abstract only

Dialogical Dramatics: Role-play with professional actors in family therapy training. **Selman M.** Context; 2017 Apr; Issue 150 p. 2-5.

The mental health tribunal: a missed opportunity?
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Randomised controlled trial of ketamine augmentation of electroconvulsive therapy to improve neuropsychological and clinical outcomes in depression (Ketamine-ECT study)
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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 26th September

Title and Author of Paper: HEE North East Annual Quality Report, 2018

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. Health Education England North East is assured that NTW meets the standards for training required by the HEE Quality Framework and those of the regulatory bodies at both an organisational level and also across its training placements.
2. Overall performance has shown sustained year on year high level performance in the GMC training surveys and in 2017 the Trust was ranked 24/207 in the Trainee survey and has been ranked in the top 25% in all of the past five years.
3. There are currently no escalated concerns and HEE NE quality management is at programme level for all other medical and multi-professional training placements via triangulated exception reporting from the Trust, HEE NE Schools and partner HEIs.
4. There is one emerging concern relating to the quality of training at SGP
5. The trust have self-reported a concern around curriculum delivery for core psychiatry training

Risks Highlighted to Board :

1. As noted in points 4 and 5 above there are two areas of concern noted, both in relation to medical training one locality specific to SGP, the second scheme specific in relation to core psychiatry training and delivery of psychotherapy competencies. Both these are noted by HEE as low level.
2. Medical recruitment broadly is an overarching risk that links to training and particularly relates to the recent issues at SGP

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

Equal Opportunities, Legal and Other Implications:

Outcome Required:

Link to Policies and Strategies:
Links to range of clinical and workforce policies and strategies including medical workforce strategy and supervision policies

NHS
Health Education England

ADQM Summary

(ADQM agenda and actions arising)

This year we confirm that the meeting will be held in a combined medical / multi-professional meeting

Trust: Northumberland Tyne and Wear NHS Foundation Trust
Date: 4 May 2018 (PM)
Venue: Please report to Keswick House, St Nicholas Hospital, Jubilee Road, Gosforth, Newcastle Upon Tyne, Tyne and Wear, NE3 3XT

Ref.	Item
1.	**Welcome and introductions**
2.	**Update on HEE Quality processes** • HEE and GMC Quality Framework • Escalation (Intensive Support Framework) • Local reporting arrangements
	Action 1 Whilst the change to commissioning arrangements of HEE was a national decision (DH/Government), HEE NE notes the frustrations regarding the ability to influence. This reflects the change in funding routes but would be formally noted and fed back to the local director and PGD. HEE NE and the Trust will continue to engage and communicate to ensure clarity and remit.
3.	**Organisation overview of HEE & other ALB / regulator monitoring 2017/18** **3.1 HEE Triangulated Information - Training specific Information** **<u>National Surveys and Data Trends</u>** **2017 GMC National Trainee Survey** National Ranking 24/207 (22 in 2016, and consistently in the top 25%) **2017 GMC National Trainer Survey** No significant trend of outliers reported for the Trust in the 2017 GMC National Trainer Survey – a small number of negative and multiple positive outliers. *To note – The GMC Trainer Survey reported for the first time in 2016 and the majority of indicators changed for the 2017 survey, therefore no trend data is yet available. We hope to provide this from the 2018 survey onwards, provided no significant changes to survey content.* **<u>Multi-professional National Student Survey (NSS) and Learner Satisfaction Survey (LSS)</u>**

	NSS 2017 results for UNN • LD BSc: 85% overall satisfaction, over 88% satisfaction for placements • MH BSc: 85% overall satisfaction, over 88% satisfaction for placements **NSS 2017 results for the North East region** • Quality of Training (NHS funded courses): 89.5% - second nationally. • Quality of Placements (HEE funded questions): 91.4% - top nationally. **LSS 2016/17 results for the North East region** • LSS 2016/2017 gives a region wide view for ESFA funded learners: 87.6% of learners would recommend the programme to friends or family (median 88%) this is a slight decrease from 2015/2016 where the regional score was 90.5% (median 86.6%) **Items currently on the HEE NE Medical (Dean's Executive Meeting for Quality) and Multi-professional (Multi-professional Quality Meeting) issues log** **MQM** None. **DEMQ** None. **3.2 System Wide Information** **Cumbria and North East Quality Surveillance Group (run by NHS England) monitoring** • Routine **NHSI Segment Rating - 1** **CQC Inspection, 1 September 2016, Overall Rating – Outstanding** Current Rating of CQC domains: Effective – Outstanding Caring – Outstanding Well Led – Outstanding Safe – Good Responsive – Outstanding **Update on changes in configurations and Trust Interactions with ALBs / regulators (GMC, NHSE/NHSI, CQC)**
No actions have arisen from this agenda item	
4.	**Overview of 2017 Reporting including SARs, QIP and dashboards** ***Top three achievements and top 3 challenges*** **Please note – the top three achievements and challenges should refer to three for medical and three across all non-medical professions.** **Therefore, to allow time for discussion, for multi-professional, the Trust are asked to identify three achievements and challenges from the 9 listed in 4.1 and the 9 listed**

	in 4.2, below. **4.1 Discussion of major achievements** Multi-professional Nursing • Nursing Strategy re-visit and launch of NTW Training Academy strengthening delivery of "grow your own "strategy /career pathways from entry to Nurse Consultant level • Co-production of curriculum; increasing numbers of pre-registration places aligned to workforce planning and widening access • Alignment of NMC requirements with internal reporting systems; measurement of student activity increase of placement opportunities **Pharmacy** • We have grown our independent prescribers' workforce to help meet the needs of medical staffing problems. • We have centralised pharmacy services to "free up" staff for more patient facing roles in line with the Carter Report. • Development of a Workforce Strategy covering the next 5 years that covers all pharmacy staff, no matter what their role. **AHP Psychology** • High quality clinical supervision & learning opportunities across clinical specialisms • Experience of co-production with Service Users • Provision of research opportunities Medical • Medical recruitment – success of recruitment strategy for both trainees and consultants. • Supporting and valuing trainees – over the last year range of trainee and trust led approaches to enhance trainee support and enable trainee led initiatives. • Trainer support - specifically through job planned time for training roles and improved appraisal of training role. **4.2 Discussion of major challenges** Multi-professional **Nursing** • Use of ARCPEP for placement allocation and streamlining of assessment tools and PAD documents • Parity of esteem- limited inclusion of mental health and learning disabilities in Adult programmes and physical health in mental health, learning disabilities nursing, AHP and medical curriculum • Nursing demographics demonstrate need to maintain and where required increase mental health and learning disabilities nursing programmes **Pharmacy** • Lack of any mental health input/content on the Pharmacist Independent prescribing course offered by the local HEI. This was highlighted in a recent HEE survey. • Recruiting to mental health pharmacy posts is challenging as we are the only mental health provider within the STP. • Resources to "grow our own" specialists

	AHP & Psychology • Capacity for placement provision where resources are small • Access to CPD for supervisors – HEE NE approach to CPD commissioning through selected HEIs has excluded significant amounts of our essential CPD • Limited mental health education in curricula for some AHPs (SALT and Dietetics) Medical • Medical recruitment – this remains significant challenge nationally and locally. • Delivery psychotherapy – this specific to delivery of short case psychotherapy. • Service reconfiguration and impact on training. **4.3 Agenda item added by NTW: Nursing: NHSI Effective Use of Resourcing** **4.4 Reporting of educational performance to Trust Board**
	Action 2 Quality Reporting (medical) – An interim update of the medical Quality Improvement Plan (QIP) to be shared with Quality.NE@hee.nhs.uk by 29 June 2018.
5.	**Trust-wide Trends across the HEE 6 Domains** HEE NE has noted that the Trust has received the HSJ Awards 2017: Provider Trust of the Year. **Domain 1 Learning environment and culture** Medical: Foundation Psychiatry (F1) Hopewood Park, workload green x2 Foundation Psychiatry (F2) Hopewood Park, workload green x2 Foundation Psychiatry (F1) Trust Wide, workload green x2 Child and adolescent psychiatry (Trust wide) handover green x2 General Psychiatry (all) St Georges Morpeth Supportive environment pink x3 Rehabilitation medicine (all) Trust wide and Walkergates hospital supportive environment and workload green x2 Multi-professional: Excellent culture and environment for apprenticeships, NTW are a recognised ambassador for apprenticeships and have also been recognised for their equality and diversity work for learners with LDD. **Domain 2 Educational governance and leadership** Medical: Core Psychiatry Training Hopewood Park, clinical supervision pink x3 Child and adolescent psychiatry Trust wide reporting systems green x2 Child and adolescent psychiatry (higher) CSOOH green x3, reporting systems green x2 General Psychiatry (all) St Georges induction pink x3 Rehabilitation medicine (all) reporting systems green x2 Rehabilitation medicine (all) Walkergate hospital, induction green x2, reporting systems green x2 Multi-professional: None.

Domain 3 Supporting and empowering learners
Medical:
Core Psychiatry Training St Georges, local teaching green x3
Child and adolescent psychiatry (higher) Trust wide local teaching green x2, regional teaching green x5
Forensic psychiatry (all) St Nicholas hospital and Trust wide educational resources green x2
Psychiatry of learning disability (Trust wide) educational resources green x2
Rehabilitation medicine (all) Trust wide and Walkergate hospital study leave green x2

Medical: To note and previously discussed at the ADQM 2017, GP trainee regional teaching release rates.
Multi-professional:
NTW were recognised as a top 100 apprenticeship employer at the recent apprenticeship awards, highlighting the exceptional support they provide to apprentices within the Trust. They are active apprenticeship ambassadors with strong national links that have helped to shape the mental health apprenticeship pathways.

Domain 4 Supporting and empowering educators
Medical:

- GMC NTS trainer 2017 results
  There are no major concerns from the trainer data. There are a small number of negative and multiple positive outliers reflecting the policy of time for trainers. However there is a lack of sequential trend data given the early stages of this survey and we will look to build on trend analysis next year. Therefore we would like to re-clarify the Trust policy regarding remuneration for supervision and for other training roles.

Multi-professional:

- Planning recognition for all educators

Domain 5 Delivering curricula and assessment
Medical:
Core Psychiatry Training Benton House feedback pink x2
Core Psychiatry training Hopewood park adequate experience pink x2, overall satisfaction pink x2
Core Psychiatry training St Georges overall satisfaction pink x4
Core Psychiatry training (Trust wide) feedback pink x2
Psychiatry (Foundation F2) Hopewood park adequate experience pink x2
Psychiatry (Foundation F1) Trust wide feedback green x2
General Psychiatry (all) St Georges adequate experience pink x4, feedback pink x4, overall satisfaction pink x3
Psychiatry of learning disability (all) Trust wide feedback pink x2

Multi-professional:
Pharmacy: Working at a national level on championing the inclusion of the mental health and learning disability elements of the curriculum.

Domain 6 – Developing a Sustainable Workforce
This theme relates to the ability of the workforce in organisations to support training delivery and to ensure the protection of training time for learners and educators in times of workforce shortage such as rota gaps/sickness.

Medical:
Programmes rated as at risk by the Trust:
Core Psychiatry Training (various sites)

	Child adolescent Psychiatry General Psychiatry Old age Psychiatry Multi-professional: Pharmacy, pharmacy technicians and estates have identified potential workforce issues and a risk to ensuring that there are enough experienced educators/assessors to meet the needs of learners **HEE priority: Bullying and Undermining** *Whilst this falls largely into theme 1, individual and organisational behaviour is often more complex and requires a coordinated approach between Responsible Officers and senior managers.*
No actions have arisen from this agenda item	
6.	**Trends indicating potential concern across individual posts and programmes** **6.1 Medical and Dental programmes and posts** **Escalation level 1** Core Psychiatry (Hopewood Park) General Psychiatry (St Georges) **Escalation level 2 and above** None. **6.2 Multi-professional programmes and placements** **Escalation level 1** None. **Escalation level 2 and above** None.
No actions have arisen from this agenda item	
7.	**Lead Employer Trust and doctors in training contract** Discussion of any issues/concerns or queries with regard to: • The Rota • Doctors in training working environment • Guardian of safe working • Exception reporting
No actions have arisen from this agenda item	
8.	**Identification of Learners in the Workplace** • Professional Title • Role • Level of Training • Medical staff • Multi-disciplinary staff ○ Identifying employed staff in training

9.	**STPs and potential service reconfiguration** Discussion about the work of STPs and any potential changes in reconfiguration that may impact on education and training.
	No actions have arisen from this agenda item
10.	**Strategies for further improvement** Discussion about the 2018/19 reporting cycle. Potential topics may include: • Inter-professional and multi-professional reporting • Regulator visit from the GMC (autumn/winter 2018)
	Action 3 Dentistry: Mouthcare matters - Trust is very happy to engage and consider how this can be taken forward with the Dental Dean.
	Feedback to the Trust senior team *The HEENE team will briefly summarise the discussions had at the meeting and will provide some high level feedback at the end of the ADQM.* *HEENE will then produce an end of year report including both an executive summary and a summary of any main risks that may have been identified and discussed.*

Summary of Actions

Action No	Action	Owner	Timescale	Completed	Comment
1	Whilst the change to commissioning arrangements of HEE was a national decision (DH/Government), HEE NE notes the frustrations regarding the ability to influence. This reflects the change in funding routes but would be formally noted and fed back to the local director and PGD. HEE NE and the Trust will continue to engage and communicate to ensure clarity and remit.	HEE NE / Trust	Ongoing		
2	Quality Reporting (medical) – An interim update of the medical Quality Improvement Plan (QIP) to be shared with Quality.NE@hee.nhs.uk by 29 June 2018.	HEE NE	June 18		
3	Dentistry: Mouthcare matters - Trust is very happy to engage and consider how this can be taken forward with the Dental Dean.	Trust / MS	Dec 18		

Papers and links for information

Attached with the agenda are relevant papers for information which may be referred to throughout the meeting.

Quality Reporting

- Doc 1 Multi-professional SAR 2017
- Doc 2 Medical SAR 2017
- Doc 3 Medical full Trust QIP 2017

Dashboards

- Doc 4 Medical 2017-18 Trust Template Data Dashboard (Trust Return)
- Doc 5 Medical 2018 ADQM Dashboard (Triangulated)
- Doc 6 Multi-professional Dashboard
- Doc 7 Trainer Dashboard (early sighting of emerging trainer data – 2017 and no trends available)

Link to GMC NTS Data

- https://madeinheene.hee.nhs.uk/qualityne/Quality-Reports
- https://webcache.gmc-uk.org/analyticsrep/saw.dll?Dashboard

Other Papers

- Eight high impact actions to improve the working environment for junior doctors https://improvement.nhs.uk/resources/eight-high-impact-actions-to-improve-the-working-environment-for-junior-doctors/
- Doc 8 HEE Policy: cross cover by doctors in training
- Doc 9 GP Regional Teaching attendance rates
- Doc 10 National Standards for the administration and delivery of Medical Training Initiative (MTI) placements in the United Kingdom

HEE North East

Annual Quality Report 2018

Northumberland, Tyne & Wear

NHS Foundation Trust

Final Report – June 2018

Table of Contents

1 Background to this Annual Report

The 2018 Health Education England North East (HEE NE) Annual report provides a 'year end' summary of the education and training currently provided by the named Local Education Provider (LEP) and is intended to promote a Board Level overview of the training related strengths and weakness identified within the LEP together with the priority areas for action and associated HEE NE offers of support. These priorities are to be reported on over the 2018/19 Training Cycle in order to inform the 2019 Annual Dean's Quality Meeting (ADQM). Further detail supporting this report is contained in the 2018 ADQM Summary and Training Dashboard together with associated documents including the LEP's own Self Assessment Report and ongoing Quality Improvement Plan, and other shared information and data from HEE and other NHS and training related organisations.

HEE NE role in Quality Management and Assurance of The Clinical Learning Environment

HEE NE is responsible for monitoring and providing onward assurance to HEE, the professional regulators and the wider NHS regarding the quality of the clinical learning environment for all training placements as set out by the standards contained in the six themes of the HEE Quality Framework and the associated escalations of the HEE Intensive Support Framework. HEE NE works with and provides support to each LEP throughout the training cycle both through the scheduled programme-led monitoring of training including Quality Reporting, Visits, and Meetings and also through escalated processes where necessary including system-wide escalation with other NHS Arms Length Bodies and Regulators.

HEE NE needs to be assured by all LEPs that they are able to meet all standards within the Quality Framework both at an organisational and at individual department/placement level and does this through its Annual Quality Cycle of regular reporting, monitoring, and engagement with each individual LEP, together with triangulation with local Higher Education Institutions (HEIs) and other information and data sources. HEE NE's monitoring identifies both of areas of good practice for wider sharing and also areas of potential concern requiring action.

When there are concerns that a LEP is failing to meet the required HEE or regulator standards, either as a whole organisation or in individual training department, or when there is system-wide concern raised about an organisation, HEE NE works directly with the wider NHS via Quality Surveillance Groups, Improvement Boards and Risk Summits to collectively discuss the issues of concern, confirm plans for improvement with the LEP and to agree measures of success and a realistic timeframe for these to be achieved.

As ever, HEE NE is keen to provide support where possible in order to improve training in all locations and, should programme-level discussions and actions fail to resolve issues then the relevant HEE NE Directors for the Foundation, Specialty, GP and Dental training programmes and the Directors for Quality and Revalidation, together with the Postgraduate Dean, are available for consultation, advice and further actions as deemed necessary and to work with the LEP at Director and Board Level to help resolve issues and concerns.

The statutory responsibilities of The Postgraduate Dean

Please note that the Postgraduate Dean is the Responsible Officer (RO) for ALL Doctors in Training in approved training placements with statutory accountability to the General Medical Council to provide assurance regarding both the quality of training placements for ongoing training approval and also regarding the revalidation of individual doctors in training. Should revalidation or fitness to practice concerns arise concerning any doctor in training then, as the doctor's RO, the Postgraduate Dean MUST be informed and be involved in the decision making processes. For ALL Doctors in Training (other than Foundation Programme trainees) the Lead Employer Trust must also be informed in its role as the doctor's employer.

2. Executive Summary for Northumberland Tyne & Wear NHSFT

HEE NE Annual Assurance Statement on overall quality of training & education provision

On completion of the 2017-18 Training Cycle, Health Education England North East is assured that Northumberland Tyne & Wear NHS Foundation Trust meets the standards for training required by the HEE Quality Framework and those of the regulatory bodies at both an organisational level and also across its training placements and that in many areas sustained levels of high level performance in the delivery of training.

Overall performance has shown sustained year on year high level performance in the GMC training surveys and in 2017 the Trust was ranked 24/207 in the Trainee survey and has been ranked in the top 25% in all of the past five years.

There are currently no escalated concerns and HEE NE quality management is at programme level for all other medical and multi-professional training placements via triangulated exception reporting from the Trust, HEE NE Schools and partner HEIs.

A summary of HEE escalation levels for the Trust at organisational level is provided in the grid below and more detail for specific domains and training placements is contained in the HEE NE Quality Reporting Documents including the 2018 ADQM Summary and Training Dashboard, and in the Trust's Self Assessment Report (SAR) and Quality Improvement Plan (QIP).

HEE NE 2017-18 Summary View of Northumberland, Tyne & Wear NHS Foundation Trust						
HEE NE Funding provided in 2017/18: £ 6,871,312						
HEE Escalations at Organisational Level						
Overall Escalation Level of LEP	**Domain 1 Learning Environment & Culture**	**Domain 2 Educational Governance & Leadership**	**Domain 3 Supporting & Empowering Learners**	**Domain 4 Supporting & Empowering Educators**	**Domain 5 Delivering Curricula & Assessments**	**Domain 6 Developing a Sustainable Workforce**
Level 0 Sustained High Level Provision	**Level 0 No Escalated Concerns**	**Level 0 No Escalated Concerns**	**Level 0 No Escalated Concerns**	**Level 0 Sustained High Level Provision**	**Level 0 No Escalated Concerns**	**Level 0 No Escalated Concerns**

Summary of training provision by exception

Areas of sustained high level training provision
Sustained high level performance in training provision is noted in the following areas:

- Overall Trainee Feedback Trustwide
- Support to Trainers Trustwide
- Child & Adolescent Psychiatry
- Rehabilitation Medicine
- Foundation Psychiatry

Escalated training concerns requiring action in 2018-19 Training Cycle

- None

Emerging concerns requiring further triangulation/action in 2018-19
During the 2017-18 Training Cycle, areas of potential concern have been identified which require further triangulation following which formal escalation may result if these concerns are confirmed:

- General Psychiatry (St Georges)

Emerging workforce concerns identified by Trust as impacting on training placements/programmes
The following programmes and placements have been identified by the Trust as being affected by issues within the Trust's own workforce for service (ie NOT numbers of trainees/placements) and thereby at risk of being unable to deliver the relevant curricula if not addressed by the Trust.

- Core Psychiatry
- General Psychiatry
- Old Age Psychiatry
- Child & Adolescent Psychiatry
- Learning Disability Programmes at HEIs

Specific actions required from Trust in 2018-19 Quality Reporting Cycle

1. To provide updates on all areas noted above in 2018-19 Self Assessment Report and Quality Improvement Plan and to work with HEE NE Programmes, Directors, and Dean as necessary to resolve any escalated or emerging issues of concern.

2. To report in 2018-19 SAR on the HEE NE overarching priorities for training provision outlined in this Annual Report

3. To keep HEE NE informed of any potential changes in Trust configuration in order that impact of training placements can be minimised and to prevent potential withdrawal of approval for training.

3 HEE NE overarching priorities for all LEPs to report on in 2018-19 Training Cycle

As well as being responsible for the monitoring and onward quality assurance of the clinical learning environment in all LEP placements, HEE NE promotes system-wide sharing of best practice and has identified priority areas for the 2018-19 training cycle. LEPs will be asked to specifically report on these areas in their 2018-19 SAR and can anticipate the items to be included in the agenda of their 2019 Annual Dean's Quality Meeting and their subsequent 2019 Annual Report from HEE NE.

In addition to routine quality reporting, the 2018-19 SAR will therefore request specific information from all LEPs in the following priority areas across the six domains of the HEE Quality Framework:

Domain 1 – Learning Environment & Culture

- Workplace behaviours and strategies for resolution of issues of concern.

Domain 2 – Educational Governance & Leadership

- Monitoring of LEP use of financial resources provided by HEE NE to support training. The new Learning Development Agreement will be used to link financial resource to quality of training.
- Governance of programmes with complex structures (eg Pharmacy & Healthcare Science) where nationally coordinated processes can impact on local delivery within HEE NE
- Clear identification through 'Live Flow'/STEIS reporting of trainees involved in Never Events and SUIs for both pastoral support and revalidation reasons.

Domain 3 – Supporting & Empowering Learners

- Improving support given to trainees involved in Never Events/other adverse outcomes and subsequent clinical governance processes including RCAs, Coronial Inquiries and professional revalidation.
- Clear identification of all trainees in the workplace by profession, clinical role, and level of experience

Domain 4 – Supporting & Empowering Educators

- As with Domain 2, using the LDA to link the control/distribution of the financial resources provided by HEE NE (eg placement tariffs/bundles) to those managing training placements and the individual job planned support to those providing educational supervision.

Domain 5 – Delivering Curricula & Assessments

- Assessment of the effects of 'Winter Pressures' on the ability to deliver training curricula across LEPs and the strategies being developed to mitigate impact across individual training placements and programmes.

Domain 6 – Developing a Sustainable Workforce

- Monitoring placement capacity where the LEP's own service workforce may be insufficient to deliver training, especially for 'at risk' placements as identified by LEPs in their 2017-18 reporting and at 2018 ADQM discussions (eg Healthcare Science, Estates)
- Triangulation of 2018 NTS data with the Exception Reporting provided to the Lead Employer Trust regarding the Junior Doctor Contract and Guardian of Safe Working
- LEP engagement with HEE NE across the STP/Integrated Care System for all training & workforce planning to avoid loss of training approval in changing clinical services.

4 2018-19 Quality Cycle – Reporting Timeline and Significant Events

To facilitate planning of quality reporting and meetings in 2018-19, the table below summarises key dates and events from July 2018 onwards. Please note that the HEE NE Quality Team can always be contacted via Quality.NE@hee.nhs.uk

<table>
<tr><td colspan="2">HEE NE analysis of 2018 GMC NTS Trainee & Trainer Surveys</td><td>Early July 2018</td></tr>
<tr><td colspan="2">HEE NE to send LEPs 2018-19 Reporting Documents & Guidance</td><td>Mid July 2018</td></tr>
<tr><td colspan="2">HEE NE Quality Team offer of support meetings to LEPs</td><td>Aug-Oct 2018</td></tr>
<tr><td colspan="2">LEPs to return to HEE NE completed Unit Level Reports</td><td>End Sept 2018</td></tr>
<tr><td colspan="2">LEPs to return to HEE NE completed SAR/QIP/Dashboards</td><td>End October 2018</td></tr>
<tr><td colspan="2">HEE NE to arrange dates with LEPs for 2019 ADQMs</td><td>End October 2018</td></tr>
<tr><td colspan="2">GMC Quality Visit to HEE NE - selected Programmes and LEPs</td><td rowspan="2">Nov/Dec 2018</td></tr>
<tr><td>• Anaesthetics & ICM
• General & Forensic Psychiatry
• Obstetrics & Gynaecology
• Respiratory Medicine</td><td>• CDDFT
• NUTH
• Northumbria
• South Tees
• TEWV</td></tr>
<tr><td colspan="2">Anticipated dates for 2019 GMC NTS for Trainees and Trainers</td><td>March-May 2019</td></tr>
<tr><td colspan="2">Anticipated feedback from GMC Quality Visit</td><td>Spring 2019</td></tr>
<tr><td colspan="2">HEE NE Annual Dean's Quality Meetings with LEPs</td><td>April-May 2019</td></tr>
<tr><td colspan="2">HEE NE 2019 Annual Reports to be sent to LEPs</td><td>End June 2019</td></tr>
</table>

On behalf of HEE North East

25th June 2018

Professor Namita Kumar
HEE NE Postgraduate Dean

Mr Pete Blakeman
HEE NE Clinical Quality Director

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 26th September 2018

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 5 August 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.
- Waiting times remain a key challenge, particular in community services for Children and Young People. Further information on longest waits to access mainstream adult and older peoples mental health services has been implemented within this report.
- Doctors in training figures continue to be reported as below the Trust standard which is due to the recent rotation and ongoing technical issues outside of NTW relating to the transfer of the training records.
- There has been little change in the month in relation to other workforce, training and quality standards.
- The provisional in month sickness absence rate for August 2018 of 5.95% is an increase in comparison to July 2018, which is now confirmed as 5.9%. The 12 month rolling average sickness rate has increased to 5.75%.
- NHS contract requirements have been achieved in month five across most areas with small areas of under performance relating mainly to CPA metrics.
- There has been an improvement in the number of follow up contacts conducted within 7 days of discharge.
- The number of inappropriate out of area bed days has decreased in the month.
- All CQUINS have been internally forecast to be achieved at Quarter 2.
- The service user and carer FFT recommended score has remained at 90% in August and remains above the national average.
- The executive summary on page 1 provides further points to note.

Risks Highlighted: waiting times and sickness.

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

Northumberland, Tyne and Wear NHS Foundation Trust

NTW Integrated Commissioning & Quality Assurance Report 2018-19 Month 5 (August 2018)

Contents:

1. Executive Summary:

- The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF). (page 5).
- At Month 5, the Trust has a year to date surplus of £0.6m which is £0.9m ahead of plan. The Trust is forecasting to meet its control total of £3.5m by delivering a surplus before Provider Sustainability Funding of £1.5m and receiving its Sustainability funding of £2.0m. The Trust's finance and use of resources score is currently a 2 (this is a sub theme of the Single Oversight Framework) and the forecast year-end risk rating is also a 3. The main financial pressures during month 5 relate to pay overspends in some areas, slippage on financial delivery plan schemes, reductions in secure services income and drugs costs being higher than planned. To achieve this spending on temporary staffing needs to reduce. Work is ongoing to deliver the required staffing reductions and to improve efficiency and productivity across the Trust. See page 30-31
- Northumberland, Newcastle Gateshead, Sunderland and NHS England fully achieved the contract requirements during month 5 however, there are a number of contract requirements largely relating to CPA metrics which were not achieved across other local CCGs during the month. (page 18)
- There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team. (page 23)
- There has been an improvement in the number of follow up contacts conducted within 7 days of discharge. (page 11)
- The number of inappropriate out of area bed days has decreased in the month. (page 11)
- All of the CQUIN scheme requirements have been internally forecast to be achieved. (page 19)
- Reported appraisal rates have increased in the month to 86.0% Trustwide, meeting the Trust standard. Areas of underperformance are primarily corporate services. (p32)
- The sickness rate has increased during the month, the provisional in month sickness absence rate for August 2018 is at 5.95%, which is an increase in comparison to July 2018, (now confirmed as 5.9%). The 12 month rolling average sickness rate has slightly increased to 5.75%. July saw an exceptional delay in reporting sickness absence data, with nearly 0.5% difference between the provisional and final reported figure. This will be scrutinised as a quality focus topic at the Quality and Performance meeting in November 2018. (p 32)
- Training rates have continued to see most courses above the required standard. There are two courses more than 5% below the required standard which are MHA Combined Training (79.1% was 77.4% last month) and PMVA Basic Training (79.5% was 79.7%

last month). Fire, Information Governance and appraisal figures in Corporate Services are areas for improvement. (p 32)

- CQC action plans submitted end of August have been detailed in a separate report
- The report includes locality updates of progress towards the 5YFVMH objectives (p12-17)
- The service user and carer FFT recommended score remains at 90% in August which is above the national average. (page 35)

- There has been one Mental Health Act reviewer visit during the month to Elm House. There were actions noted as partly resolved from previous visits (page 7)

SOF:	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).

Waiting Times

- The number of people waiting across adult services for treatment has slightly increased in the month (excluding gender dysphoria, adult autism diagnosis etc), the number waiting over 18 weeks for first contact has decreased in the month. (was 177 last month to 155 this month)
- Waiting times to treatment for children and young people have decreased in all areas this month.

Quality Priorities:

Quarter 2 forecast achieved:	Quarter 2 forecast part achieved:	Quarter 2 forecast not achieved:	
2	2	0	In total there are four quality priorities identified for 2018-19 and at month 5 the waiting times and improving the inpatient experience quality priority have been forecast as amber. There is a risk highlighted at year end relating to the physical health CQUIN.

CQUIN:

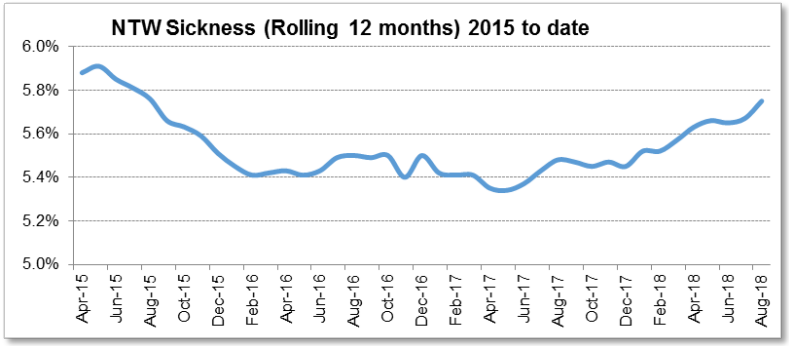
Quarter 2 forecast achieved:	Quarter 2 forecast part achieved:	Quarter 2 forecast not achieved:	
10	0	0	There are a total of ten CQUIN schemes in 2017-18 across local CCGs and NHS England commissioned services. All have been internally forecast as achieved at month 5, however there is a risk at month 12 in relation to the physical health requirements.

Workforce:

Statutory & Essential Training:

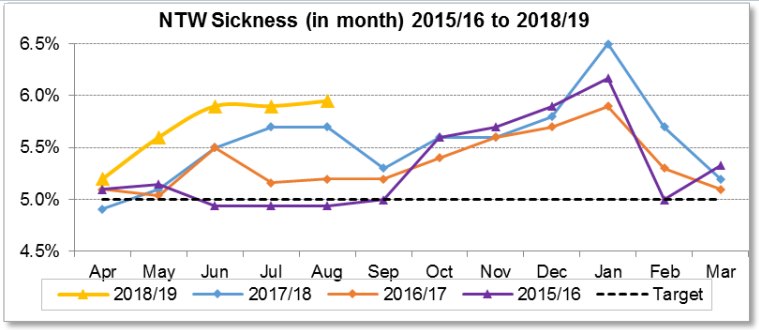
Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):		**Appraisals:**
16	1	2	Information Governance (90.7%) is within 5% of the required standard, MHA combined training (79.1%) PMVA Basic training (79.5%) both remain more than 5% below the standard.	Appraisal rates have increased to 86.0% in August 18 (was 85.2% last month).

Sickness Absence:



The provisional "in month" sickness absence rate is above the 5% target at 5.95% for August 2018

The rolling 12 month sickness average has increased to 5.75% in the month



Finance:		At Month 5, the Trust has a year to date surplus of £0.6m which is £0.9m ahead of plan. Pay spend at Month 5 was £105.6m which is slightly (£0.2m) less than plan and includes £2.9m agency spend which is £0.6m below the planned trajectory to hit our agency ceiling of £8.0m but £0.5m above planned spend. The Trust is forecasting to meet its control total of £3.5m by delivering a surplus before Provider Sustainability Funding of £1.5m, although there are some risks to achieving this, and receiving its Sustainability Funding of £2.0m. The Trust's finance and use of resources score is currently a 2 (this is a sub theme of the Single Oversight Framework) and the forecast year-end risk rating is a 3. The main financial pressures at Month 5 relate to pay overspends in some areas, slippage on financial delivery plan schemes and reductions in secure services income. Pay costs increased slightly this month. However, the trend needs to move back to one of reducing staff costs as the Trust needs to reduce pay costs to delivers its planned spend and to achieve this year's control total. To achieve this, spending on temporary staffing (agency, bank and overtime) needs to reduce. Work is ongoing to deliver the required staffing reductions and to improve efficiency and productivity across the Trust.

Contract Summaries:	NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
	100% of metrics achieved in month 5	100% of metrics achieved in month 5	90% of metrics achieved in month 5	100% of metrics achieved in month 5	90% of metrics achieved in month 5	100% of metrics achieved in month 5	62% of metrics achieved in month 5	62% of metrics achieved in month 5
	The areas of under performance continue to relate mainly to CPA metrics and 7 day follow up in line with previous months							

2. Compliance

a) NHS Improvement Single Oversight Framework

Self assessment as at Quarter 2 2018 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 2 to date**	**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%	87.40%	National data includes all NHS providers and is at June 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	*53%*	97.3%	77%	76.50%	Published data is as at June 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%	99%	no data	no data	August 2018 Metric 1426	
b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	95%	no data	no data	August 2018 Metric 1427	
c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	97%	no data	no data	August 2018 Metric 1425	
Data Quality Maturity Index Score (DQMI)			95%	90%			Published data is at Quarter 4 2018	
Total number of inappropriate Out of Area Placements (Active at period end)				1	0	635	Published data relates to May 2018. NTW self assessment data relates to July 2018	
Improving Access to Psychological Therapies (IAPT)/talking therapies								
· proportion of people completing treatment who move to recovery	Quarterly	IAPT minimum dataset	50%	50.7%	50.0%	52.8%	NEW metric 1079 published data May 2018	
· waiting time to begin treatment :								
- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.0%	96.0%	89.6%	published data May 2018	
- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	99.0%	published data May 2018	

*NB EIP target has increased to 53% from April 2018

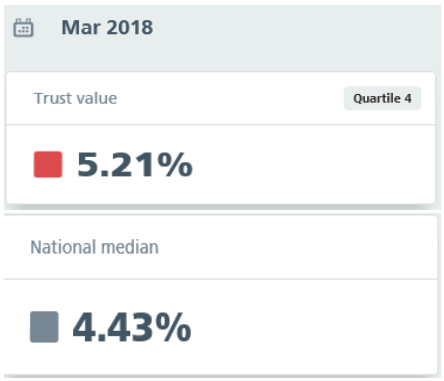
NHS Improvement Single Oversight Framework & Model Hospital Portal

As at September 2018, the Trust remains at segment 1 within the Single Oversight Framework as assessed by NHS Improvement. There are currently 16 mental health providers nationally achieving this rating. There is currently one MH provider in the lowest segment (segment 4), 27 providers within segment 2 and four providers remain in segment 3.

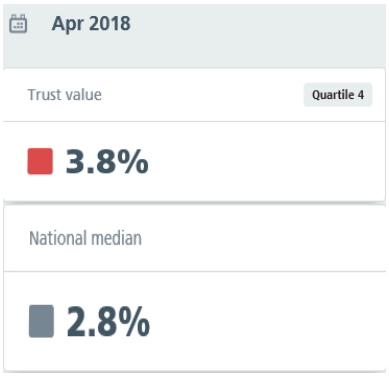
Sickness

The model hospital shows two notifications for the Trust in relation to sickness. The overall staff sickness rate is showing as 5.21%, this is in comparison to the benchmark for sickness which is 4.43% and sickness for allied health professionals at 3.8% which puts the Trust into the upper quartile for both of these metrics. It should be noted that the data in the model hospital is as at March 2018 and April 2018.

Overall Staff Sickness



Sickness Absence Rate Allied Health Professionals



There remains notifications within Estates and Facilities, Finance, Legal, Payroll and Procurement compartments, these have all been reported previously and are still based on 2016/2017 data. The metrics will be updated when information from annual returns for 2017/2018 are updated.

It should be noted that the information shown within this report is exception based, there is further data on a wide range of other metrics available within the model hospital portal.

2. Compliance

b) CQC Update August 2018

CQC Well Led with Core Service Inspection

As outlined in last month's report our inspection report identifies areas for improvement, the majority of which are not classed as breaches of regulatory requirements ("must dos"). There are, however, two breaches of regulation identified, which are:

1. Regulation 12:
    - The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation.
    - The trust must ensure patients have access to a nurse call system in the event of an emergency.
2. Regulation 13:
    - The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.

All breaches of regulation relate to the core service for acute wards for adults of working age and psychiatric intensive care units, however it has been agreed that there will be a trust-wide approach to all of the "must dos".

Formal action plans were submitted to the CQC on the 30th August 2018. A separate report outlines the planned actions.

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:

Elm House – visited 29 August 2018

A MHA reviewer made a scheduled unannounced visit to the ward. During the previous visit on 2 September 2016 four actions were identified, two of which remain partially resolved and form further action points. These relate to patients not being reminded of their section 132 rights at appropriate times and lack of evidence that the Responsible Clinician had assessed the patient's capacity to consent to medication on admission to the ward or on a regular basis after this.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Norfolk and Suffolk NHS Foundation Trust	May 2018	August 2018	Inadequate	This trust's overall rating remains the same following re-inspection.	here
Oxford Health NHS Foundation Trust	March 2018	August 2018	Good	This trust's overall rating remains the same following re-inspection.	here
Northamptonshire Healthcare NHS Foundation Trust	June 2018	August 2018	Outstanding	This trust's overall rating has improved from good to outstanding following re-inspection. Their ratings for the 'caring' and 'well led' key questions also improved from good to outstanding. Their rating for the 'safe' key question improved from requires improvement to good.	here
City Hospitals Sunderland NHS Foundation Trust	May 2018	August 2018	Good	This trust's overall rating remains the same following re-inspection.	here

CQC Recent News Stories:

Guidance for providers on what is a 'location'?

As part of the CQCs current registration transformation programme they are reviewing how easy it is for providers to understand their guidance for provider organisations, what is a 'location'? The deadline for responses is the 20th September 2018.

Brief Guides

The following new and updated guides were published recently:

New guides

- DoLS and emergency treatment

Updated guides

- Care Certificate standards - inspectors guide to gathering evidence
- Discharge planning from learning disability assessment and treatment units

- Functional Assessment of behaviour
- Good communication standards for people with a learning disability or autism
- Inpatient mental health rehabilitation service: assessment, treatment and care
- Assessing how well NHS mental health trusts support carers
- Inpatient mental health rehabilitation services - access and discharge

All new and updated CQC brief guides are assessed by the CQC Quality Compliance Group.

Other CQC issues:

CQC have published a report on sexual safety on MH Wards, this will be explored in next month's Safer Care report.

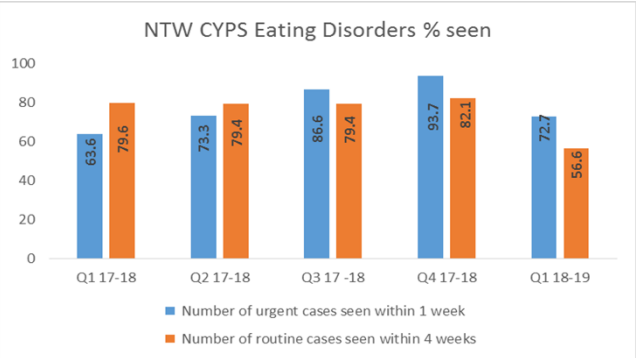
Members of the CQC compliance group, alongside TEWV colleagues, will be participating in the peer visits to Cumbria services in September and October 2018.

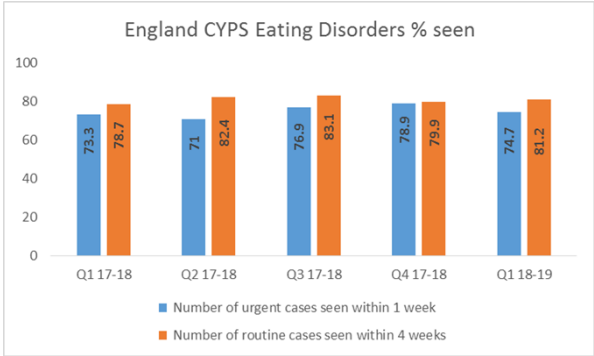
The CQC Insight model for Mental Health have been published recently. This benchmarks the Trust using a variety of measures, highlighting outlying results. This is being considered further by CDT-Q via a separate report.

2. Compliance

c) Five Year Forward View for Mental Health

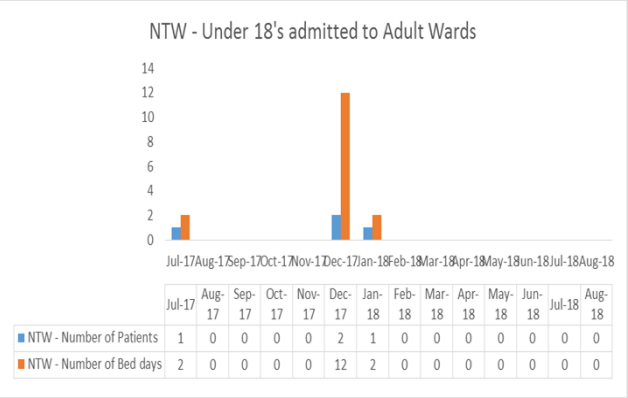
Children and Young People Eating Disorders



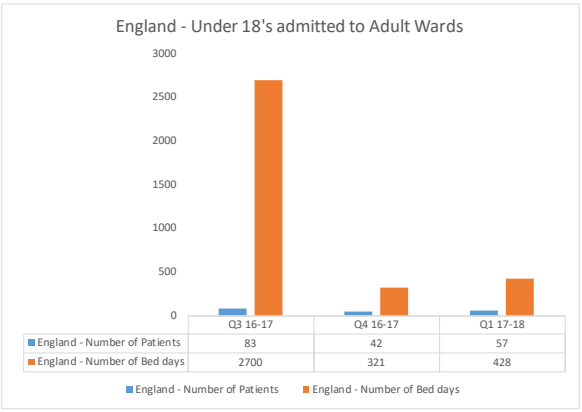


nb - Q1 18/19 - A new metric has been developed and further data quality checks have been implemented

Under 18's admitted to an Adult Ward



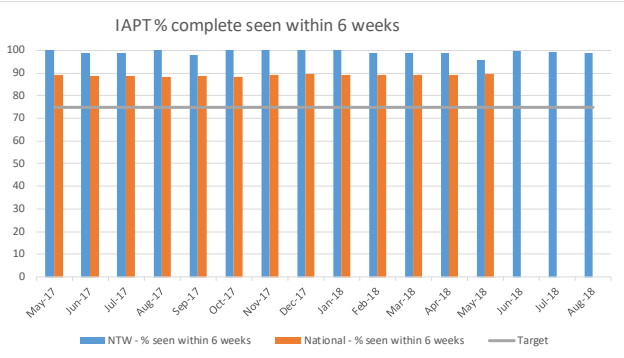
	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
NTW - Number of Patients	1	0	0	0	0	2	1	0	0	0	0	0	0	0
NTW - Number of Bed days	2	0	0	0	0	12	2	0	0	0	0	0	0	0

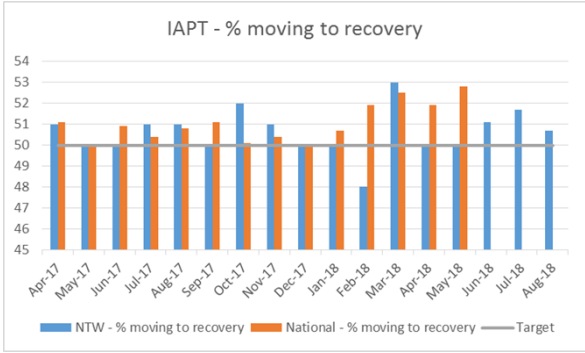


	Q3 16-17	Q4 16-17	Q1 17-18
England - Number of Patients	83	42	57
England - Number of Bed days	2700	321	428

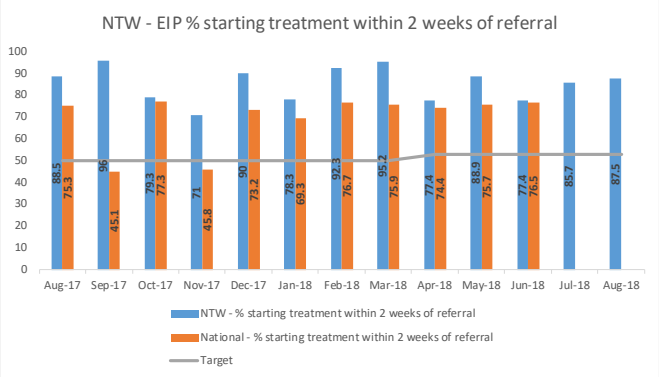
England - Number of Patients England - Number of Bed days

Improving Access to Pyschological Therapies (IAPT)

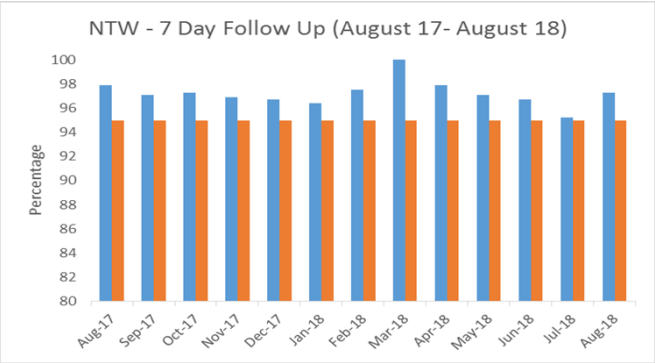


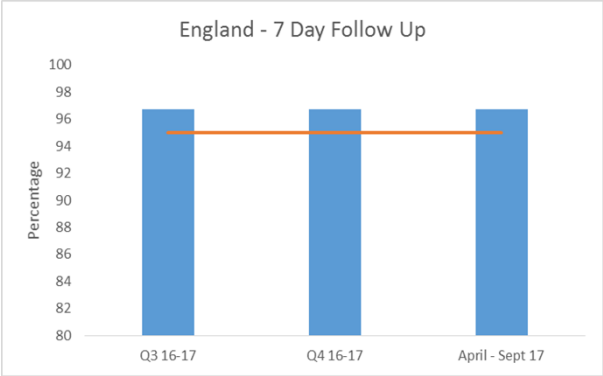


Early Intervention in Psychosis (EIP)



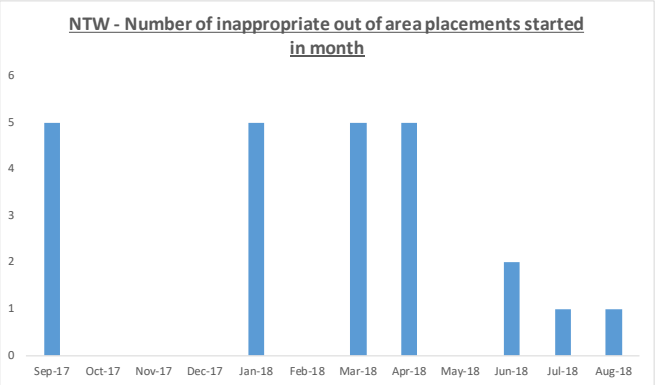
Seven Day Follow Up

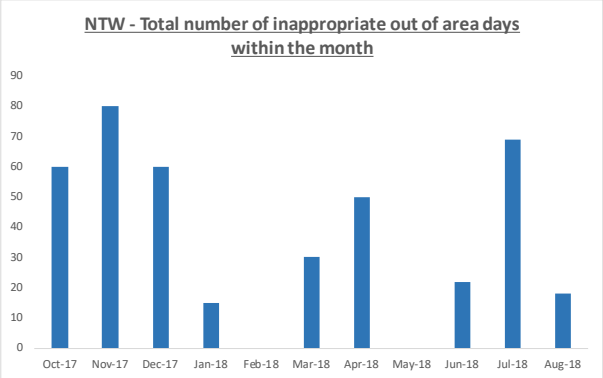




nb - In August there was a total of four patients who were not followed up in the month (97.3%)

Out of Area Placements





nb - The number of days relate to 2 patients who were still active within the month

Latest NHS England Five Year Forward View CCG dashboards are available here

2. Compliance

d) Five Year Forward View by Locality Care Group

North Locality Care Group

Objective	Core Service	Performance Indicator	Current Position
Increase number of Children and Young People (CYP) receiving evidence based treatment	Children and Young Peoples Mental Health – Community	Number of new CYP receiving treatment from NHS funded community services. Number of 'individual' CYP receiving treatment from NHS funded community services.	Local transformation plan in place alongside a specific waiting times improvement plan. Discussion ongoing with Northumberland CCG in relation to pressures and how to maximise efficiency across the wider system and to ensure only those requiring specialist mental health treatment will access the service. Option to look at lifespan ADHD/ASD service underway and discussion about delivery of T2 service has started. Current position – working with partners on the initial trailblazer bid following publication of the Green Paper Consultation.
Community Eating Disorder Services for CYP	Children and Young Peoples Mental Health – Community	Number of CYP (routine cases) referred to community eating disorder service that start treatment within 4 weeks of referral. Number of CYP (urgent cases) referred to community eating disorder service that start treatment within 1 week of referral.	Service is working towards the 2020/21 target and is currently achieving above the CCGs target expectations. Service participates in regional forum with national leads, other providers and the CCGs to develop not only waiting times but the wider model elements of the access standards.
Perinatal Mental Health services	Perinatal mental health	Number of women receiving specialist perinatal care in a community team (annual figure)	The Trust was successful in becoming a wave 1 pilot site. Northumberland and North Tyneside roll out is complete. Accommodation has been located for the North of Tyne services.
Early Intervention in Psychosis (EIP)	Adult mental health - Community, Acute and Crisis Care	Number (%) of people with first episode psychosis commencing NICE recommended package of care within two weeks of referral. Percentage of EIP services meeting full range of NICE standards	Meetings have taken place NTW/CCGs 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. Compliance against 2 week wait requirement monitored via monthly waiting data – currently achieving the target (50%).

Objective	Core Service	Performance Indicator	Current Position
Physical health checks for people with severe mental illness (SMI)	Adult mental health - Community, Acute and Crisis Care	Percentage of people with SMI who receive NICE recommended screening and access to physical care interventions.	The Group consistently meets the target requirements for Inpatients, EIP teams and Community Mental Health Teams.
Increase the number of people accessing individual placement support (IPS)	Adult mental health - Community, Acute and Crisis Care		The Group is below requirement in relation to IPS provision.
Crisis Pathway	Adult mental health - Community, Acute and Crisis Care	Percentage of acute hospitals with a 24/7 liaison mental health service at minimum Core 24 standard	24/7 Crisis teams in place in Northumberland. A gap analysis is currently being undertaken to assess the Group's compliance against the waiting time standard. This will be considered within the Access and Waiting Times Group.
Eliminate (inappropriate) use of acute out of area (OOA) placements	Adult mental health - Community, Acute and Crisis Care	Number of non-specialist acute MH OATs	This is monitored weekly by Senior Management and bed management. The number of OOA is relatively low and it is expected this target will be met by 2020/21.
Secure care pathway	Adult mental health : secure care pathway		N/A
Access to liaison and diversion	Health and justice	Percentage of population with access to liaison and diversion	N/A

Central Locality Care Group

Objective	Core Service	Performance Indicator	Current Position
Increase number of Children and Young People (CYP) receiving evidence based treatment	Children and Young Peoples Mental Health – Community	Number of new CYP receiving treatment from NHS funded community services. Number of 'individual' CYP receiving treatment from NHS funded community services.	Newcastle and Gateshead are developing new models of care & service specifications to support the increase of children in treatment. The service has developed a single point of access to ensure a smoother and quicker transition to the right services and are currently in negotiation to become the lead provider for CAMHs services across Newcastle and Gateshead. At the end of July there were 3376 patients open to CYPS services.
Community Eating Disorder Services for CYP	Children and Young Peoples Mental Health – Community	Number of CYP (routine cases) referred to community eating disorder service that start treatment within 4 weeks of referral. Number of CYP (urgent cases) referred to community eating disorder service that start treatment within 1 week of referral.	This target is currently being met in Newcastle Gateshead CCG
Perinatal Mental Health services	Perinatal mental health	Number of women receiving specialist perinatal care in a community team (annual figure)	NTW were successful in bidding to join the Wave 1 cohort of providers developing such services. Newcastle the service expanded to provide a service to Gateshead in April 2018. For the community service staff recruitment is complete and estates requirements in place with the service being provided from Ashgrove at SNH. Funding in 18/19 is provided non recurrently and a Business case for recurrent funding (attached for information) was sent to Newcastle Gateshead CCG on the 15th August 2018 looking at the options for the future of the service and funding, as at 20.8.18 we await a response to this.
Early Intervention in Psychosis (EIP)	Adult mental health - Community, Acute and Crisis Care	Number (%) of people with first episode psychosis commencing NICE recommended package of care within two weeks of referral. Percentage of EIP services meeting full range of NICE standards	Newcastle and Gateshead services are currently meeting the 2 week waiting times standard. The services have however been rated as requiring improvement via the National Self-Assessment process. This was in relation to access to IPS, NICE concordant packages of care and use of outcome measures. This will be discussed with commissioners in September.

Objective	Core Service	Performance Indicator	Current Position
Physical health checks for people with severe mental illness (SMI)	Adult mental health - Community, Acute and Crisis Care	Percentage of people with SMI who receive NICE recommended screening and access to physical care interventions.	The Group consistently meets the target requirements for Inpatients, EIP teams and Community Mental Health Teams.
Increase the number of people accessing individual placement support (IPS)	Adult mental health - Community, Acute and Crisis Care		The Group is below requirement in relation to IPS provision. A bid has been developed for national funding to provide 1 worker in Newcastle and 1 worker into the Gateshead locality.
Crisis Pathway	Adult mental health - Community, Acute and Crisis Care	Percentage of acute hospitals with a 24/7 liaison mental health service at minimum Core 24 standard	24/7 Crisis teams in place in Newcastle and Gateshead. Teams are undertaking baseline and gap analysis and are reporting shadow waiting times to CCG in preparation for the proposed waiting time standard. 24/7 PLT in place in Newcastle and Gateshead. Funding is currently available to 1/1/19 and is non-recurring. The service is working on a business case with commissioners to obtain recurring funding going forward.
Eliminate (inappropriate) use of acute out of area (OOA) placements	Adult mental health - Community, Acute and Crisis Care	Number of non-specialist acute MH OATs	This is monitored weekly by Senior Management and bed management .The number of OOA is relatively low and it is expected this target will be met by 2020/21.
Secure care pathway	Adult mental health : secure care pathway		In 2017/18 national money was released to support the further enhancement of Community forensic services. Although NTW were not successful in their Wave 1 bid they are planning to bid again for Wave 2 funding during 2018.
Access to liaison and diversion	Health and justice	Percentage of population with access to liaison and diversion	The enhanced Liaison and Diversion services tender is due to be released on the 3rd September 2018. NTW are currently reviewing the current service in preparation for the requirements of the tender.

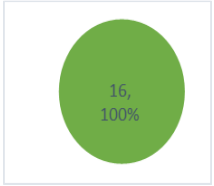
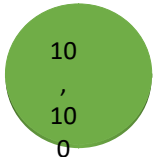
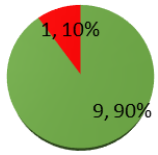
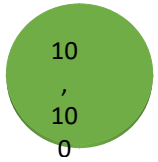
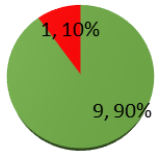
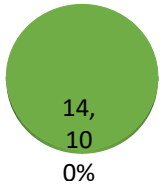
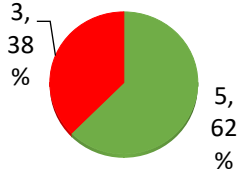
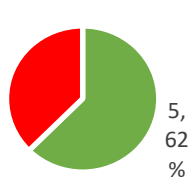
South Locality Care Group

Objective	Core Service	Performance Indicator	Current Position
Increase number of Children and Young People (CYP) receiving evidence based treatment	Children and Young Peoples Mental Health – Community	Number of new CYP receiving treatment from NHS funded community services. Number of 'individual' CYP receiving treatment from NHS funded community services.	Sunderland & South Tyneside CCGs currently running at around 20% access in relation to this target. However this will improve once South Tyneside FT who provide Tier 2 CAMHS and voluntary sector organisations flow their data via MHDS. There is currently no target for NTW in respect of this metric. NTW is currently developing a contract metric to monitor NTW access numbers.
Community Eating Disorder Services for CYP	Children and Young Peoples Mental Health – Community	Number of CYP (routine cases) referred to community eating disorder service that start treatment within 4 weeks of referral. Number of CYP (urgent cases) referred to community eating disorder service that start treatment within 1 week of referral.	This target is currently being met in Sunderland and South Tyneside
Perinatal Mental Health services	Perinatal mental health	Number of women receiving specialist perinatal care in a community team (annual figure)	The Trust was successful in becoming a wave 1 pilot site. The service will become operational in Sunderland in September 2018. This will provide a service to service users from Sunderland & South Tyneside. A business case has been submitted to commissioners for recurring funding for 2019/20.
Early Intervention in Psychosis (EIP)	Adult mental health - Community, Acute and Crisis Care	Number (%) of people with first episode psychosis commencing NICE recommended package of care within two weeks of referral. Percentage of EIP services meeting full range of NICE standards	The Group is currently meeting the 2 week waiting in relation to the standard in both Sunderland & South Tyneside. The services have however been rated as requiring improvement via the National Self-Assessment process. This was in relation to access to IPS, NICE concordant packages of care and use of outcome measures. This will be discussed with commissioners in September.
Increase access to Psychological Therapies (IAPT) – common mental health problems	Adult mental health	75% of people access treatment within six weeks 95% of people access treatment within 18 weeks 50% achieve recovery across the adult age group.	The Group only provides an IAPT service in the Sunderland Locality. The current position in relation to the 5FFV is detailed below: • The 6 and 18 week waiting times target is being consistently met • The 50% recovery target is also consistently met by the service. • The Trust is currently running below the 19% access target for 2018/19 in the main this has resulted from the CCG providing non-recurring funding to support this target and the

Objective	Core Service	Performance Indicator	Current Position
			associated problem of employing staff on a non-recurring basis. The Trust is working with the CCG to develop a business case for the resources to deliver the 19% target on a recurring basis. Funding to support a 25% access target is likely to be problematic and in addition the number of referrals to the service would not enable a 25% access target to be met. The Trust is in discussions with the CCG to address.
Physical health checks for people with severe mental illness (SMI)	Adult mental health - Community, Acute and Crisis Care	Percentage of people with SMI who receive NICE recommended screening and access to physical care interventions.	The Group consistently meets the target requirements for Inpatients, EIP teams and Community Mental Health Teams.
Increase the number of people accessing individual placement support (IPS)	Adult mental health - Community, Acute and Crisis Care		The Group is below requirement in relation to IPS provision. A bid has been developed for national funding to provide 2 workers in Sunderland and 1 worker into the South Tyneside locality.
Crisis Pathway	Adult mental health - Community, Acute and Crisis Care	Percentage of acute hospitals with a 24/7 liaison mental health service at minimum Core 24 standard	24/7 Crisis teams in place in Sunderland & South Tyneside. A gap analysis is currently being undertaken to assess the Group's compliance against the waiting time standard. 24/7 Core PLT in place in Sunderland. An 8am-9pm service is in place in South Tyneside. As the future of the South Tyneside A&E department is uncertain there are no plans to develop a 24/7 service. A gap analysis is currently being undertaken to assess the Group's compliance against the waiting time standard for liaison teams.
Eliminate (inappropriate) use of acute out of area (OOA) placements	Adult mental health - Community, Acute and Crisis Care	Number of non-specialist acute MH OATs	The number of OAT is relatively low and it is expected this target will be met by 2020/21.

3. Contract Update August 2018

a) Quality Assurance – achievement of quality standards August 2018

NHS England	Northumberland CCG	North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
							
All achieved in month 5	All achieved in month 5	The contract underperformed in month 5 on Crisis and Contingency (17 patients, 93.8%)	All achieved in month 5	The contract underperformed in month 5 on 7 day follow up (1 patient, 87.5%)	All achieved in month 5	The contract under performed in month 5 on Crisis & Contingency (3 patients, 91.2%) CPA Review (2 patients, 93.8%) and completion of Risk assessment (3 patients, 93.9%)	The contract under performed in month 5 on Completion of Risk assessment (1 patients, 88.9%), CPA Review (1 patient, 80%) and valid ethnicity completed MHSDS only (4 patients, 78.9%)

3. Contract update August 2018

b) CQUIN update August 2018

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				
			Q1	Q2	Q3	Q4	Comments
1.Improving Staff Health and Wellbeing	£208k	To improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.	£0	£0	£0	£208k	
	£208k	Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff	£0	£0	£0	£208k	
	£208k	Healthy food for NHS staff, visitors and patients	£0	£0	£0	£208k	
2. Improving physical healthcare to reduce premature mortality in people with serious mental illness(PSMI)	£500k	Improving physical healthcare to reduce premature mortality in people with serious mental illness - 3a) Cardio metabolic assessment and treatment for patients with psychoses	£50k	£0	£0	£450k	
	£125k	Improving physical healthcare to reduce premature mortality in people with serious mental illness 3b)- Collaboration with primary care clinicians	£25k	£63k	£13k	£25k	There is a current risk to this CQUIN at Quarter 4
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.	£0	£125k	£0	£500k	
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.	£31k	£281k	£0	£313k	
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.	£0	£0	£0	£625k	
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.	£1.25k	£1.25k	£1.25k	£1.25k	
7. Recovery Colleges for Medium and Low Secure Patients	£312k	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.	£16k	£16k	£16k	£264k	
8. Discharge and Resettlement	£496k	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	£124k	£124k	£124k	£124k	
9. CAMHS Inpatient Transitions	£248k	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.	£62k	£62k	£62k	£62k	
10. Reducing Restrictive Practices within Adult Low & Medium Secure Services	£188k	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.	£47k	£47k	£47k	£47k	
Grand Total	**£4.37m**		**£356k**	**£718k**	**£262k**	**£3,035k**	

3. Contract update August 2018

c) Service Development and Improvement Plan – No update this month (quarterly requirement)

Reported quarterly

It has been agreed that the Service Development Improvement Plan (SDIP) for New Care Models will be developed jointly with TEWV.

3. Contract update August 2018

d) Mental Health Currency Development Update

Mental Health Currency Development Update																	
			Q4 2017-18			Q1 2018-19			Q2 2018-19			Q3 2018-19			Q4 2018-19		
Key Metrics	Contract Standard	Internal Standard	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			60.1%	60.3%	60.2%	60.6%	60.7%	61.4%	61.5%	62.0%							
Current Service Users on CPA			9.4%	9.4%	9.4%	9.4%	9.4%	9.4%	9.3%	9.3%							
Current in scope patients assigned to a cluster			88.1%	88.2%	88.2%	88.7%	88.9%	88.5%	88.6%	89.1%							
Number of initial MHCT assessments that met the mandatory rules			85.6%	86.1%	84.3%	81.9%	83.8%	83.9%	83.6%	83.0%							
Number of Current Service Users within their cluster review threshold		85%	79.5%	79.3%	79.7%	81.1%	82.1%	82.9%	83.4%	83.9%							
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	93.6%	93.8%	93.8%	94.0%	94.1%	94.3%	94.4%	94.2%							
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	91.3%	91.8%	91.6%	91.9%	92.1%	92.8%	92.8%	92.9%							
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		85%	75.0%	77.5%	74.0%	74.8%	74.6%	70.3%	69.3%	75.2%							
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of review within CPP spell		85%	57.3%	58.0%	58.6%	57.4%	54.4%	60.2%	57.0%	58.1%							
Current Service Users on CPA reviewed in the last 12 months	95%	95%	97.0%	96.5%	96.4%	97.1%	97.1%	96.5%	95.5%	96.6%							

There is a sustained improvement in the number of service users within their cluster review threshold, which has improved from 79.5% to 83.9% since April 2018.

3. Contracts

e) Commissioner Quality Assurance Visits August 2018

Northumberland Clinical Commissioning Group (NCCG) visit to Adult Community Mental Health Team (CMHT) & Northumberland Recovery Programme (NRP), Greenacres, Ashington.

On the 24th July 2018 the team visited NRP and CMHT at the Greenacres site in Ashington. This was a joint visit with colleagues from the Public Health Service at Northumberland County Council. The visit was extremely positive and demonstrated excellent person centre care, which is being delivered by professional, dedicated and compassionate staff. The visit demonstrated good solid leadership, which appeared innovative and effective. A number of actions have been included for the Public Health, the CCG and one recommendation for the Trust, which was to review its flooring in the clinical areas at the Greenacres site.

4. Waiting Times

Waiting Times Summary August 2018		As at 31st August 2018:	As at 31st July 2018:
1. Number of adult service users waiting to access Specialised Adult services (*gender dysphoria, adult autism diagnosis, adult ADHD*)			
Metric 1741	Gender Total Number waiting:	487	442
	Gender Total Number waiting more than 18 weeks at that date:	363	341
	Gender Total Percentage waiting more than 18 weeks at that date:	74.5%	77.1%
Metric 1742	Adult ADHD Total Number waiting:	482	475
	Adult ADHD Total Number waiting more than 18 weeks at that date:	242	243
	Adult ADHD Total Percentage waiting more than 18 weeks at that date:	50.2%	51.1%
Metric 1740	Adult ASD Diagnosis Total waiting:	788	766
	Adult ASD Diagnosis Total Number waiting more than 18 weeks at that date:	545	510
	Adult ASD Diagnosis Total Percentage waiting more than 18 weeks at that date:	69.1%	66.6%
2. Number of children and young people waiting for treatment by community CYPS services:			
Metric 1455 & 1456	Total Number waiting:	1566	1803
	Total Number waiting more than 18 weeks at that date:	455	542
	Total Percentage waiting more than 18 weeks at that date:	29.1%	30.1%
3. All Other Services:			
Metric 1499	Total Number waiting:	4633	4563
	Total Number waiting more than 18 weeks at that date:	155	177
	Total Percentage waiting more than 18 weeks at that date:	3.3%	3.9%
4. Services in scope for RTT (referral to treatment) measurement:			
Metric 460 & 479	Total Number waiting:	251	232
	Total Number waiting more than 18 weeks at that date:	*1*	*0*
	Total Percentage waiting more than 18 weeks at that date:	*0.3%*	*0%*
5. Number of service users with no recorded HCP/care co-ordinator or record of CPA status *Metric 11*		2767	3148

The number of service users waiting has increased in the month for all services with the exception of community services for children and young people. Waiting times to access these services have reduced in Sunderland, Newcastle and Gateshead during the month.

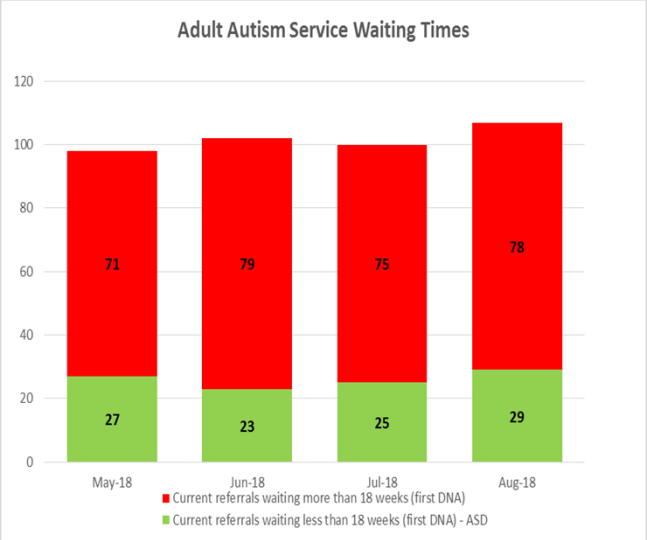
There are now 155 service users waiting more than 18 weeks to access non specialised adult services (waiting first contact), representing a decrease compared with 177 the previous month.

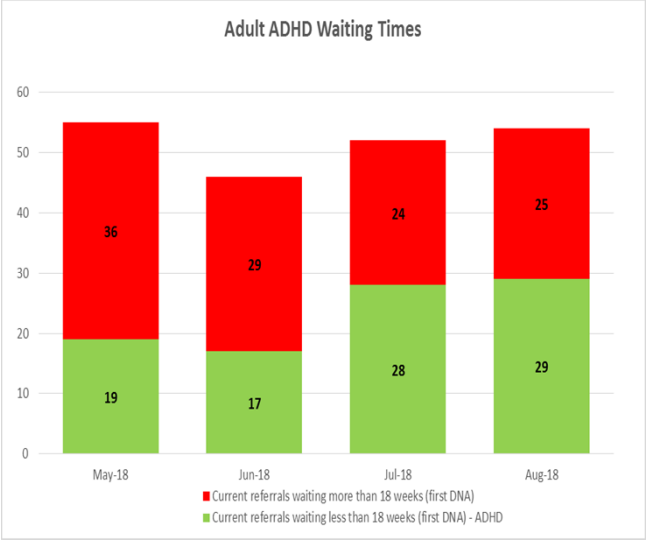
As at 31st August 2018, there was one service user reported as waiting more than 18 weeks to access the Northumberland LD consultant team, which is in scope for RTT. This is within the 92% threshold.

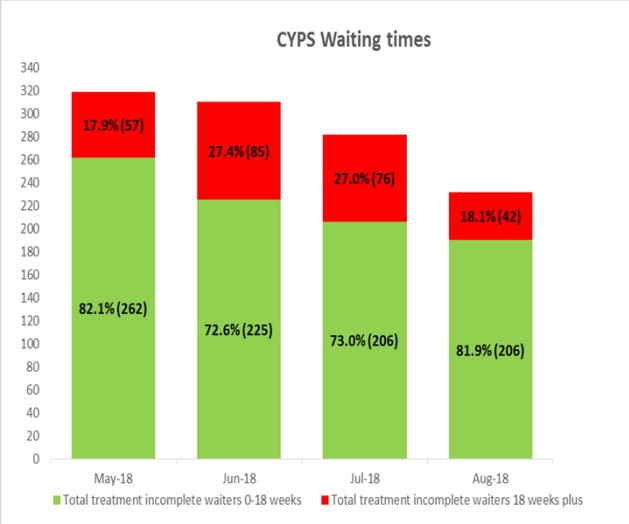
There has been a 12% decrease (improvement) in the number of service users with no recorded HCP/care co-ordinator or record of CPA status since last month.

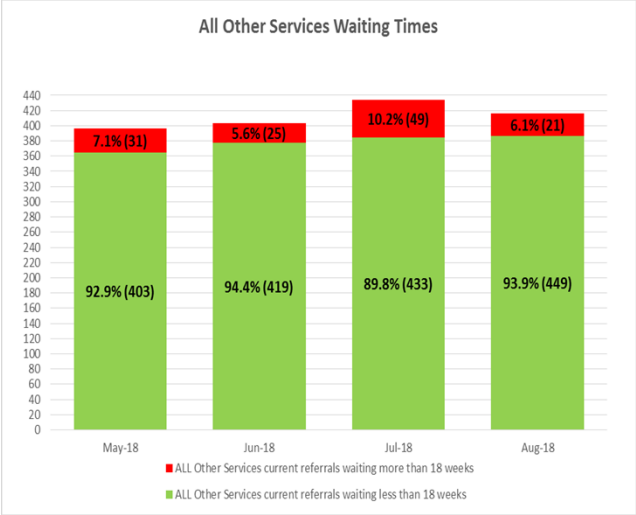
Detailed Waiting Times analysis by CCG

GATESHEAD CCG Waiting times summary as at 31st August 2018

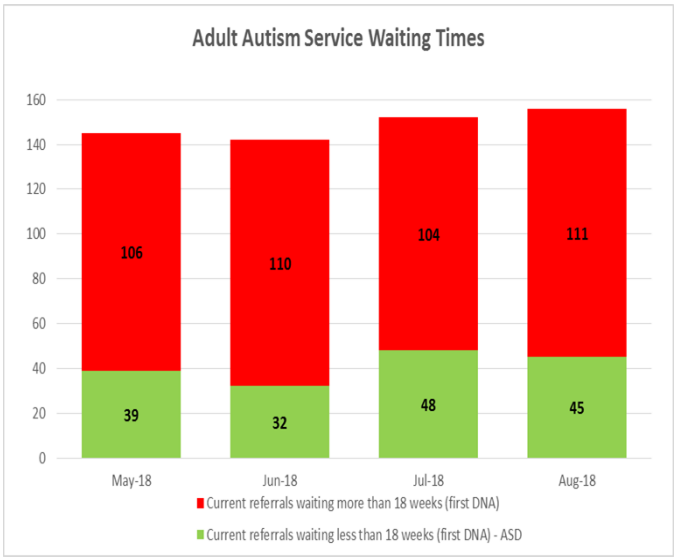


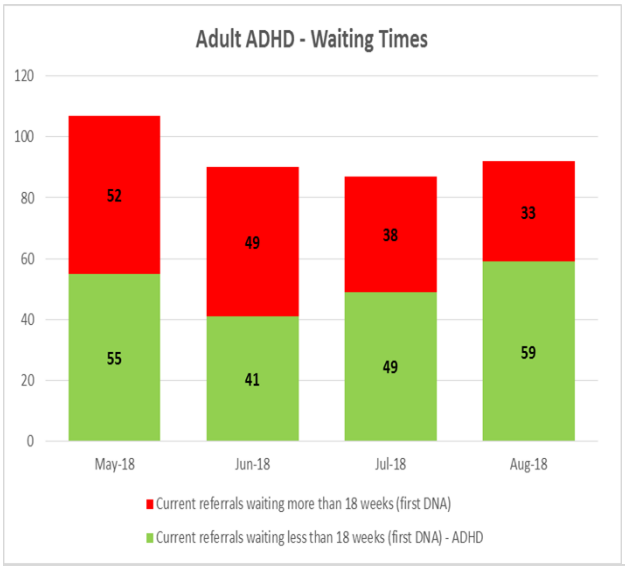


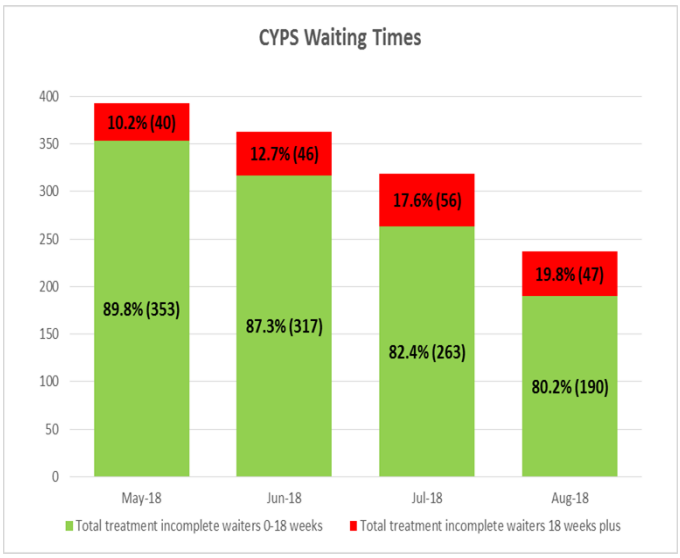


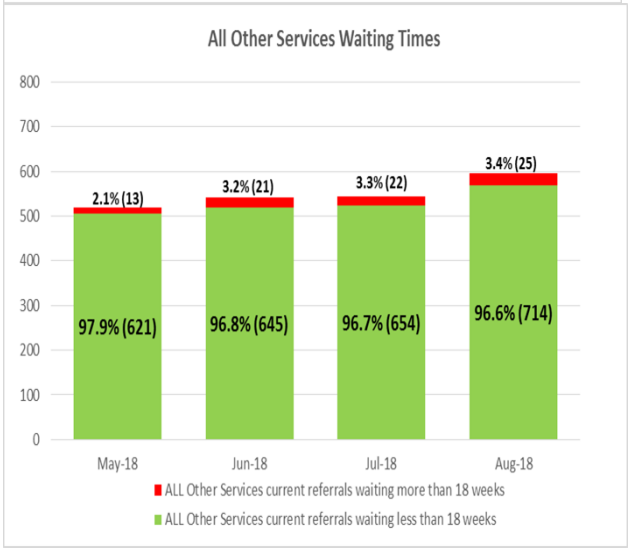


NEWCASTLE CCG Waiting times summary as at 31st August 2018

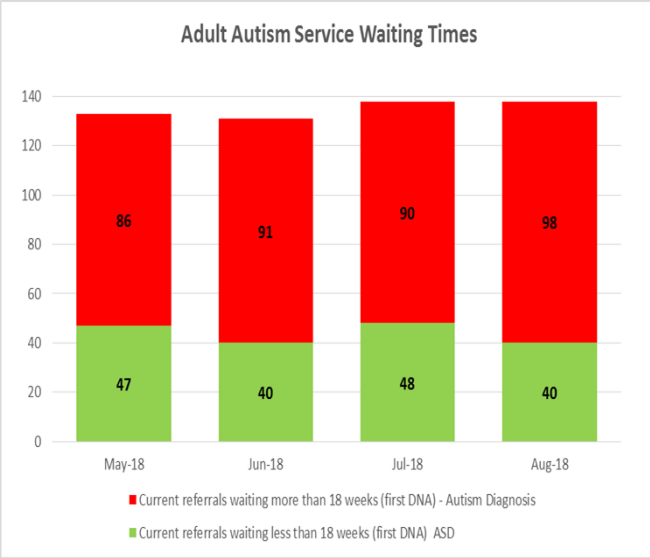


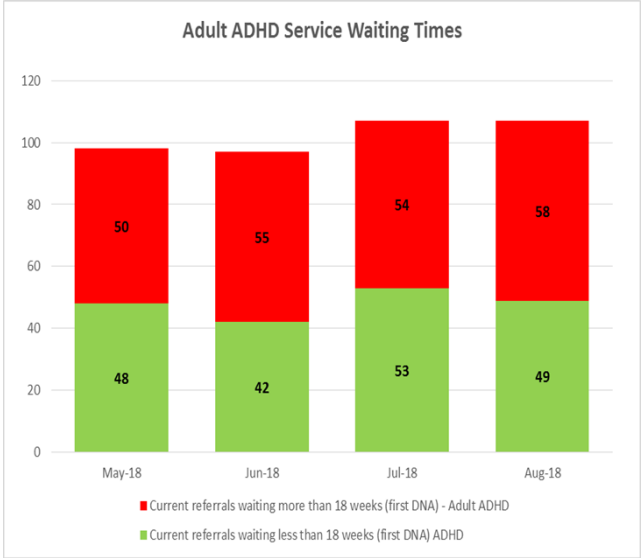




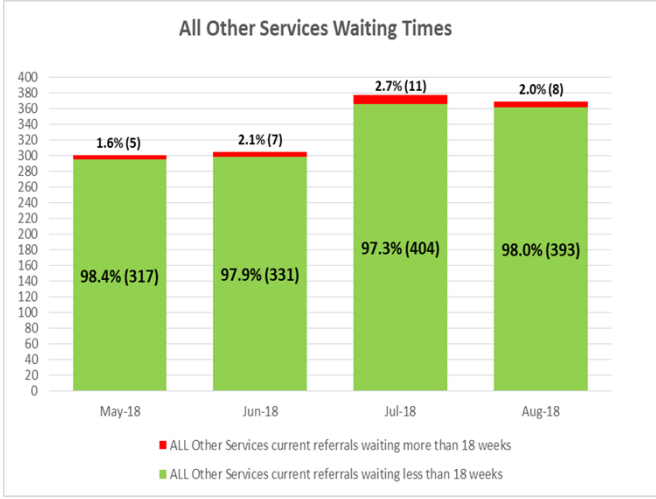


NORTH TYNESIDE CCG Waiting times summary as at 31st August 2018

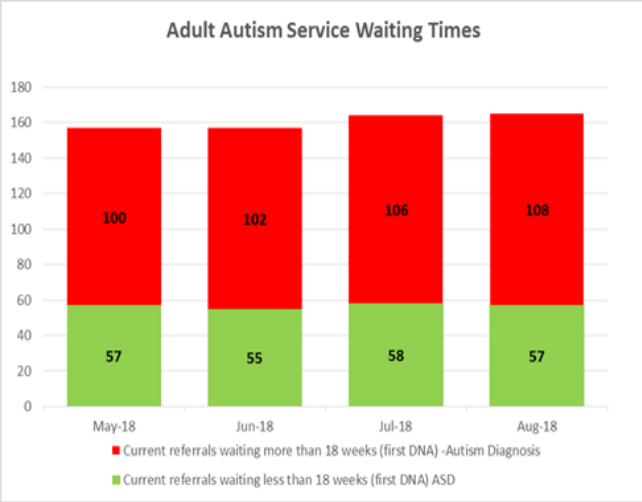


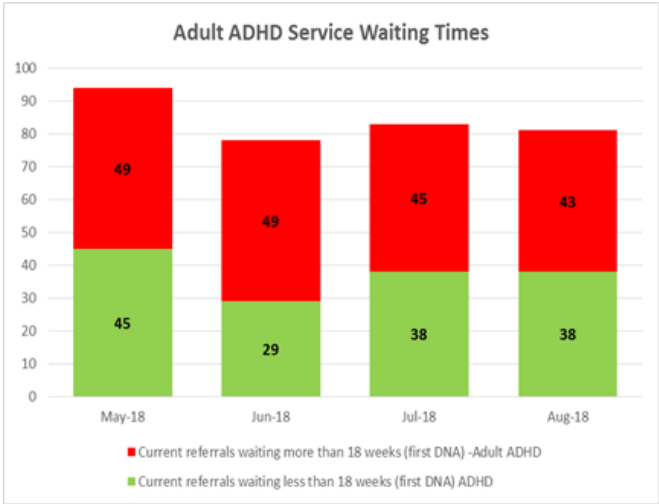


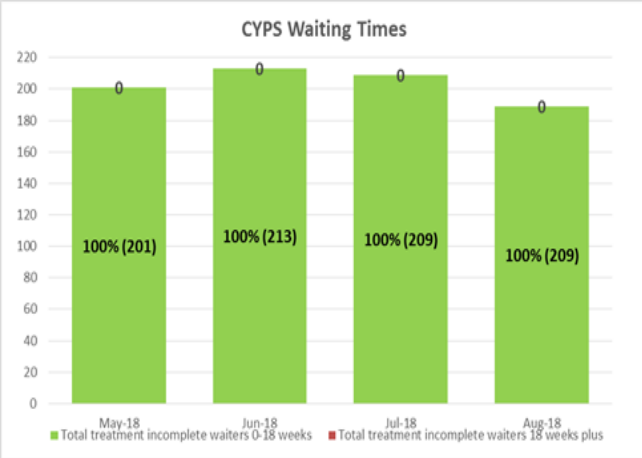
NB we do not provide mainstream community CYPS services for North Tyneside CCG

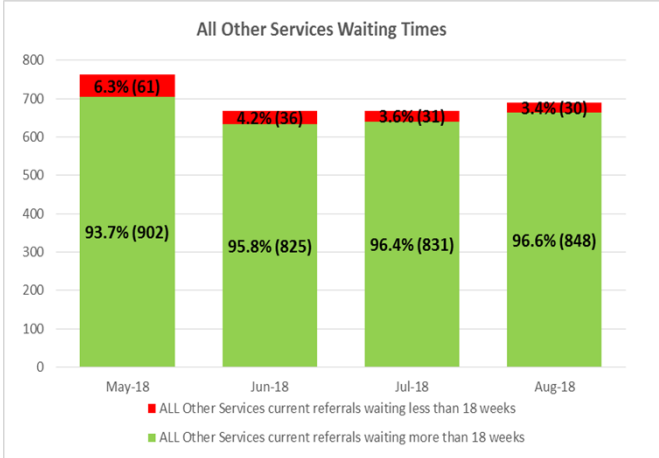


NORTHUMBERLAND CCG Waiting times summary as at 31st August 2018

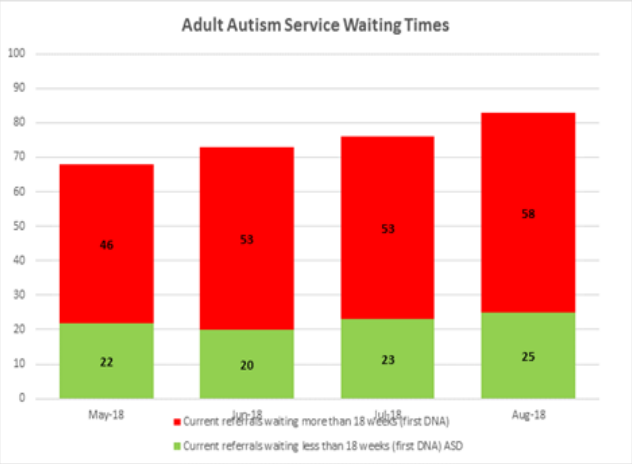


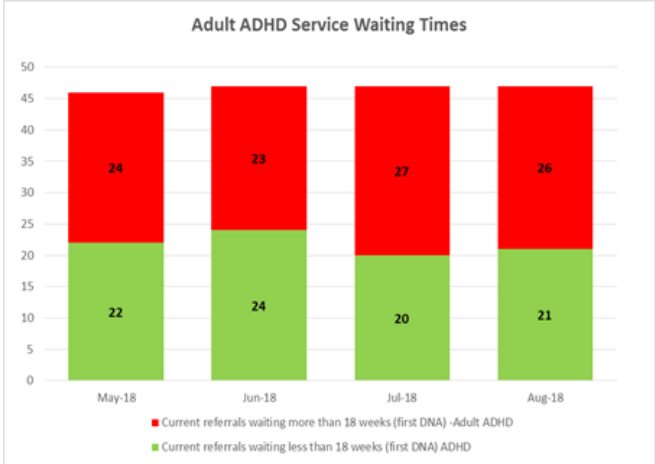


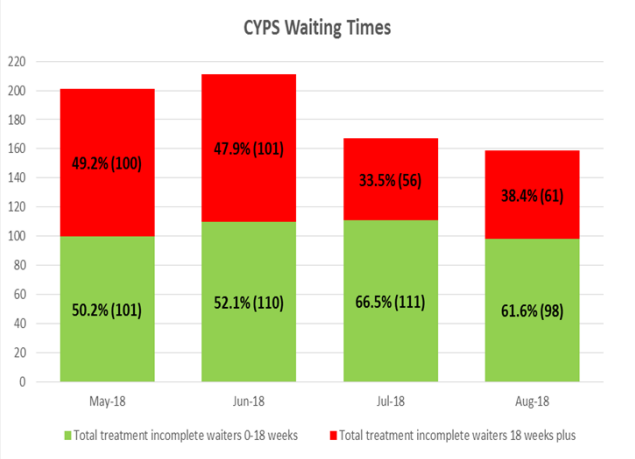


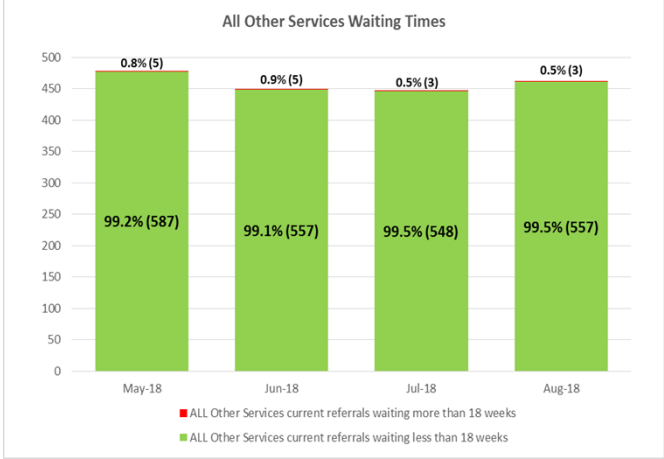


SOUTH TYNESIDE CCG Waiting times summary as at 31st August 2018

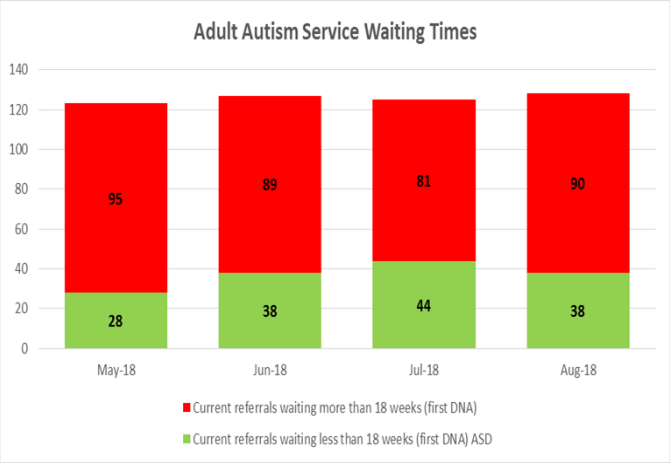


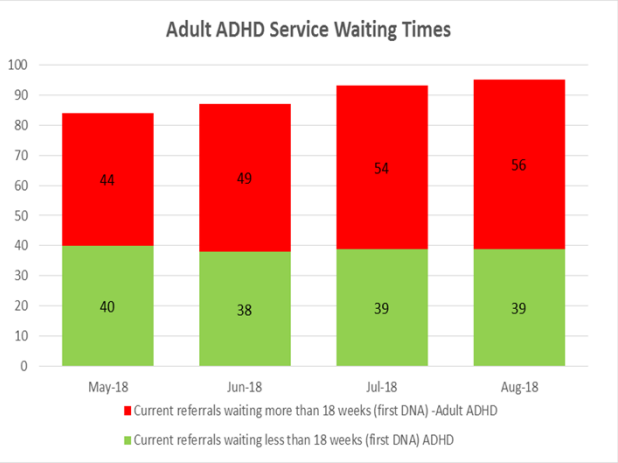


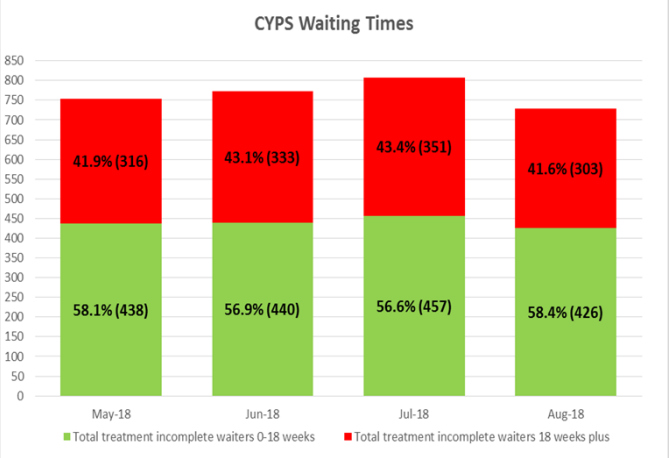


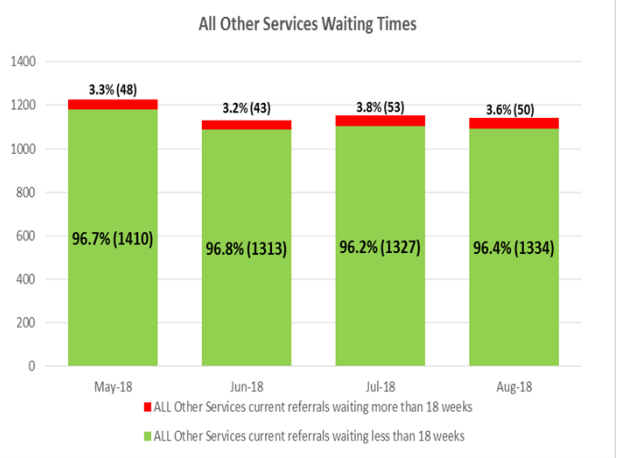


SUNDERLAND CCG Waiting times summary as at 31st August 2018









5. Finance Update August 2018

Financial Performance Dashboard

NTW Income & Expenditure

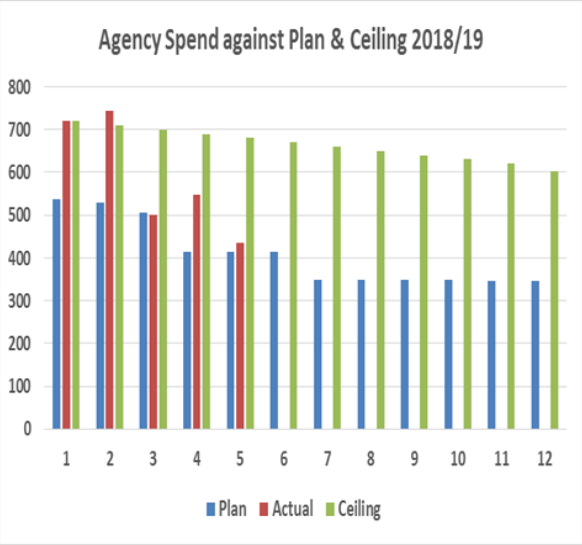
	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	132.4	132.3	0.1
Pay	(105.9)	(105.7)	(0.2)
Non Pay	(26.8)	(26.0)	(0.8)
Surplus/(Deficit)	**(0.3)**	**0.6**	**(0.9)**

Control Totals

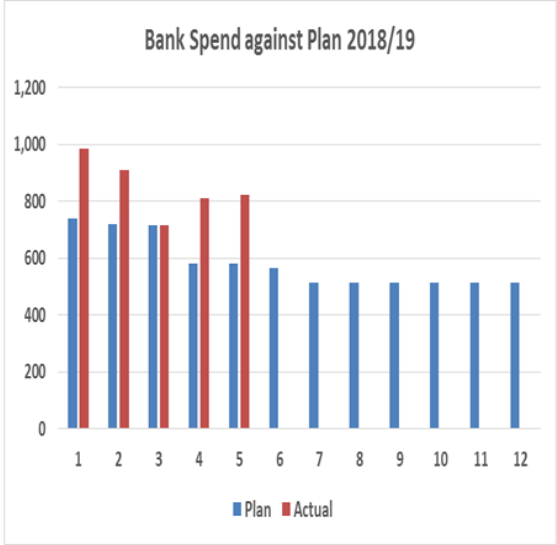
	YTD Plan £m	YTD Actual £m	YTD Variance £m
North	9.4	9.3	0.1
Central	10.0	9.4	0.6
South	11.9	12.6	(0.7)
Central Depts	(31.6)	(30.7)	(0.9)
Surplus/(Deficit)	**(0.3)**	**0.6**	**(0.9)**

Key Indicators	YTD	Plan / Forecast
Risk Rating	2	3
Agency Spend	£2.9m	£6.3m
FDP Delivery	£3.7m	£12.6m
Cash	£20.7m	£19.6m
Capital Spend	£2.1m	£10.6m

Agency Spend



Bank Spend

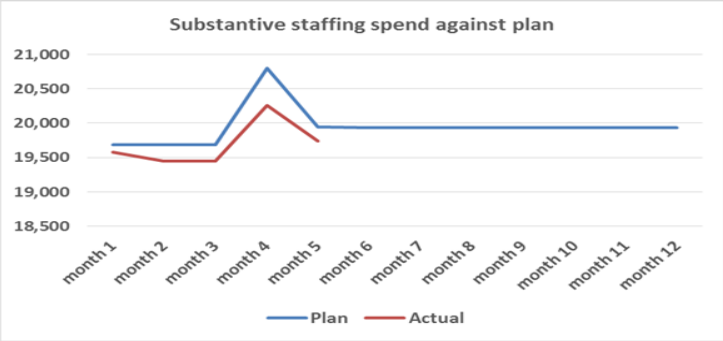


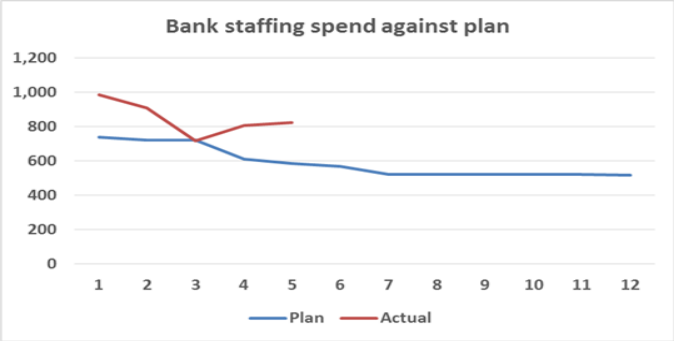
Key Issues/Risks

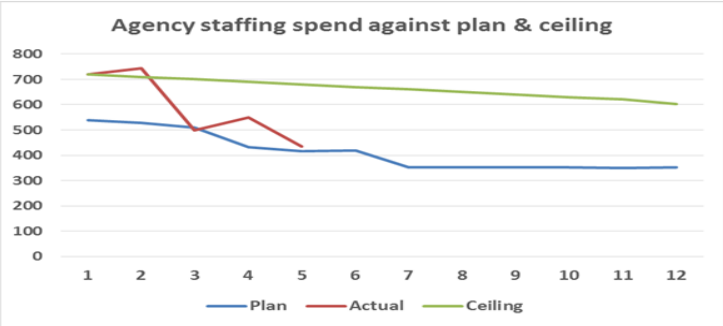
- Surplus/Deficit - £0.6m surplus at Mth5 which is £0.9m ahead of plan.
- Control Total – The Trust is forecasting delivery of its £3.5m Control Total, although there are some risks to achieving this.
- Risk Rating – The Use of Resources rating is a 2 at Mth5 & the forecast year-end rating is a 3.
- Pay costs are slightly less than plan. Pay spend needs to continue to reduce in line with planned reductions if the Trust is to meet its control total.
- Main pressures - Pay overspends in a number of areas, slippage on FDP schemes and reductions in secure services income.
- Agency Spend – Agency ceiling is £8.0m and Trust planned spend is £4.9m in 18/19. Spend at Mth5 is £2.9m which is £0.6m below the ceiling trajectory but £0.5m above plan.
- Financial Delivery Plan - Savings of £3.7m have been achieved at Mth5 which is in line with plan.
- In addition to its planned £12.6m efficiency savings the Trust needs to deliver £2.3m of service retractions to support Northumberland CCG's Recovery Plan.
- Cash – £20.7m at Mth5 which is £3.2m above plan.
- Capital Spend - £2.1m at Mth5 which is £1.4m less than plan.

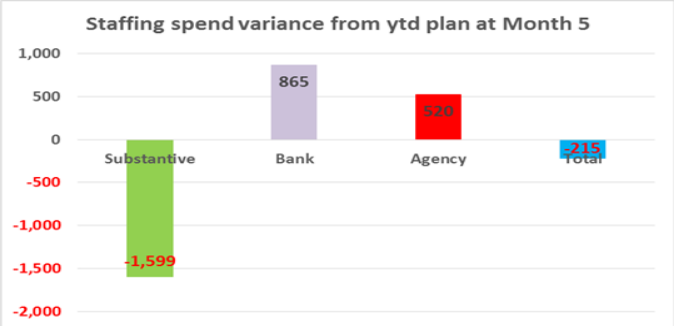
Finance - Staffing Dashboard

Staffing Dashboard – Month 5 2018/19









Staffing costs at month 5 are slightly underspent against plan, adjusted for the pay award. Both Bank and Agency spending were above planned levels in month 5 with the Trust spend on substantive posts being less than plan. The Trust's agency ceiling for 18/19 is £8m. Year to date agency spend is £2.9m which is £0.5m above plan, but £0.6m below the ceiling.

	06/08/2018		13/08/2018		20/08/2018		27/08/2018	
Medical	87	21	87	21	89	21	91	16
Qual Nursing	98	5	103	5	89	5	89	5
Unq Nursing	406		325		361		360	
A&C	90		105		75		72	
	681	**26**	**620**	**26**	**614**	**26**	**612**	**21**

In August the Trust reported an average of 25 price cap breaches (20 medical and 5 qualified nursing). In August 4 medics were paid over the price cap.

6. Monthly Workforce Update August 2018

Workforce Dashboard

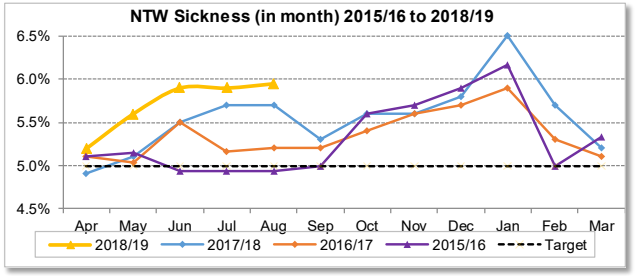
Training and Appraisals	Standard	M5 position	Overall Trend	North Locality Care Group	Central Locality Care Group	South Locality Care Group	Support & Corporate	Doctors in Training *	Staffing Solutions - Nursing	Staffing Solutions - Psychology	NTW Solutions
Fire Training	85%	88.2%	▼	92.0%	89.3%	89.7%	79.0%	46.7%	78.7%	53.6%	95.5%
Health and Safety Training	85%	94.6%	▼	97.1%	95.2%	96.4%	86.5%	63.3%	93.3%	89.3%	95.5%
Moving and Handling Training	85%	94.7%	▼	96.5%	94.8%	96.2%	86.9%	60.0%	97.6%	89.3%	95.5%
Clinical Risk Training	85%	92.3%	▼	90.9%	93.4%	93.5%			82.9%		
Clinical Supervision Training	85%	86.8%	▼	85.3%	88.9%	87.6%			76.1%		
Safeguarding Children Training	85%	88.6%	▼	89.3%	88.8%	89.6%	82.2%	56.7%	89.8%	89.3%	92.8%
Safeguarding Adults Training	85%	91.9%	▼	93.7%	93.2%	93.1%	84.7%	56.7%	91.3%	85.7%	93.6%
Equality and Diversity Introduction	85%	93.8%	▼	96.3%	93.9%	95.4%	87.4%	60.0%	91.1%	96.4%	95.5%
Hand Hygiene Training	85%	92.4%	▼	95.7%	93.0%	94.4%	84.1%	60.0%	90.5%	92.9%	91.5%
Medicines Management Training	85%	88.9%	▼	90.1%	88.9%	89.2%	93.6%		77.8%		
Rapid Tranquilisation Training	85%	86.3%	▲	90.8%	96.4%	94.2%			47.9%		
MHCT Clustering Training	85%	87.6%	▲	89.9%	91.5%	95.9%					
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	79.1%	▲	81.7%	82.4%	82.3%			53.6%		
Seclusion Training (Priority Areas)	85%	95.5%	▲	92.9%	95.8%	98.0%					
Dual Diagnosis Training (80% target)	80%	88.1%	▼	94.1%	92.0%	87.1%			62.5%		
PMVA Basic Training	85%	79.5%	▼	84.6%	86.4%	81.8%			64.4%		
PMVA Breakaway Training	85%	85.7%	▲	88.4%	83.1%	85.5%					
Information Governance Training	95%	90.7%	▼	93.4%	91.1%	94.0%	82.6%	56.7%	81.1%	53.6%	95.7%
Records and Record Keeping Training	85%	97.8%	▼	99.4%	98.7%	99.2%	90.1%	73.3%	99.3%	96.4%	100.0%

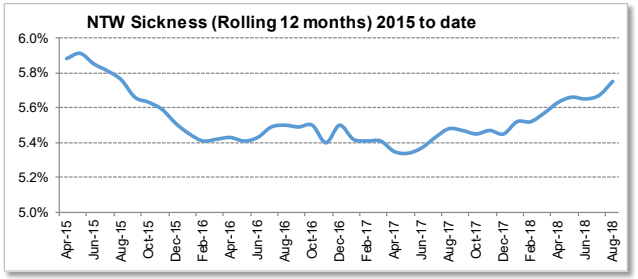
* NB Prior learning may not be reflected in these figures and is being investigated

Appraisals	85%	86.0%	▲	88.1%	88.8%	88.6%	69.3%				93.7%

Managing Attendance - includes NTW Solutions	Target	M5 position	Trend
In Month sickness (provisional)	<5%	5.95%	▼
Short Term sickness (rolling)		1.51%	
Long Term sickness (rolling)		4.24%	
Average sickness (rolling)	<5%	5.75%	▼

NB - NTW Solutions Sickness absence in the month was 6.22%





Best Use of Resources	Target	M5 position	Trend
Agency Spend		£433,970	▲
Admin & Clerical Agency (included in above)		£18,113	▲
Overtime Spend		£152,544	▼
Bank Spend		£825,156	▼

Recruitment, Retention & Reward	Target	M5 position	Trend
Corporate Induction	100%	100.0%	–
Local Induction	100%	98.8%	▼
Staff Turnover (includes NTW Solutions)	<10%	8.6%	–
Current Headcount		6245	

*this is a rolling 12 month figure

Behaviours and Attitudes	M5 position
Disciplinaries (new cases since 1/4/18)	136
Grievances (new cases since 1/4/18)	16

* There is a longstanding difficulty with doctors in training recording on ESR of essential training. The rapid turnover of doctors and complications due to them being not employed by NTW contribute to this. This is a challenge for all trusts and a joint piece of work is being undertaken with NE (NE) and the LET and the trusts to set up a system whereby training done through the let will automatically be recorded on ESR. This is designed to resolve this problem with ESR not reflecting the actual training done, in the meantime we have been running of additional systems within the medical education department to allow more accurate to be available to manage this. Having just gone through August changeover there were further technical issues with the 'pulling through' of Junior Drs training records which are being investigated and monitored closely.

Please note that to improve data quality, the in month sickness figure reported in this report is provisional and will be updated each month with the final figure.

The July 2018 in month sickness figure provisionally reported as 5.44% last month, is now confirmed as 5.90% and the graph above has been updated to reflect this.

7. Quality Goals/Quality Priorities/Quality Account Update August 2018

Progress for the quarter two requirements for each of the 2018-19 quality priorities is summarised below.

Quality Goal:	2017-18 Quality Priority:		Quarterly Forecast Achievement:				
			Q1	Q2	Q3	Q4	Comments
Keeping you safe	1	Improving the inpatient experience					
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.					
	3	Implement principles of the Triangle of Care					
Ensure the right services are in the right place at the right time to meet all your health and wellbeing needs	4	Embedding Trust values					

8. Accountability Framework

N.B reflects the revised Accountability Framework for 2017-18 which took effect from 1st April 2017 (please see Appendix 2)

		North Locality Care Group				Central Locality Care Group				South Locality Care Group				Comments:
	Overall Rating	Q1	Q2 forecast	Q3	Q4	Q1	Q2 forecast	Q3	Q4	Q1	Q2 forecast	Q3	Q4	
		4	4			4	4			4	4			
Quality Governance	Performance against National Standards:	1	1			1	1			1	1			
	CQC Information:	2	3			1	3			1	3			Improvement plans required for the following must do requirements Health checks related to rapid tranquilisation Restrictive practices Nurse Call Systems
	Performance against Contract Quality Standards:	3	3			3	3			3	2			South Locailty Care Group - The Group is below target in relation to 7DFU in South Tyneside.
	Clinical Quality Metrics:	3	4			4	4			4	4			South Locality Care Group -The Group is below target in relation to waiting times, training and CPPP metrics.
Use of Resources	YTD Contribution	1	2			4	4			1	1			
	Forecast Contribution	4	4			4	4			1	1			
	Agency Spend	4	1			1	1			1	1			

9. Service User & Carer Experience Monthly Update August 2018

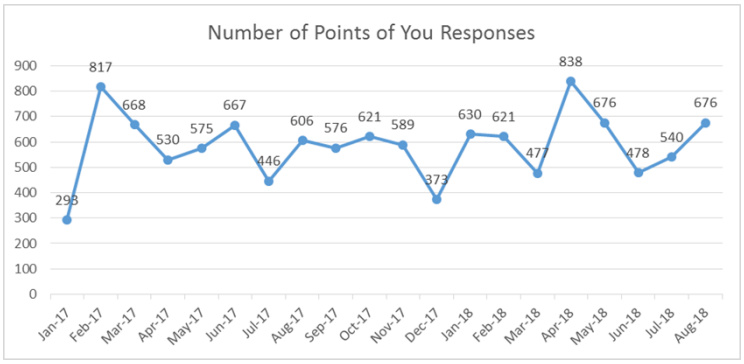
Experience Feedback:

Feedback received in the month – August 2018:

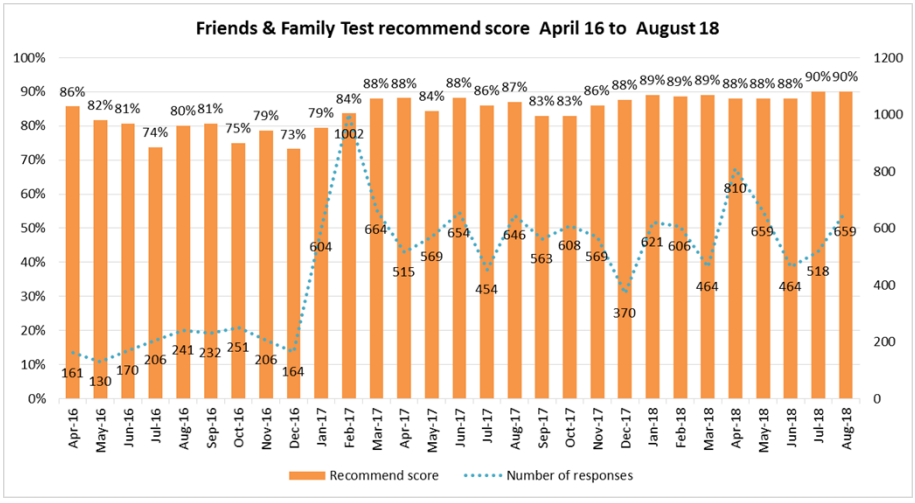
	Responses received August 2018	Results August 2018
Points of You Feedback from Service Users ('Both' option included here)	481	Overall, did we help? Scored: 8.8 out of 10* (8.9 in July)
Points of You Feedback from Carers	195	
Total Points of You responses received	676	FFT Recommend Score**: 90% (90% in July)

* score of 10 being the best, 0 being the worst
** national average recommend score resides around 89%

Graph showing Points of You responses received by month:



In August the number of Points of You responses increased compared to the previous month of July. The results have remained stable with 90% of respondents identifying they would recommend our services to family or friends, which is above the national average of 89%.



Nb 17 of the 676 PoY responses in the month did not answer the FFT question within the survey

10. Mental Health Act Dashboard

Mental Health Act Dashboard					
Key Metrics	**April**	**May**	**June**	**July**	**August**
Record of Rights (Detained) Assessed within 7 days of detention start date	93.3%	93.7%	93.5%	92.4%	94.6%
Record of Rights (Detained) Revisited in past 3 months (inpatients)	97.4%	96.1%	93.6%	91.6%	94.6%
Record of Rights (Detained)Assessed at Section Change within the Period	92.0%	97.4%	92.7%	83.6%	89.0%
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	30.6%	22.1%	17.1%	30.2%	31.0%
Community CTO Compliance Rights Reviewed in Past 3 months			49.1%	73.5%	78.8%
Community CTO Compliance Rights Assessed at start of CTO	70.0%	100.0%	77.8%	70.0%	80.0%

Compliance with the provision of rights to detained patients at the point of detention and repeated within 3 months is above 94% for August. Compliance in relation to the provision of rights when the section the patient is detained under changes has improved slightly from July. Variations in the percentage compliance with the provision of rights to patients at the start of a CTO are noted, this is partially due to the low number of patients involved. The relevant dashboard has (over a number of months) shown compliance with the repeat of rights for CTO patients (within a 3 month period) as consistently above 90%. However a problem with this particular metric was identified at the beginning of July. This has now been rectified and the correct compliance is reflected from June onwards. Further improvement in compliance for August has been noted. This issue has been reported to the Mental Health Legislation Steering Group and all of the relevant Locality Care Groups. Work is ongoing to ensure those patients who are affected will be provided with their rights as soon as possible.

Monthly reports are provided to each of the Locality Care Groups with any exceptions highlighted.

A quarterly activity and monitoring which includes compliance with the provision of rights is reviewed by the Mental Health Legislation Steering Group.

The inclusion of the provision of a repeat explanation of rights within the review date set is to be included in the ‘At a Glance’ boards which are currently being redeveloped. A rights audit has been completed with support from the Mental Health Legislation Team. The findings will be presented at the Mental Health Legislation Steering Group once the final report is available.

Compliance with the completion and recording of capacity assessments in relation to Section 58 type treatment (medication for mental disorder) is low across all metrics measured via the dashboards. In relation to completing and recording a capacity assessment close to the point of detention (Part A of the local form) the dashboards show compliance in August as 31%.

Some detailed investigation/analysis of the dashboard data for that metric has been undertaken and has shown that (as at 19/05/18) capacity assessments had been undertaken in around a further 55% cases. However the dashboard was not counting these as they had either been completed/recorded outside of the required timescales, the recording form was not completed fully or a combination of both. Had the above issues not prevailed then actual compliance at that date would have been around 78%.

Some promotional work to address these issues is underway. A change request has also been submitted to the RiO team for completion of the relevant fields on the form to be made mandatory. It is hoped that when completed this will also improve compliance.

11. Outcomes/Benchmarking/National datasets Update and Other Useful Information

Benchmarking

The Trust has participated in the NHSI community productivity user reference group and has submitted staff data as required.

The draft reports relating to Mental Health and CAMHS have been received and are currently under analysis to allow any amendments to be resubmitted prior to final publication which is expected in November 2018.

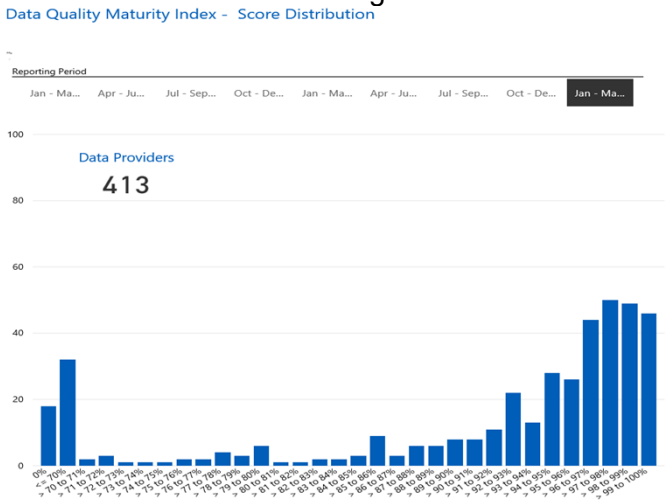
The Trust has registered to participate in the LD Benchmarking collection and we are currently awaiting the final dataset prior to collection which is due for submission November 2018.

The Data Quality Maturity Index (DQMI) is a quarterly publication produced by NHS Digital to highlight the importance of data quality in the NHS. It provides data submitters with information about their data quality. The first publication (May 2016) focussed on the quality of a set of core data items identified by a National Information Board (NIB) working group as being important to commissioners and regulators. Subsequent and future versions of the DQMI have been, and will be, refined based upon stakeholder feedback, and further DQMI's will be developed to include additional data items and data sets submitted nationally by providers.

The DQMI publication includes data from the following datasets relevant to NTW:

- Admitted patient care (APC)
- Outpatient (OP) (including CDS dataset)
- Mental Health Services Dataset (MHSDS) – NB This became part of the SOF from October 2017
- Improving Access to Psychological Therapies (IAPT)

The data below relates to Quarter 4 17/18 (Jan – March 18) which is the latest available data. The Trusts overall DMQI score has decreased to 89.9% from 91.7%. The dataset score relating to MHSDS has reduced therefore decreasing the overall score.



Provider DQMI Values

The Data Quality Maturity Index (DQMI) is a quarterly publication intended to highlight the importance of data quality in the NHS. It provides data submitters with timely and transparent information about their data quality. The first publication focused on the quality of a set of core data items identified by a National Information Board (NIB) working group as being important to commissioners and regulators. Subsequent and future versions of the DQMI have been, and will be, refined based on stakeholder feedback, and further DQMIs will be developed to include additional data items and datasets submitted nationally by providers.

NHS Digital

Return to 'Title Sheet'

Notes:

[1] A hyphen is used to indicate that a dataset was not submitted by a provider.

[2] This score is not used to calculate the final DQMI Score, please refer to the methodology document.

PROVIDER CODE	PROVIDER NAME	DQMI (%)					DATASET SCORE (%) [1,2] Jan 18 - Mar 18							
		Jan 18 - Mar 18 NEW	Oct 17 - Dec 17	Jul 17 - Sep 17	Apr 17 - Jun 17	Jan 17 - Mar 17	A&E	APC	CSDS	DID	IAPT	MHSDS	MSDS	OP
RX4	NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	89.9	91.7	91.7	91.7	92.0	-	91.3	-	-	99.8	86.2	-	85.1

This information can be found at the NHS Digital website link here

12. Improving Access to Psychological Therapies (IAPT)

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

SUNDERLAND CCG PATIENTS - IAPT Only Patients - Quality Metrics in 2018-2019

Outcome Measure	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Access - BAME (% of total service users entering treatment)	TBA	1.55%	3.55%	1.86%	2.39%	3.11%							
Access - Over 65 (% of total service users entering treatment)	TBA	6.06%	5.74%	6.99%	5.32%	6.94%							
Access - Specific Anxieties (% of total service users entering treatment)*	TBA	11.38	10.81%	12.11%	13.93%	5.38%							
Choice - % answering no	TBA	0%	0%	0%	0.00%	0%							
Choice - % answering partial	TBA	3.25%	2.20%	2.01%	3.40%	0.76%							
Choice - % answering yes	TBA	96.75%	97.80%	97.99%	96.60%	99.24%							
Employment Outcomes - Moved from Unemployment into Employment or Education	TBA	4	3	2	0	2							
Patient Satisfaction (Average Score)	TBA	19.70	19.47	19.66	19.22	19.56							
Recovery	50% of patients completing treatment	49.80%	50.50%	51.10%	51.70%	50.70%							
Reduced Disabilty Improved Wellbeing	TBA	35.02%	30.79%	34.29%	30.21%	30.21%							
Reliable Improvement	TBA	70.03%	69.84%	71.34%	70.40%	71.90%							
Self Referrals (% of discharges who had self referred)	TBA	74.73%	73.97%	77.46%	79.43%	76.17%							
Waiting Times	95% entering treatment within 18 weeks	99.85%	100.00%	100.00%	100%	100%							
Waiting Times	75% entering treatment within 6 weeks	99.23%	99.66%	99.69%	99.20%	99%							

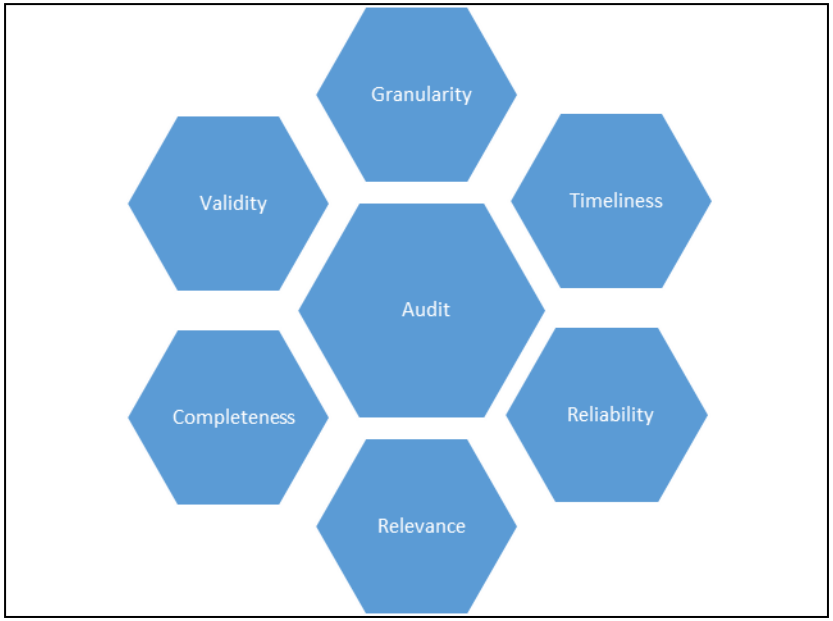
13. Data Quality Plan

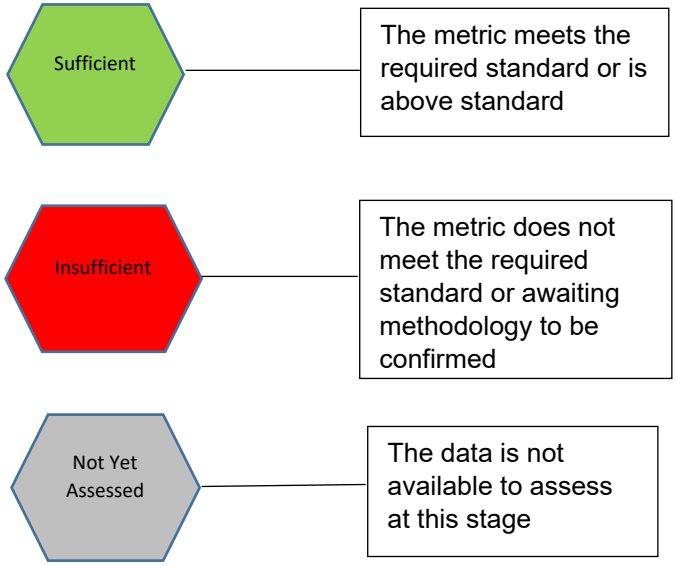
Good quality information underpins the effective delivery of care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2018/19 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

Clinical Record Keeping	We will continue to monitor the use of the RiO clinical record system, learning from feedback and incidents, measuring adherence to the Clinical Records Keeping Guidance and highlighting the impact of good practice on data quality and on quality assurance recording. We will continue to improve and develop the RiO clinical record system in line with service requirements.
NTW Dashboard development	We will continue to review the content and format of the existing NTW dashboards, to reflect current priorities including the development and monitoring of new and shadow metrics that are introduced in line with national requirements. We will continue to develop the Talk 1st and Points of You dashboards.
Data Quality Kitemarks	We will continue to roll out the use of data quality kitemarks in quality assurance reports further.
Data Quality Group	We will implement a Trust wide data quality group.
Mental Health Services Dataset (MHSDS)	We will continue to understand and improve data quality issues and maintain the use of national benchmarking data. We will seek to gain greater understanding of the key quality metric data shared between MHSDS, NHS Improvement and the Care Quality Commission. We will improve our data maturity index score and understand areas where improvement is required.
Consent recording	We will continue to redesign the consent recording process in line with national guidance and support the improvement of the recorded consent status rates.
ICD10 Diagnosis Recording	We will continue to increase the level of ICD10 diagnosis recording across community services.
Mental Health Clustering	We will increase the numbers of clinicians trained in the use of the Mental Health Clustering Tool and improve data quality and data completeness, focusing on issues such as cluster waiting times analysis, casemix analysis, national benchmarking and HoNOS 4-factor analysis to support the consistent implementation of outcomes approaches in mental health.
Contract and national information requirements	We will continue to develop quality assurance reporting to commissioners and national bodies in line with their requirements.
Quality Priorities	We will develop a robust reporting structure to support the quality priorities relating to waiting times and improving inpatient care.
Outcome Measures	We will enhance the current analysis of outcome measures focusing on implementing a system for reporting information back to clinical teams. We will also focus on Improving Access to Psychological Therapies (IAPT) outcomes to ensure preparedness for the introduction of IAPT outcomes based payment in 2018-19.
Sexual orientation monitoring information standard	We will work towards meeting the requirements of the sexual orientation monitoring standard.
Electronic Staff Record (ESR)	We will develop data quality monitoring of ESR data and develop action plans to address issues identified.

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 indictor 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

Accountability Framework – Appendix 2

		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 *(measured at individual contract level)*	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 2nd 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 2nd consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached in 3rd 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

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 26 September 2018

Title and Author of Paper:
Board of Directors and Sub Committees Terms of Reference Annual Review 2018
Lisa Quinn, Executive 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:

- The Board of Directors Terms of Reference was last reviewed at the June 2017 Board meeting.
- The Subcommittee Terms of Reference were last reviewed at the June 2017 Board meeting.
- All subcommittees have completed a self-assessment against their Terms of Reference which is available if requested.
- All Terms of Reference have been reviewed by the respective committee or chair and are attached for approval.

Risks Highlighted to Board :

No additional risks.

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

Assurance in relation to Corporate Governance.

Equal Opportunities, Legal and Other Implications:
None

Outcome Required:
Approval of the Terms of Reference for the Board of Directors and Sub Committees.

Link to Policies and Strategies:
Corporate Governance & Annual Governance Statement

Northumberland, Tyne and Wear NHS Foundation Trust

Board Sub Committees Terms of Reference

1. Overview

The Trust Board and its subcommittees undertake on an annual basis a review of performance against their terms of reference and review terms of reference to ensure they capture all relevant business. The terms of reference were all significantly changed in 2016 and 2017 to reflect recommendations from the external well-led review and the new arrangements for risk management across committees so there have been only minor changes made to terms of reference following this annual review.

The Terms of Reference for the Board of Directors meeting and subcommittees are attached for approval following their annual review.

Appendix	Committee	Change Since last approval
1	Board of Directors	None
2	Resource and Business Assurance Committee	None
3	Quality and Performance Committee	Minor changes in relation to sub groups
4	Mental Health Legislation Committee	Minor corrections to titles to reflect recent changes. The number of Governors on the membership will increase to two
5	Audit Committee	Minor amendments to reflect the specific detail of the group, trust, and subsidiary company
6	Remuneration Committee	None
7	Charitable Funds Committee	To be reviewed at October meeting.
8	CEDAR Programme Board	None
9	Corporate Decisions Team	To be reviewed at October meeting.

2. Recommendation

The Board are asked to:

- Approve the attached Terms of Reference

Lisa Quinn
Executive Director of Commissioning and Quality Assurance
September 2018

Board of Directors
Terms of Reference

Committee Name: Board of Directors

Committee Type: N/A

Timing & Frequency: Monthly

Personal Assistant to Committee: Deputy Director, Communications and Corporate Relations

Reporting Arrangements: N/A

Membership:

Chair:	Chairman	
Deputy Chair:	Vice Chair	
Members:	6 X Other Non-Executive Directors	(8 Non-Executive Members)
	Chief Executive 5 X Executive Directors	(6 Executive Members)
In Attendance:	Deputy Director, Communications and Corporate Relations (Board Secretary)	
Quorum:	5 members including at least 1 Executive Director and 1 Non-Executive Director	
Deputies:	Deputies required for Executive Directors (but no voting rights)	

Purpose:
The Board of Directors is collectively responsible for the exercise of powers and the performance of the Foundation Trust. The general duty of the Board and of each director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for members of the Foundation Trust as a whole and for the public. Its role is to provide entrepreneurial leadership of the Foundation Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed.

Governance Rules and Behaviours:
Collective responsibility/decision making, arbitrated by the Chairman i.e. all members of the Board have joint responsibility for every decision of the Board regardless of their individual skills or status. This does not impact on the particular responsibilities of the Chief Executive Officer as the Accounting Officer. In addition all directors must take decisions objectively and in the best interests of the Foundation Trust and avoid conflicts of interest.

- As part of their role as members of a unitary Board, all directors have a responsibility to constructively challenge during Board discussions and help develop proposals on priorities, risk, mitigation, values, standards and strategy. In particular NEDS should scrutinise (i.e. assess and assure themselves of) the performance of the Executive Management Team in meeting agreed goals and objects, receive adequate information and monitor the reporting performance, satisfying themselves as to the integrity of financial, clinical and other information, and make sure the financial and clinical quality controls, and systems of risk management and governance are robust and implemented.
- Compliance with the Foundation Trusts Standing Orders and Monitor's Code of Governance.
- Members to speak through the Chair, addressing through the chairman using that title.
- Agenda timings may be prioritised to accommodate outside speakers and non-members.
- All members are expected to attend-absenteeism is an exception.
- Meetings will start and end on time.
- Papers to be presented should be concise with the purpose clearly articulated. Papers that have been subject to committee scrutiny should be in the form of a brief summary.
- All blackberries, mobiles must be switched off unless expressly agreed by the Chair.
- Authority to cancel meeting: Chair
- Access to any information, senior management and other employees necessary to discharge its duties.

Scope:

The Board of Directors is responsible for:

- Ensuring the quality and safety of healthcare services, education, training and research delivered by the Foundation Trust and applying the principles and standards of clinical governance set out by the Department of Health, NHS England, the Care Quality Commission and other relevant NHS bodies.
- Setting the Foundation Trust's vision, values and standards of conduct and ensure that its obligations to its members, patients and other stakeholders are understood, clearly communicated and met. In developing and articulating a clear vision for the Foundation Trust, it should be a formally agreed statement of the Foundation Trust's purpose and intended outcome which can be used as a basis for the Foundation Trust's overall strategy, planning and other decisions.
- Ensuring compliance by the Foundation Trust with its licence, its constitution, mandatory guidance by Monitor, relevant statutory requirements and contractual obligations.
- Setting the Foundation Trusts strategic aims at least annually, taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place for the Foundation Trust to meet its priorities and objectives and then periodically reviewing progress and management performance.
- Ensuring that the Foundation Trust exercises its functions effectively, efficiently and economically.

Authority: Decision making

Deliverables:

Leadership
-Clear vision and strategy (implement and communicate)
-Excellent employer (Workforce Strategy, implementation and operation)
-Effective Board and Committee structures, clear lines of reporting and accountability (implement)

Culture, Ethics and Integrity
-Set values (including widely communicating and adherence)
-Promote a patient centred culture of openness, transparency and candour
-Maintain high standards of corporate governance and personal integrity in the conduct of business.
-Application of appropriate ethical standards in sensitive areas e.g. R &D.
-Establish appeals panel as required by employment policies.
--Adherence of directors and staff to codes of conduct.

Strategy
-Strategic vision, aims and objectives (set and maintain)
-Determine nature and extent of risk willing to take in achieving strategic objectives.
-Monitor and review management performance to ensure objectives are met.
-Oversee the delivery of planned services and achievement of objectives.
-Annual Business Plan(develop, maintain, deliver with due regard to the views of the Council of Governors)
-National policies and strategies (address and implement)

Quality
-Achieve quality of service responsibilities for clinical effectiveness, patient safety and experience.
-Intolerance of poor standards and fosters a culture which puts the patients first.
-Engage with stakeholders (including staff and patients) on quality issues and ensure appropriate escalation and dealing with issues.

Finance
-Foundation Trust operates effectively, efficiently, economically.
-Continuing financial viability.
-Resources properly managed and financial responsibilities achieved.
-Achieve targets and requirements of stakeholders within available resources.
-Review performance identifying opportunities for improvement **and** ensuring opportunities taken.

Governance and Compliance
-Comprehensive governance arrangements (including resources managed/deployed, risks identified/managed, accountability).

-Comply with governance and assurance obligations in delivering clinically effective, personal and safe services, taking into account patient and carer experiences and maintaining the dignity of those cared for.
-Comply with principles, standards and systems of corporate governance having regard to Monitor guidance and codes of conduct, accountability and openness applicable to Foundation Trusts.
-Compliance with all paragraphs of Monitor's Licence condition re governance arrangements.
-SOs, SFIs, Schedule of matters reserved for decision by the Board, etc (formulate, implement and review).
-Mental Health Act and other statutory requirements (manage/comply).
-Statutory duties (effectively discharged)
-Required returns and disclosures made to the regulators.

Risk Management
-Effective system of integrated governance, risk management and internal control across all clinical and corporate activities.
-Sound processes and mechanisms re effective user and carer involvement in development of care plans, review of quality of services and development of new services.
-Appropriate appointment and evaluation arrangements for senior positions.

Communication
-Effective communication channel between Foundation Trust Governors, members and staff and local community.
-Meet engagement obligations re Council of Governors and members to ensure Council of Governors equipped with skills and knowledge needed to undertake role.
-Hold meetings in public except where public is excluded for "special reasons".
-Sharing of Board agenda and minutes with Council of Governors and communicate non-confidential Board proceedings publicly, primarily through web site.
-Hold an Annual Members Meeting in public.
-Information on service strategies and plans (effective dissemination and feedback).
-Publish an Annual Report and Annual Accounts.
-Publish an Annual Quality Account

Sub Groups:
The Board will be responsible for reviewing and authorising both standing and time limited committees and their agenda. The following Committees will report to the Board: Audit, Quality and Performance, Mental Health Legislation, Remuneration and Resource and Business Assurance Committee.
The following Working Group will report to the Board: Strategy.

Review: June 2019

Date of Last Review: June 2018

Sub-Committee of the Board of Directors

Terms of Reference

Membership

Committee Name: **Resource and Business Assurance Committee**

Committee Type: Standing sub-committee of Trust Board

Timing & Frequency: Quarterly, Wednesday of week prior to Board of Directors meeting.

Personal Assistant to Committee: PA to Director of Finance/Deputy Chief Executive

Reporting Arrangements: Minutes and Report from Chair to Board of Directors

Chair:	Non-Executive
Deputy Chair:	Non-Executive
Members:	4 Executive Directors - Deputy Chief Executive/Director of Finance Executive Director of Nursing and Chief Operating Officer Executive Director of Workforce and Organisational Change Executive Director Commissioning and Quality Assurance The Executive Medical Director will attend as required
In Attendance:	Group Triumvirate Director Representation (3) Deputy Director of Finance and Business Development Managing Director, NTW Solutions Ltd Director of Informatics Head of Income and Contracted Services 1 Governor PA to Committee
Quorum:	Chair or Deputy Chair 2 Executive Directors
Deputies:	Deputies required for all members and those in attendance

Purpose:
Provide assurance to the Board that:

- The Trust has effective systems and processes in place to secure economy, efficiency and effectiveness in respect of all resources, supporting the delivery of the Trust's Strategy and Operational Plans.
- There is a clear understanding of current and emerging risk to that delivery and that strategic risk in relation to the effective and efficient use of resources and the long term sustainability of the Trust and its services are being managed.

Scope:

- Oversee the assurance delivery against the Trust's financial targets, including the Financial Delivery Plan and the impact of in year delivery on key financial strategic risk.
- Oversee and assure arrangements for quality impact assessments (pre and post implementation) in respect of the Financial Delivery Plans and Business Developments which ensure the impact of initiatives on quality are monitored on an ongoing basis with mitigating actions taken when necessary.
- Oversee arrangements for financial reporting, cash management, internal control and business planning to ensure that they comply with statutory, legal and compliance requirements and that they are developing towards best practice. Ensure that that there is a clear understanding of current and emerging risks and that actions are in place to maintain and continually improve the organisation's position as a high performing Trust for the use of resources.
- Oversee and assure the Trust's delivery of the Capital Programme in the light of service development plans, risk and quality issues, and in line with the Trust's Strategy and Operational Plans and the management of strategic risks.
- Oversee and assure arrangements for managing contractual relationships with Commissioners of services and ensure that there is a clear understanding of current and emerging risks.
- Oversee and assure delivery against specific aspects of the Trust's Workforce Strategy/performance standards ensuring that the Trust has the workforce resources and capacity to deliver the Trust's Strategy and Operational Plans eg workforce planning, recruitment and retention, organisational development, education, training and equality and diversity. Ensure that there is a clear understanding of current and emerging risks.
- Oversee and assure arrangements relating to effective risk evaluation in decision making, and to oversee the development of significant investment and development proposals on behalf of the Board of Directors, including major projects, business case development, commercial partnerships and tenders. Also to receive assurance on effective financial modelling for major tenders, effective project implementation and post project evaluation.
- Oversee and assure arrangements relating to the review the Trust's Marketing Strategy and ensure that the strategy is in line with overall

strategic and operational priorities and addresses emerging and strategic market risks.

- To receive assurance that proper arrangements are in place for the procurement of goods and services and that there is a clear understanding of current and emerging risks.
- To receive assurance that proper arrangements are in place for the management of the Trust's estate and that the infrastructure, maintenance and developmental programme supports the Trust's Strategy, Operational Plans and legal and statutory obligations. Ensure that there is a clear understanding of current and emerging risks.
- To receive assurance that proper arrangements are in place for the management of the Trust's Information Technology and Infrastructure, maintenance and development programme ensuring it supports the Trust's Strategy and Operational Plans, including delivery of improvement and efficiency objectives, and the fulfilment of legal and statutory obligations. Ensure that there is a clear understanding of current and emerging risks. To receive assurance that cash investment decisions are made in line with the Treasury Management Policy, and to review changes to this Policy, where appropriate.
- To receive assurance that appropriate arrangements are in place for insurance against loss across all Trust activities.
- To receive assurance that appropriate arrangements are in place to ensure the delivery of effective services by key workforce strategic partners ie Capsticks and Team Prevent.
- Receive for assurance purposes routine reports from all standing sub groups and any other relevant reports/action plans in relation to current issues.
- Contribute to the maintenance of the Trust's Corporate Risk Register and Board Assurance Framework by ensuring that the risks that the Resource and Business Assurance Committee are responsible for are appropriately identified and effective controls are in place and that strategic risk in relation to the effective and efficient resources, and the long term sustainability of the Trust and its services are being managed.
- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
  - Review the management of the Corporate Risk Register and the Groups top risks;
  - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks;
  - Report to the Board of Directors on any significant risk management and assurance issues.

Authority: To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Committee's scope across the organisation.

Deliverables:
Assurance to the Board that:

- Effective systems and processes are in place to deliver the Trust's Financial Strategy and targets (including the Trust's capital resources) and that there is a clear understanding of current and emerging risk to that delivery.
- Effective systems and processes are in place in respect of quality impact assessments (pre and post implementation) in respect of the Financial Delivery Plans and Business Developments.
- Effective systems and processes are in place to ensure the Trust's delivery against specific aspects of the Trust's Workforce Strategy/performance standards ensuring that the Trust has the workforce resources and capacity to deliver the Trust's Strategy and Operational Plans and that there is a clear understanding of current and emerging risk to that delivery.
- Effective systems and processes are in place to ensure that legislative, mandated (e.g. CQC,CQUIN) and best practice workforce, organisational development, education, training and equality and diversity related outcomes are being delivered.
- Effective services are delivered by key workforce strategic partners i.e. Capsticks and Team Prevent.
- Effective systems and processes are in place to manage commercial activity and business development, in line with the Trust's Strategy, Operational Plans, Trust policies and Monitor requirements, including major projects, business case development, tendering and post project evaluation arrangements and that there is a clear understanding of current and emerging risks.
- Effective systems and processes are in place for managing contractual relationships with Commissioners of services and that there is a clear understanding of current and emerging risks.
- Effective systems and processes are in place for the procurement of goods and services and that there is a clear understanding of current and emerging risks.
- That Estates and Information Technology infrastructure, systems and processes are designed, delivered and maintained to support the delivery of the Trust's Strategy and Operational Plans and that there is a clear understanding of current and emerging risks.
- The risks, that the Resource and Business Assurance Committee are responsible for, are appropriately identified and effective controls are in place and that strategic risk in relation to the effective and efficient resources, and the long term sustainability of the Trust and its services are being managed.

Sub Groups:
Project Boards Links to CDT, Operational Groups and Integrated Business Development Group

Review: **April 2019**

Date of last review: **April 2018**

Sub-Committee of the Board of Directors
Terms of Reference

Committee Name: Quality and Performance Committee (Q&P)

Committee Type: Standing sub-committee of Board of Directors

Timing & Frequency: Six times a year, Wednesday of week prior to Board of Directors meeting

Personal Assistant to Committee: Regulation/Performance Compliance Officer

Reporting Arrangements: Minutes and Report from Chair to Board of Directors

Membership:	
Chair:	Non-Executive
Deputy Chair:	Non-Executive
Members:	3 Executive Directors- Executive Director of Nursing and Chief Operating Officer Executive Medical Director Executive Director Commissioning and Quality Assurance
In Attendance:	Group Triumvirate Director Representation (3) Group Nurse Director, Safer Care 2 Named Officers- Deputy Director of Commissioning and Quality Assurance Chief Pharmacist/Controlled Drugs Accountable Officer Director of Research, Innovation and Clinical Effectiveness 1 Governor PA to Committee
Quorum:	Chair or Deputy Chair 2 Executive Directors
Deputies:	Deputies Required for all members

Purpose:
Provide assurance to the Board that:

- The Trust has effective systems and processes in place for the management of risks pertaining to their area of focus, safety quality and performance across the Trust.
- The Trust has an effective Assurance/Performance Framework.
- The Trust complies with the law, best practice, governance and regulatory standards which are within the Committee's scope.

Scope:

- Oversee and assure the successful implementation of key quality and performance strategies, programmes of work and systems.
- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
    - Review the management of the Corporate Risk Register and the Groups top risks;
    - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks;
    - Report to the Board of Directors on any significant risk management and assurance issues.
- Gain assurance that the Trust's action plans in relation to compliance and legislative frameworks, which are within the scope of the Committee, are robust, completed and signed off.
- Oversee and assure the implementation of NICE Guidance and other nationally agreed guidance as the main basis for prioritising Clinical Effectiveness.
- Monitor through its various sub groups the Trust's continued compliance with the CQC's Fundamental Standards.
- Monitor compliance against the Coroners Amended Rules 2008, in particular to the amendment to Regulation 28, whereby the Trust will respond within 56 days.
- Gain assurance from each of the Operational Groups that they have effective systems and processes in place to ensure standards of care, compliance with relevant standards, quality, risk and assurance arrangements.
- Monitor through a review of periodic thematic reports themes and trends relating to quality issues including Serious Incidents, Incidents, Near Misses and Complaints gaining assurance regarding lessons learnt and changes in practice/service improvement.
- Gain assurance that information from patient and carer experience is informing service improvement.
- Gain assurance that information from staff experience is informing service improvement.
- Gain assurance through periodic exception reports from the Committee's Sub Groups, as to their effectiveness in delivering their Terms of Reference.
- Gain assurance through annual reports on specific areas, which are within the scope of the Committee, on compliance with best practice, national standards and legislative frameworks.eg Controlled Drugs report from the Accountable Officer, Information Governance, Caldicott etc.
- Gain assurance regarding the effectiveness of the systems and processes relating to Clinical Audit and Board Assurance Framework audits.
- Receive routine updates from the Council of Governors Quality Group to ensure the Committee has links to relevant service user/carer and Governor forums.

Authority:
To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Committee's scope across the organisation.

Deliverables
Assurance to the Board re:

- The successful implementation of key quality and performance strategies, programmes of work and systems.
- That there is an effective risk management system operating across the Trust including Group Risk Registers, a Corporate Risk Register and Board Assurance Framework which provides assurances to the Board that effective controls are in place to manage corporate risks.
- The Trust's action plans in relation to compliance and legislative frameworks are robust and completed/signed off, with the exception of areas covered by the Resource and Development Committee and Mental Health Legislation Committee.
- The implementation of NICE Guidance and other nationally agreed guidance are the main basis for prioritising Clinical Effectiveness.
- The Trust's continued compliance with the CQC's Fundamental Standards.
- Compliance against the Coroners Amended Rules 2008.
- Standards of care, compliance with relevant standards and quality and risk arrangements in each Operational Group.
- That information from patient and carer experience, including themes and trends, is informing service improvement.
- That information from staff experience, including themes and trends, is informing service improvement.
- The operation of all standing sub groups and delivery of any relevant reports/action plans in relation to current issues.
- The management and use of Controlled Drugs within the Trust and across the local prescribing interface with the statutory Local Intelligence Network.
- The Committee has links to relevant service user/carer and Governor Forums.
- Effective systems and processes are in place with regard to clinical audits and Board Assurance Framework audits including robust processes to ensure recommendations and action plans are completed.
- The risks, that the Quality and Performance Committee are responsible for, are appropriately identified and effective controls are in place.

Sub Groups:

Health, Safety and Security, Positive and Safe, Learning and Improving Practice, Emergency Preparedness, Resilience and Response, Caldicott and Health Informatics, Medicines Optimisation, Clinical Effectiveness, Research and

Development, Safeguarding and Public Protection, Physical Health and Wellbeing, Infection, Prevention and Control, Patient and Carer Experience and Group Quality Standards.

Also links with Council of Governors Quality Group, CQC Compliance Group and Risk Management and Workforce – Sub Groups of CDT.

Review: May 2019

Date of Last Review: May 2018

Sub-Committee of the Board of Directors
Terms of Reference

Committee Name: Mental Health Legislation Committee

Committee Type: Standing sub-committee of Board of Directors

Timing & Frequency: Quarterly, Wednesday of week prior to Board of Directors meeting

Personal Assistant to Committee: PA Directorate

Reporting Arrangements: Minutes and Report from Chair to Board of Directors

Membership:	
Chair:	Non-Executive
Deputy Chair:	Non-Executive
Members:	3 Executive Directors- Executive Medical Director Executive Director of Nursing and Chief Operating Officer Executive Director Commissioning and Quality Assurance
In Attendance:	3 Locality Care Group Director Representation 1 from North 1 from Central 1 from South Executive Medical Director responsible for the Mental Health Act Non-Medical Responsible Clinician Heads of Mental Health Act CYPS Representative
Quorum:	2 Governors PA to Committee
Deputies:	Chair or Deputy Chair and 2 Executive Directors Deputies required for all members

Purpose:
Provide assurance to the Board that:

- There are systems, structures and processes in place to support the operation of Mental Health Legislation within inpatient and community

settings, and to ensure compliance with associated code of practice and recognised best practice.
- The Trust has in place and uses appropriate policies and procedures in relation to Mental Health Legislation and to facilitate the publication and guidance of the legislation to all relevant staff, service users, carers and managers.
- Hospital Managers and appropriate staff groups receive guidance, education and training in order to understand and be aware of the impact and implications of all new relevant mental health and associated legislation.

Scope:

- Ensure the formulation of Mental Health Act Legislation Steering Group and receive quarterly assurance reports on the Mental Health Legislation Steering Group's activities in relation to activities.
- Keep under review annually the Trusts "Delegation of Statutory Functions under the Mental Health Act 1983" policy including the Schedule of Delegation appended to that policy.
- Receive and review the Mental Health Act Activity Report.
- Receive assurance from the Mental Health Legislation Steering Group that the Trust is compliant with legislative frameworks and that there are robust processes in place to implement change as necessary in relation to Mental Health legislation and report on ongoing and new training needs.
- Receive the results in relation to the monitoring of policies linked to the Mental Health Act and Mental Capacity Act legislation and monitor any associated action plans.
- Consider and recommend the Annual Audit Plan in relation to Mental Health Legislation.
- Receive assurance that new law guidance and best practice is disseminated and actioned appropriately.
- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
    - Review the management of the Corporate Risk Register and the Groups top risks;
    - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks;
    - Report to the Board of Directors on any significant risk management and assurance issues.

Authority:

To act on behalf of the Board to receive assurances that effective arrangements are in place with regard to those areas within the Committee's scope across the organisation.

Deliverables:
Assurance to the Board re:

- The effective implementation of Mental Health Legislation within inpatient and community settings and compliance with associated Codes of Practice.

- The necessary policies and procedures in relation to mental health legislation are in place, updated and reviewed in line with legislative changes.

- The Trust's "Delegation of Statutory Functions under the Mental Health Act 1983" policy including the Schedule of Delegation appended to that policy, is reviewed annually.

- The Trust's compliance with requirements of the Mental Health Act and Mental Capacity Act Codes of Practice in respect of the intelligent mental health legislation and activity and monitoring reports.

- The Trust's compliance with legislative frameworks and that robust processes are in place to implement change as necessary in relation to Mental Health Legislation and reporting on ongoing and new training needs.

- Effective systems and processes are in place in respect of the monitoring of policies linked to the Mental Health Act and Mental Capacity Act legislation including robust processes to ensure recommendations and action plans are completed.

- Effective systems and processes are in place in respect of the dissemination and auctioning of new law guidance and best practice.

- The risks that the Mental Health Legislation Committee is responsible for are appropriately identified and effective controls are in place.

Recommend the Annual Audit Plan in relation to Mental Health Legislation to the Audit Committee.

Sub Groups:
Mental Health Act Legislation Steering Group
Any other task and finish sub groups

Review: July 2019

Date of Last Review: July 2018

Sub-Committee of the Board of Directors
Terms of Reference

Committee Name: Audit Committee

Committee Type: Standing sub-committee of Board of Directors

Timing & Frequency:

- Minimum requirement of 5 times per year. If required, meetings may be held by conference call with the approval of the Committee Chair
- 7 meetings scheduled around known events and the Board cycle (April, May, July, September, November, February and March)
- At least annually, the Committee should meet privately with external and internal Auditor
- The Trust Chief Executive, External Auditors or Head of Internal Audit may request an additional meeting if they consider one necessary

Committee Secretary: Deputy Director, Communications and Corporate Relations
Reporting Arrangements: Minutes and Report from Chair to Board of Directors

Membership:	
Chair:	Non-Executive
Deputy Chair:	Non-Executive
Members:	3 Non Executives in total, including the Chair and Deputy Chair. (The Trust Chair may not be a member of the Audit Committee and at least one member must have recent and relevant finance experience)
In Attendance:	Executive Director of Finance Executive Director of Commissioning and Quality Assurance Director of Finance, NTW Solutions Deputy Director Communications and Corporate Relations Minimum of 1 Governor (observer)
When required:	The Chief Executive, Executive Directors and staff may attend. In particular the Chief Executive should attend meetings to discuss the process for assurance that supports the Governance Statement. The Chief Executive should also attend when considering the draft Annual Governance Statement and the Annual Report and Accounts.

Non staff in attendance:	External Auditor representative(s) Internal Auditor representative(s) Local Counter Fraud Specialist(s)
Quorum:	2 members
Deputies:	No Deputies for members Deputies may be required for attendees

Purpose:
To provide assurance to the Board of Directors that effective internal control arrangements are in place for the Trust and its subsidiary companies. The Committee also provides a form of independent check upon the executive arm of the Board of Directors. The Accountable Officer and Executive Directors are responsible for establishing and maintaining processes for governance. The Committee independently monitors, reviews and reports to the Board of Directors on the process of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.

Governance, rules and behaviours:
The Committee is authorised by the Board of Directors to:

- Investigate any activity within its Terms of Reference.
- Seek any information it requires from any employee of the Trustor its subsidiary companies (who are directed to co-operate)
- Obtain outside legal or other independent professional advice and secure attendance of outsiders with relevant experience and expertise it considers necessary.
- The Head of Internal Audit, representative of External Audit and counter fraud specialists have a right of access to the Chair of the Committee.
- The Committee has delegated authority from the Council of Governors to activate the policy for the engagement of the External Auditor to undertake additional services.
- Compliance with Monitor's Code of Governance and NHS Audit Committee Handbook (unless inappropriate).
- Collective responsibility/decision making, arbitrated by the Chair of the Committee
- Authority to cancel meeting: Chair of the Audit Committee

Scope:
Integrated Governance, Risk Management and Internal Control: Oversee the risk management system and obtain assurances that there is an effective system operating across the Trust. Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the Trust and Subsidiary Companies that supports the achievement of the organisations objectives (both clinical and non-clinical). In particular the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal

Audit opinion, External Audit opinion or other appropriate independent assurances, prior to submission to the Board of Directors.

- The underlying assurance processes that indicates the degree of achievement of the organisation's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certification.
- The policies and procedures for all work related to fraud as required by NHS Protect.
- In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit, local Counter Fraud Specialists and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of audit and assurance functions that report to it.
- As part of its integrated approach, the Committee will have effective relationships with other key Committees so that it understands processes and linkages. However these other Committees must not usurp the Committees role.

Internal Audit: Ensuring an effective Internal Audit function that meets the Public Sector Internal Audit Standards and provides independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

- Consideration of the provision of the Internal Audit function and the costs involved.
- Review and approval of the Internal Audit Plan, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- Consideration of the major findings of internal audit work (and managements response), and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the function is adequately resourced and has appropriate standing within the organisation.
- Monitoring the effectiveness of internal audit and carrying out an annual review.

Counter Fraud: Ensuring adequate arrangements are in place for countering fraud and reviewing the outcomes of counter fraud work. This will be achieved by:

- Consideration of the provision of the counter fraud function and the costs involved.
- Review and approval of the counter fraud strategy, annual work plan and the three year risk based local proactive work plan.

- Consideration of the major findings of counter fraud proactive work (and management responses), review of progress against plans and the annual report on arrangements.
- Ensuring that the function is adequately resourced and has appropriate standing within the organisation.
- Monitoring the effectiveness of the counter fraud function and carrying out an annual review, taking into account the outcome of the NHS Protect quality assessment of arrangements.

External Audit: The Committee shall review and monitor the External Auditor's independence and objectivity and the effectiveness of the audit process. In particular review the work and findings of the external auditors and consider the implications and management responses to their work. This will be achieved by:

- Discussion and agreement with the External Auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan.
- Discussion with the External Auditors of their evaluation of audit risks and assessment of the Trust and impact on the audit fee.
- Review all reports, including the reports to those charged with governance arrangements, including the annual management letter before submission to the Board of Directors and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.
- Support the Council of Governors with their duty to appoint, re-appoint and remove the External Auditors as stipulated by Monitor's Code of Governance.
- Develop and implement a policy, with Council of Governors approval, that sets out the engagement of the External Auditors suppling non-audit services. This must be aligned to relevant ethical guidance regarding the provision of non-audit services by the External Audit firm.

Other Assurance Functions: Review the findings of other significant assurance functions, both internal and external to the organisation, and consider governance implications. These will include, but will not be limited to:

- Reviews by the Department of Health Arm's Length Bodies or regulators/inspectors (e.g. CQC, NHSLA, etc.) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc)
- Review the work of other Committees within the Trust at its Subsidiary Companies, whose work can provide relevant assurance to the Audit Committee's own areas of responsibility. In particular, this will include the Committee with the remit for clinical governance, risk management and quality.
- In reviewing the work of the aforementioned Committees, and issues around clinical risk management, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

Management: Request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk

management and internal control. Request specific reports from individual functions within the organisation (e.g. clinical audit).

Financial Reporting: Monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance. The Committee should also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board of Directors.

Review the Trust's internal financial controls and review the Annual Report and financial statements before submission to the Board of Directors, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.
- Changes in, and compliance with, accounting policies, practices and estimation techniques.
- Unadjusted miss-statements in the financial statements.
- Significant judgements in preparation for financial statements.
- Letter of representation.
- Explanation for significant variances.

Quality Accounts: Review the draft Quality Accounts before submission to the Board of Directors for approval, specifically commenting on:

- The robustness of the processes behind the Quality Accounts.
- Compliance with the requirements of the NHS Reporting Manual.
- The findings and conclusion of limited assurance report from the External Auditor.
- The content of the Governors' report to Monitor and the Council of Governors.
- Supporting controls e.g. data quality, if appropriate.

Whistle blowing: The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that such concerns are investigated proportionately and independently. This will include specific processes quoted in Monitor's Code of Governance.

Reporting: In addition to the reporting to the Board of Directors on how the Committee discharges its duties after every meeting, the Committee will report to:

1. The Board of Directors annually on its work in support of the Annual Governance Statement, specifically commenting on:

- The fitness for purpose of The Assurance Framework.
- The completeness and embeddedness of risk management in the organisation.
- The integration of governance arrangements.
- The appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to the its existence as a functioning business, and
- The robustness of the processes behind the Quality Accounts.
- The Council of Governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.

2. The Council of Governors annually on:

- The Engagement Letter and fees.
- The Annual Management Letter.
- An assessment of the External Auditor's work and fees commenting on whether the work is of a sufficiently high standard and the fees are reasonable and including a recommendation with respect to the retention of the auditor.

The Audit Committee Annual Report should also describe how the Committee has fulfilled its Terms of Reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed along with other responsibilities specified in Monitor's Code of Governance.

Monitoring: The Committee will review its performance annually against its Terms of Reference.

Authority:
The Committee independently reviews subjects within its Terms of Reference, primarily by receiving reports from the external auditor, internal auditor, local counter fraud specialist, management and any other appropriate assurances. Depending on the purpose of the report the Committee may:

- Note and/or accept issues, the position, progress or assurance
- Approve/agree arrangements
- Require further information or monitoring/ actions
- Recommend approval to the Board of Directors
- Highlight key issues to the Board of Directors

Deliverables:
Assurance to the Board re:

Integrated Governance, Risk Management and Internal Control: The establishment and maintenance of an effective system of integrated governance, risk management and internal control across the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisations objectives.
Internal Audit: An effective Internal Audit function that meets the Public Sector Internal Audit Standards and provides independent assurance to the Audit Committee, Chief Executive and Board of Directors.
Counter Fraud: That the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.
External Audit: External Auditor's independence and objectivity and the effectiveness of the audit process.
Other Assurance Functions: The findings of other significant assurance functions, both internal and external to the organisation and the implications for the governance of the organisation are considered. That the work of other Committees within the organisation provide relevant assurance to the Audit Committee's own

areas of responsibility. The clinical audit functions effectiveness in terms of providing assurance regarding issues around clinical risk management.
Management: The overall arrangements for governance, risk management and internal control, having regard to evidence and assurances provided by directors and managers and specific reports from individual functions within the organisation (e.g. clinical audit).
Financial Reporting: The integrity of financial statements, systems for financial reporting, internal financial controls, the Annual Report and financial statements, including the wording of the Annual Governance Statement.
Quality Accounts: The draft Quality Accounts before submission to the Board of Directors for approval.
Whistle blowing: Effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and subsequent investigations.
Reporting: An Annual Report will be presented to the Board of Directors on its work in support of the Annual Governance Statement.

Sub Groups:	None
Linkages to:	Board of Directors Other Sub Committees of the Board Corporate Decisions Team Council of Governors

Review: The terms of reference of the Audit Committee will be reviewed at least annually

Date of Last Review: May 2018

Sub-Committee of the Trust Board
Terms of Reference

Committee Name: Remuneration Committee

Committee Type: Sub Committee of the Trust Board

Timing & Frequency: At least once a year, quarterly and held on Wednesday of week prior to Trust Board meeting

Committee Secretary: Deputy Director, Communications and Corporate Relations

Reporting Arrangements: Due to the confidential and sensitive information concerning members of the Board of Directors, the Board shall receive a verbal summary of the committee meeting (rather than committee minutes).

Membership:	
Chair:	Trust Chair
Deputy Chair:	Trust deputy Chair
Members:	All Non-Executive Directors
In Attendance:	Deputy Director, Communications and Corporate Relations The Chief Executive and other Executive Directors shall not be in attendance when their own Terms and Conditions are discussed but may, at the discretion of the Committee attend to discuss the terms of other staff.
Quorum:	4 members
Deputies:	The Trust Vice Chair to deputise for Trust Chair but no deputies for Non-Executive Directors.

Purpose:

To decide and review the terms and conditions of office of the Foundation Trust's Executive Directors and comply with the requirements of NHS Improvement/ Monitor's Code of Governance and any other statutory requirements.

Governance, rules and behaviours:

- Collective responsibility/decision making arbitrated by the Chair.
- Compliance with the Foundation Trust's Standing Orders (where applicable) and NHS I/ Monitor's Code of Governance.
- All members are expected to attend - absenteeism is an exception.
- Authority to cancel meeting: Chair

Scope:

To decide and review the terms and conditions of office of the Foundation Trust's Executive Directors and comply with the requirements of Monitor's Code of Governance and any other statutory requirements.

To review the arrangements for local pay Band 8C and above in accordance with national arrangements for such members of staff where appropriate.

To decide and review the terms and conditions of office for the directors of NTW Solutions.

Authority: Decision making

Deliverables:

Decide upon, after taking appropriate advice and considering benchmarking data, appropriate remuneration and terms of service for the Chief Executive, Executive Directors employed by the Trust and Directors of NTW Solutions including:

- All aspects of salary (including any performance related elements/bonuses),
- Provisions for other benefits including pensions and cars;
- Arrangements for termination of employment and other contractual terms.

In addition, the Remuneration Committee will review the arrangements for local pay Band 8C and above in accordance with national arrangements for such members of staff where appropriate.

Ensure that remuneration and terms of service of Executive Directors takes into account their individual contribution to the Trust, having proper regard to the Trusts circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate.

Advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of national guidance.

Receive a report on the outcomes of the appraisals for the Directors from the Chief Executive.

Ensure compliance with Monitor's Code of Governance by taking the lead on behalf of the Board of Directors on:

- The Board of Directors shall not agree to a full time Executive Director taking one or more Non-Executive directorship of an NHS Foundation Trust or any other organisation of comparable size and complexity, nor the chairman ship of such an organisation.
- The Remuneration Committee should not agree to an executive member of the Board leaving the employment of an NHS Foundation Trust, except in accordance with the Terms of their contract of employment,

including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the Board first having completed and approved a full risk assessment.

Ensure compliance with Monitor's Code of Governance relating to the appointment of Executive Directors and the appointment and removal of the Chief Executive.

- The Chairman and other Non-Executive Directors and (except in the case of the appointment of a Chief Executive) the Chief Executive, are responsible for deciding the appointment of Executive Directors, i.e. all Executive Directors should be appointed by a committee of the Chief Executive, Chairman and Non-Executive Directors.
- It is for the Non-Executive Directors (including the Chairman)to appoint and remove the Chief Executive. The appointment of a Chief Executive requires the approval of the Council of Governors.
- The roles of the Chairman and Chief Executive must not be undertaken by the same individual.

Ensure compliance with the requirements of "NHs Employers: Guidance for employers within the NHS on the process for making severance payments".

- Prior to receiving agreement to make a special severance payment from Monitor and before presenting a paper to the HM Treasury for approval, the Trust must follow the steps outlined in the guidance and be satisfied that termination of the employees employment, together with making a severance payment, is in the best interests of the employer and represents value for money. The Remuneration Committee should consider the proposal which should contain a Business Case for the severance payment.
- The Remuneration Committee's role is to:
  - Satisfy itself that it has the relevant information before it, to make a decision.
  - Conscientiously discuss and assess the merits of the case.
  - Consider the payment or payment range being proposed and address whether it is appropriate taking into account the issues set out under initial considerations. The Committee should only approve such sum or range which it considers value for money, the best use of public funds and in the public interest.
  - Keep a written record summarising its decision (remembering that such a document could potentially be subject to public scrutiny in various ways, for example by the Public Accounts Committee.

Sub Groups:
No Sub Groups
Linkages:
Trust Board

Review: June 2019

Date of Last Review: June 2018

Sub-Committee of the Board of Directors
Terms of Reference

Meeting Name: CEDAR Programme Board

Meeting Type: Programme Board reporting to the Board of Directors

Timing & Frequency: Monthly, Third Thursday of Every Month

Personal Assistant to Committee: Programme Director PA

Reporting Arrangements: Reports to the Board of Directors

Membership:	
Chair:	Non-Executive Director
Deputy Chair:	Executive Director of Finance & Deputy CEO
Members:	Executive Director of Nursing and Chief Operating Officer Executive Director of Commissioning & Quality Assurance Deputy Chief Operating Officer Group Triumvirate Director (Central) CEDAR Programme Director Managing Director NTW Solutions Deputy Director of Finance Associate Director (North) 2 x Associate Director (Central) Project Manager (Central) CEDAR Project Manager Head of Finance and Business Development (Central) Head of Finance and Business Development (North) Patient & Carer Engagement Lead (Central) Workforce & OD Lead (Central) CCG Lead, Newcastle & Gateshead CCG Lead, Northumberland 2 x Staff Side Leads PA to Committee
Quorum:	Chair or Deputy Chair 2 x Group representatives
Deputies:	Deputies Required for all members wherever possible

Purpose:

To develop, oversee and manage the interface between the NTW "major development" capital schemes in conjunction with NHS England new models of care programmes, NHS England national reviews, the Newcastle & Gateshead Delivering Together programme and any other external stakeholder initiatives or consultations that may relate to the capital schemes in scope. The Programme Board will develop and monitor an overall programme plan which will incorporate appropriate timescales and milestones. The projects in scope are as follows:

- Alnwood Re-provision
- Adult Secure Service Re-provision
- Newcastle & Gateshead Delivering Together Inpatient Re-provision
- Overseeing the development of plans relating to the utilisation of hospital space at St George's Park

Scope:

The scope of the programme is focused on the re-provision of new adult acute mental health care, older people's organic and functional care facilities for Newcastle and Gateshead; and the re-provision of new adult and adolescent MSU in-patient facilities provided as part of the NHS England contracts. The programme is intrinsically linked with wider care model developments and national reviews:

- New Care Models for Adult Secure Services
- NHS England National Adolescent MSU review
- Newcastle & Gateshead Delivering Together
- Oversee the development of plans on the utilisation of hospital space at St George's Park
- Re-provision of Rose Lodge

To support the development of proposals and the submission of business cases for all of the in-patient schemes within scope,

Authority:

To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Programme Board's scope across the organisation and to have delegated decision making authority with regards to achieving programme objectives.

Deliverables

The delivery of high standard care facilities for patients, carers and staff that provide healing environments to support a wide range of treatment strategies and stimulate recovery by:

- Making the best use of all available resources, by implementing affordable, sustainable solutions, including where appropriate, disposal and acquisition of land assets
- Optimising patient, carer and staff experiences in the built form and surrounding environment
- Achieving full compliance with national guidance and standards concerning the built form
- Supporting and enhancing integrated patient pathways that align to wider care model developments and commissioning intentions

The above are underpinned by broadly held views that built facilities are an important, but not the only, element of service pathways, and that the principal focus of resource allocation should be on a wide range of community based services.

Sub Groups:
Core Programme Team Meeting

Review: Annually
Date of Last Review: May 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 26th September 2018

Title and Author of Paper: CQC Focussed Inspection Reports

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

Paper for Debate, Decision or Information: Information & Discussion

Key Points to Note:

Following a reported choking incident at Hopewood Park in April 2017, the CQC subsequently undertook a focussed inspection visit to two core services:

- Acute wards for adults of working age and psychiatric intensive care units (Beckfield, Hopewood Park and Alnmouth, St George's Park) - Report
- Long stay rehabilitation mental wards for working age adults (Bridgewell Ward, Hopewood Park and Kinnersley Ward, St George's Park) - Report

The CQC did not rate either core service as part of this focused inspection and the report findings were published on the CQC website on the 25th July 2018.

The following areas of good practice were found:

- Patients' risks were being assessed, monitored, and managed on a daily basis. Staff recognised changes in risk and responded appropriately.
- Staffing levels were adequate to keep people safe and effective handovers were taking place to ensure staff were able to manage risks.
- Staff were raising concerns and reporting incidents. These were investigated appropriately and lessons were communicated widely to support improvement.
- Patients were receiving a comprehensive assessment of their needs. Care and treatment was delivered through care plans, which reflected their needs.
- Staff had the skills required to deliver care and treatment. Learning needs were being identified and training was delivered to meet these needs.
- Staff were working together to assess, plan and deliver care and treatment.

However the CQC found an area for improvement and the following action should be taken to improve:

- The trust **should** ensure that all risk assessments reflect any choking or swallowing needs, which have been identified.

This action has been added to the Trust-wide Action plan which is monitored through the CQC Quality Compliance Group on a monthly basis.

Risks Highlighted:
Does this affect any Board Assurance Framework/Corporate Risks: No
Equal Opportunities, Legal and Other Implications: None
Outcome Required / Recommendations: For information and discussion
Link to Policies and Strategies:

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 26th September 2018

Title and Author of Paper: CQC Action Plans 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:

During the well led review and core service inspections of the Trust undertaken by the CQC in April and May 2018, there were a number of areas for improvement identified, three of these were breaches in legal requirement which were raised during the visit to the Acute wards for adults of work age and psychiatric intensive care units:-

- The trust must ensure patients have access to a nurse call system in the event of an emergency.
- The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.
- The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation.

The Trust was required to produce formal action plans identifying actions taken to address these three very specific issues. These were submitted to the CQC on 30th August 2018 following approval by the Trust's Executive Directors.

Additionally the CQC identified 19 "should do" actions which are described in the following report. The Trust has developed an internal action plan to address these issues.

The above action plans for "must do's" and "should do's" will be monitored and progress reported through the Trust CQC Quality Compliance Group which is a sub group of CDT-Q. Progress against must do action plans will also be reported to the Trust Board routinely.

Risks Highlighted: Areas for Improvement highlighted within the report

Does this affect any Board Assurance Framework/Corporate Risks: N/A

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required / Recommendations: for information and discussion

Link to Policies and Strategies: N/A

Northumberland, Tyne and Wear NHS Foundation Trust

CQC Action Plans 2018

"Must Do" Actions

During April and May 2018 the CQC undertook a well led inspection of NTW and carried out unannounced core service inspections to the following areas:-

- Acute wards for adults of work age and psychiatric intensive care units
- Wards for older people with mental health problems
- Child and adolescent mental health wards
- Specialist community mental health services for children and young people

Following the inspection the Trust were informed that CQC had identified three breaches of legal requirements which resulted in two requirements notices being issued to the Trust. The breaches were all within the core service "Acute wards for adults of work age and psychiatric intensive care units". The Trust were required to submit formal action plans to the CQC. These issues are known as "must do's" and are shown below:-

- The trust must ensure patients have access to a nurse call system in the event of an emergency.
- The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.
- The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation.

A series of three task and finish groups were established to look at the each breach of legal requirement identified and develop an action plan that would address the issue. The action plans were approved by the Trusts Executive Directors and submitted to the CQC on 30th August 2018 within the required deadline. A copy of the 3 action plans is attached at appendix 1.

The action plans developed require the issue in relation to nurse call systems to be addressed by the end of quarter 3 19/20 (December 2019), the timescales for completion of this work are considerable due to the PFI arrangements that the Trust is subject to; whilst the other two have completion dates of end of quarter 1 19/20 (June 2019). The progress with the action plans will be monitored and progress reported through the Trusts monthly CQC Quality Compliance Group which is a sub-group of CDT-Q.

“Should Do” Actions

Additionally during the inspection the CQC identified 19 “should do” actions as shown below:-

Trust-wide

- The trust should ensure that there are robust systems in place to record and review restrictive practices for trust-wide and ward level blanket restrictions and ensure that restrictions are removed as soon as practicable.
- The trust should ensure that all staff complete annual appraisals in line with trust policy and that clinical supervision sessions are carried out and recorded effectively.
- The trust should consider that written outcomes following disciplinary and grievance hearings are issued to staff in a timely manner and in line with trust policy.

Acute wards for adults of working age and psychiatric intensive care units

- The trust should review the use of mechanical restraint as an intervention in the management of violence and aggression in acute mental health wards and psychiatric intensive care unit services with the aim to reduce its use.
- The trust should ensure that a protocol is introduced to support staff to safely transfer patients from Lowry ward to the seclusion room in a way that maintains patients’ privacy and dignity.
- The trust should ensure that all staff consistently receive appropriate supervision.
- The trust should ensure that patients are involved in decisions about their care and treatment and that this is documented in care plans.
- The trust should ensure that staff document assessments of mental capacity and best interest decisions in a consistent manner. Systems should be implemented to monitor compliance with the Mental Capacity Act.
- The trust should continue implementation of the improvement of acute mental health services in the central locality.

Wards for older people with mental health problems

- The trust should ensure all areas are clean and signage is clear and in good order.
- The trust should ensure that risk assessments are completed with as much detail as is pertinent.
- The trust should ensure that hand written patient information is added to the computer record in a timely way.
- The trust should ensure the use of mechanical restraint is only used when all other interventions have failed and patient and safe safety is of concern.

Child and adolescent mental health wards

- The trust should continue to reduce the use of restrictive interventions including the use of mechanical restraint.
- The trust should ensure that staff show how patients are involved in the creation and review of their care plans and that care plans contain patients’ views.

- The trust should ensure that staff record discharge planning in patients' care plans.
- The trust should ensure that where practicable that potential ligature anchor points are reduced and removed. Anti-ligature alternatives should be in place wherever possible.

Specialist community mental health services for children and young people

- The trust should ensure they have a system for monitoring the risks of young people on the waiting list for treatment.
- The trust should ensure the assessment of a child or young person's competence under Gillick competence is readily accessible within the electronic patient record.

The Trust has developed internal action plans to address all of the issues highlighted above which will be monitored and progress reported through the Trusts monthly CQC Quality Compliance Group which is a sub-group of CDT-Q.

Anna Foster
Deputy Director of Commissioning and Quality Assurance
September 2018

Appendix 1

Regulated activity(ies)	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	**Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment**
	How the regulation was not being met:
	The trust must ensure patients have access to a nurse call system in the event of an emergency.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Actions taken post inspection, position as at 30th August 2018:

Baseline position of current Trust-wide nurse call systems.

"Optimum standard" agreed for nurse call system for *acute wards for adults of working age and psychiatric intensive care units* that takes into account key features of the DoH Health Building Notes 03-01: Adult acute mental health units and Accreditation for Inpatient Mental Health Services (AIMS).

Costings and timescales calculated to achieve the "optimum standard" for the *acute wards for adults of working age and psychiatric intensive care units*.

Identified distance from "optimum standard" for all other inpatient core mental health services (cost, timescale and risks).

The following actions are yet to be undertaken as of 30th August 2018:

Develop practice guidance note for the effective use of "optimum standard" nurse call systems.

Work with regional and national providers to develop proposals re: appropriate/acceptable nurse call standards/systems for all service users within core service lines.

Commence the installation of appropriate nurse call systems within the existing *acute wards for adults of working age and psychiatric intensive care units*.

Updates will be provided to the CQC on a quarterly basis.

Who is responsible for the action?	Executive Director of Nursing & Chief Operating Officer Managing Director, NTW Solutions

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Having agreed the "optimum standard" for the core service area, an implementation plan for the remaining *acute wards for adults of working age and psychiatric intensive care units* that do not have comprehensive coverage will be developed and actioned.

We will ensure that service users have access to appropriate/acceptable nurse call standards/systems agreed both regionally and nationally within core service lines.

Who is responsible?	Executive Director of Nursing & Chief Operating Officer Managing Director, NTW Solutions
What resources (if any) are needed to implement the change(s) and are these resources available?	
Two discrete costing exercises are being undertaken: 1) To identify costs to achieve the "optimum standard" for all of the existing *acute wards for adults of working age and psychiatric intensive care services.* 2) Ascertain costs associated with other inpatient core mental health services.	
Date actions will be completed:	End of Quarter 3 2019/20

How will people who use the service(s) be affected by you not meeting this regulation until this date?
If we fail to address this "must do" then a number of service users will not have comprehensive access to nurse call systems during their period of inpatient stay.

Completed by: (please state name(s) in full)	Russell Patton
Positions(s):	Deputy Chief Operating Officer
Date:	30th August 2018

Regulated activity(ies)	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	**Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment**
	How the regulation was not being met:
	The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquillisation.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Actions taken post inspection, position as at 30th August 2018:

Policy
Review 'The Management of Rapid Tranquillisation' Policy (NTW(C) 02) to ensure it reflects contemporary, high quality care delivery and provides accurate and appropriate clarity regarding duties, accountability and responsibilities.

The following actions are yet to be undertaken as at 30th August 2018:

Training
To review the current training provision available to all professions (nursing - qualified and non-qualified, medics, AMHP) educating on physical health monitoring (inclusive of and beyond rapid tranquillisation training) to identify gaps.

To liaise with Medical Education Department regarding the provision and arrangements of rapid tranquillisation training for junior doctors to ensure this cohort receives organisation specific training.

To progress with the development of National Early Warning Score (NEWS) training package.

Reporting
To explore developing the Talk First dashboard to report/display physical health observation compliance post rapid tranquillisation (currently displays rapid tranquillisation occurrences). This will enable the transparent monitoring of compliance and support improvement and accountability.

Culture
To develop reflective questions to elicit practices and barriers in relation to the management of rapid tranquillisation and cascade via Quality Standards meeting to understand organisational culture.

Cascaded good practice guidance (based on CAS alert) via Quality Standards meeting to support consistent practice.

Updates will be provided to the CQC on a quarterly basis.

Who is responsible for the action?	Executive Director of Nursing & Chief Operating Officer

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Undertake audit to assess impact of actions.

Monitoring of incidents.

Monitoring of training compliance via dashboard and governance meetings.	
Who is responsible?	Executive Director of Nursing & Chief Operating Officer
What resources (if any) are needed to implement the change(s) and are these resources available?	
Training resources to support awareness raising or extending training to unqualified nurses. Financial implication to update Rapid Tranquillisation E-Learning course (minimal cost). Future proofing by exploring opportunities within electronic prescribing (EPMA) to highlight physical health monitoring in deteriorating patients. Staffing resources to undertake audit.	
Date actions will be completed:	End of Quarter 1 2019/20

How will people who use the service(s) be affected by you not meeting this regulation until this date?
Sub-optimum care quality and patient safety risk.

Completed by: (please state name(s) in full)	Anne Moore
Positions(s):	Group Nurse Director, Safer Care
Date:	30th August 2018

Regulated activity(ies)	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 **Treatment of disease, disorder or injury**	**Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment**
	How the regulation was not being met:
	The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

The following actions will be developed with a purpose of reducing the application of blanket restrictions, but when they are required there will be appropriate management and governance systems in place to ensure their review, consideration and ideally removal.

Training
To design an awareness raising and training package that focusses on the identification and management of blanket restrictions at all levels throughout the organisation.

Implement an awareness raising and training package using a broad range of methodologies (e-learning, skype, face to face, cascade etc.).

Reporting
Develop a management and governance escalation process to oversee blanket restrictions.

Culture
Develop approaches and measures to ensure that service users and carers are appropriately informed of any blanket restrictions within clinical settings.

Develop and introduce a peer review audit process as a means of encouraging positive challenge and solution focussed discussions.

Policy
A policy and supporting practice guidance notes will be developed to address the issues highlighted above and any other supplementary issues of note.
Updates will be provided to the CQC on a quarterly basis.

Who is responsible for the action?	Executive Director of Nursing & Chief Operating Officer

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

The implementation of a policy and associated practice guidance notes will provide evidence in the form of web based information, local registers, training registers and the key escalation points that will demonstrate implementation at all levels.

A review of ward based community meetings minutes will confirm that discussions linked to blanket restrictions have taken place with service users.

Peer review audits will be undertaken and will provide evidence of:

a) the consideration of blanket restrictions
b) the implementation of blanket restrictions
c) the escalation and de-escalation processes applied

Who is responsible?	Executive Director of Nursing & Chief Operating Officer
What resources (if any) are needed to implement the change(s) and are these resources available?	
The introduction of these actions will not place unnecessary burden on the organisation from a financial or HR perspective.	
Date actions will be completed:	End of Quarter 1 2019/20

How will people who use the service(s) be affected by you not meeting this regulation until this date?
Service users may be adversely affected by the unnecessary and ad hoc application of blanket restrictions. Staff may feel that a lack of guidance in this area may compromise their position.

Completed by: (please state name(s) in full)	Russell Patton
Positions(s):	Deputy Chief Operating Officer
Date:	30th August 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 26 September 2018

Title and Author of Paper: Workforce Quarterly Update – Michelle Evans, Acting Deputy Director of Workforce and OD

Executive Lead: Lynne Shaw

Paper for Debate, Decision or Information: Information

Key Points to Note:

WORKFORCE STRATEGIC AIMS:	✓
We will develop a representative workforce which delivers excellence in patient care, is recovery focussed 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 deliver high quality, safe 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	✓

The Workforce Directorate quarterly report outlines some of the key work and developments across the Trust. The report supports the six key aims of the Workforce Strategy which was ratified by the Trust Board in summer 2015 and refreshed in March 2017.

This paper includes updates on:

1. Staff Networks Update
2. Apprenticeships for all
3. Organisational Development Priorities
4. Devolution and Collective Leadership
5. Staff Survey
6. Workforce Planning Event
7. Junior Dr contract refresh
8. Tier 2 Visa Cap removal
9. Medical Recruitment
10. Team Prevent Developments
11. Sunderland Degree level Nursing Apprenticeships
12. Graduate Management Trainee scheme
13. NHSI Retention Direct Support Programme
14. Testing Attraction and Retention Toolkit
15. Trade Union Facilities Time Reporting

In Other News:

- Abolition of Childcare voucher Scheme
- Salary Sacrifice Changes

Risks Highlighted: N/A

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

Equal Opportunities, Legal and Other Implications: Various aspects of Employment Law

Outcome Required: Information Only

Link to Policies and Strategies: Workforce Strategy

Workforce Quarterly Report

26 September 2018

Strategic Aim 1

1. Staff Networks Update

The LGBT+ Staff Network has had a presence at the recent Northumberland and Newcastle Pride events and will attending Sunderland Pride in September. The BAME Staff Network was also present at the Newcastle Mela over the Bank Holiday weekend. The focus of these events is to try to promote the Trust as a place of employment.

The Trust Equality and Diversity Lead is convening what will become a quarterly meeting of the staff network chairs to help coordinate joint work, publicity campaigns, etc, and to ensure that their work remains strategically aligned to the wider E&D agenda and links in with workforce priorities such as the Workforce Race Equality Standard and the forthcoming Workforce Disability Equality Standard.

2. Apprentices for All

The Trust has applied for a place on the Apprentices for All training which is being co-ordinated by NHS Employers. The training focusses on ways of increasing apprentices for people with a disability / learning disability in the NHS.

It will support the organisation to;

- Improve patient care
- Strengthen workforce supply through making recruitment of apprentices more accessible
- Work towards the Workforce Disability Equality Standard (WDES)
- Support the training of managers in the organisation in inclusive recruitment practices.

There are only 20 places available across the NHS and demand is expected to be high. Further information will be provided in future updates if the application is successful.

Strategic Aim 2

3. Organisational Development Priorities, 2018-19

Five Organisational Development (OD) priorities have been agreed following discussion with a number of directors across the Trust over recent months. These priorities will build on the work undertaken over the past few years to build on progress made towards:

(i) Working with our operational and corporate service colleagues to support the implementation of a more devolved approach, utilising collective leadership at a team level, where there is direct contact with service users, carers and customers

(ii) Continuing to develop approaches to staff engagement (involvement and ownership) as the "bedrock" of Collective Leadership and Devolution
(iii) Embedding an approach to quality improvement
(iv) Continuing to build a strong OD Network to provide a development resource for localities, directorates and the Trust as a whole
(v) Developing initiatives to maximise opportunities and address "hotspots" or areas of concern re how the organisation works.

4. Devolution and Collective Leadership

Following a joint operational and corporate sharing and learning event attended by over 120 staff in May, next steps are being developed for both programmes, including a cascade to staff outside the senior management structure.

The Trust leadership programme continues to evaluate well and contains focus on devolution and collective leadership.

Service User and Carer Leadership developments are ongoing. Eleven service user and carer programme facilitators have been trained and will support the delivery of three further programmes for service users and carers, one in each locality, over the next 6 months.

Additionally, NTW is driving developments at a regional level via a series of workshops funded and hosted by the North East Leadership Academy to explore how we might develop a regional approach to the development of service users and carers as leaders.

The medical and professional leadership programme ongoing with more session planned for the Autumn.

5. Staff Survey

Preparations are underway ahead of the 2018 Staff Survey. The Survey will begin in mid-September and will end on 30 November 2018. A communications plan has been developed for the duration of the survey.

Strategic Aim 3

6. Workforce Planning Event

A half-day session on Workforce Planning was held on 4 July at Newcastle Racecourse for the clinical locality Groups. The session was hosted by the Executive Director of Nursing/Chief Operating Officer and Acting Executive Director of Workforce and OD and presentations were provided from various areas including NTW Training Academy, Finance, and Workforce Planning. During the course of the afternoon the localities provided an update on workforce planning progress to date across Clinical Business Unity (CBUs) and a practical session was also undertaken using in-house tools developed by the Workforce Planning team in conjunction with locality representatives.

A similar event for Corporate Services is being scoped.

7. Junior Doctor Contract Refresh

At the end of June the British Medical Association (BMA) and NHS Employers agreed a joint statement regarding a review of the 2016 Terms and Conditions of Service for Doctors and Dentists in Training.

The statement reads: *The BMA and NHS Employers have reached agreement in principle for the delivery of the 2018 review of the 2016 Terms and Conditions of Service for Doctors and Dentists in Training. The BMA remains in dispute over the introduction without agreement of the 2016 contract. All parties however agree to enter into a formal collaborative bargaining process as equal partners via which they will jointly review the efficacy of the contract and negotiate changes to address the areas for improvement identified. Following the conclusion of this process the package of negotiated changes will be put to consultation by BMA members, and if accepted the dispute will be ended and the contract collectively agreed.*

They have reached agreement in principle for the delivery of the review and will create a newly formed joint negotiated committee to provide oversight of the review. The review themes have been identified to include less than full time (LTFT), workforce, pay structure and transitional arrangements, safety and wellbeing, and contract for training.

Feedback will be given in due course.

8. Tier 2 Visa cap removal

The government has announced a relaxation of Tier 2 visa rules. The proposal, which took effect on 6 July 2018, will see all applications for doctor and nurse posts exempt from the Tier 2 visa cap. This will mean there is no cap on the number of doctors and nurses that can be recruited.

It means that there will be significant extra capacity in the system to enable employers to get certificates for a wide range of other roles which have been refused in recent months.

9. Medical Recruitment

Following a recent trip to India the Trust has offered 19 Doctors positions within the Trust. Of these, nine are for the sponsorship scheme highlighted in the last report whereby the Trust will sponsor individuals to receive registration with the GMC. Without having to complete one of the traditional routes (PLAB, CESR) these Doctors should be able to travel to the UK in a much shorter time frame and we are hopeful to see some of them start work in the Trust in the next few months.

Strategic Aim 4

10. Team Prevent Developments

The Trust has commenced a pilot on virtual consultations for some Team Prevent appointments. Virtual consultations can enhance access to the occupational health services and consequently reduce appointment waiting times, travel time and costs and

improve continuity and convenience of service. They should also help reduce DNA's, improve client satisfaction and reduce the impact on productivity.

Team Prevent will triage accordingly and will contact staff to discuss what is needed to facilitate the virtual consultation, if the member of staff does not have the necessary equipment this will be re-triaged.

Digital triage of muscular skeletal disorders (MSDs) is also being piloted in the Central Locality. This is a new platform which is fully accredited and evidence based which will enable staff to self-triage MSD's.

Staff will be asked a series of questions, the system will assess and advise on whether the condition can be self-managed (watch exercise videos etc.), whether they need to go to A+E, visit GP or need Physiotherapy. In the latter case they would be referred to Occupational Health.

Strategic Aim 5

11. Sunderland Degree Level Nursing Apprenticeship (DLNA)

The NTW Academy has worked with Sunderland University on the delivery of a DLNA which will allow NTW to support staff to complete a degree level nursing qualification via an alternative route to the current, more traditional, 3-year degree pathway.

The learning programme is delivered over a 3/4 year period of time, depending on prior learning and experience, but differs in the method of delivery which is a combination of full and part time university-based learning and clinical placements, with the remaining time being spent in their current healthcare role within their current ward/service area.

A successful NMC validation event took place on 17 July which was the green light for this new and exciting apprenticeship pathway to begin; the first intake of Nursing Apprentices is due in January 2019.

Key Points:

- The Trust has committed to having 30 staff seconded for the January 2019 intake, with additional smaller intakes later in 2019
- The opportunity will exist for staff to work towards the DLNA in the fields of either mental health or learning disability nursing
- Information sessions for potential applicants and for managers are being held with key staff available to give individualised advice and support.
- Adverts/applications/shortlisting and selections will take place in August and September, with final places confirmed in October 2018.

Successful staff will be seconded on their current basic salary. The University fees will be paid for via the Apprenticeship Levy.

12. Graduate Management Trainee Scheme

In April the Trust tendered to provide four placements for Graduates on the NHS Graduate Management Training Scheme and was successful in securing a 1st Year General Management Trainee (starting September 2018) and two 2nd Year Human Resources Trainees (starting November 2018 and November 2019 respectively).

The numbers of trainees have reduced significantly for the past few years therefore allocation of four trainees is a positive outcome for the Trust.

Strategic Aim 6

13. NHSI Direct Support Retention Programme

In March this year the Trust volunteered to participate in cohort 3 of NHSI Retention Programme, designed to support NHS Trusts in the retention of staff and to build upon work any initiatives already being undertaken.

A staff retention action plan has been developed and was discussed in detail at the NHSI visit on 4 July 2018. Feedback from NHSI was extremely positive, citing our action plan as one of only a few Trusts nationally who have been able to align retention outcomes directly to overarching Workforce and Clinical Strategies.

NHSI will now work with the Trust over a 12 month period, identifying good practice and analysing our retention data for improvement. A specific area identified for improvement is the current exit questionnaire process, as NTW has one of the lowest questionnaire return rates nationally.

Anne Moore, Group Nurse Director for Safer Care is leading the work, supported by Claire Vesey, Head of Workforce Planning and Developments and regular progress will be reported through CDT-W, Safer Staffing, and Business Delivery Group.

14. Testing Attraction and Recruitment Toolkit

NHS Employers have developed an Attraction and Recruitment toolkit designed to support Trusts in considering improvements to the recruitment process such as branding and marketing, and widening participation with overall clear links to reward and employer of choice.

The Trust has been approached to support the testing phase of the toolkit which will be ready for piloting within the next few weeks.

15. Trade Union Facility Time Reporting

The Trade Union (Facility Time Publication Requirements) Regulations 2017 were introduced on 1 April 2017 and require Public Sector Employers to publish the total costs of paid facility time taken by employees who are trade union officials. The period runs from 1 April-31 March each year. The information must be published on a Government website, the organisation's website and be included in their annual report.

There are various aspects of information that must be published. The Trust figures are outlined below:

1. Number of employees who were relevant union officials during the period: 27
2. Full time equivalent employee number: 3.60 WTE

3. Percentage of their working time spent on facility time: 0% = 0, 1-50% =26, 51-99% =1, 100%=0
4. Total pay bill: £278.790m
5. Total cost of facility time: £119,232
6. Percentage of total paid facility time hours spent on paid TU activities: 19.12%

In other news:

Abolition of Childcare Vouchers

From 5 October 2018 childcare voucher schemes will close to new applicants. This is a government decision and the Trust is unable to influence.

Salary Sacrifice

From 6 October, the tax advantages of salary sacrifice arrangements will be removed, with the exception of schemes relating to pensions, cycle to work and those relating to ultra low emission cars.

Michelle Evans
Acting Deputy Director of Workforce and OD