Board of Directors Meeting (PUBLIC)

24 October 2018, 13:30 to 15:30
Conference Rooms 1 & 2, Ferndene, NE42 5PB.

Agenda

1. **Service User/Carer Experience**

Verbal

2. **Apologies**

Verbal

Chair

3. **Declarations of Interest**

Verbal

Chair

4. **Minutes of the previous meeting: Wednesday 26 September 2018**

Decision

Chair

4. Draft Minutes Board PUBLIC 26.09.18.pdf (7 pages)

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

Discussion

Chair

5 - Action List.pdf (1 pages)

6. **Chair's Remarks**

Verbal

Chair

7. **Chief Executive's Report**

Information

Chief Executive

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7.1 VERSION 2 CE Report Oct 2018 FINAL.pdf (5 pages)

7.2 VERSION 2 Appendix 1. NHSE I Joint Planning Update Letter.pdf (5 pages)

Quality, Clinical and Patient Issues

8. Safer Care Report (Q2)

Executive Director of Nursing/ Chief Operating Officer

8. Q2 Safer Care Report (including Learning From Deaths) Board of Directors....pdf (31 pages)

9. Safer Staffing Levels (Q2)

Executive Director of Nursing/ Chief Operating Officer

9.1 Safer Staffing Q2 report - v1.pdf (6 pages)

9.2. Safer Staffing Quarter 2 data 2018-19.pdf (3 pages)

10. Guardians of safe working hours (Q2)

Discussion

Executive Medical Director

10. Safe Working Hours Report.pdf (6 pages)

11. Service User and Carer experience (Q2)

Discussion

Executive Director of Commissioning and Quality Assurance

11. BoD Service User and Carer Report Q2.pdf (24 pages)

12. Emergency Preparedness , Resilience and Response (EPRR) Annual Report 2017/18 (Including NHS England Core Standards Assessment 2018 / 19)

Discussion

Executive Director of Nursing and Chief Operating Officer

12. EPRR - Board of Directors - Annual Report 2017 - 2018.pdf (20 pages)

13. Commissioning and Quality Assurance Report (Q2, Month 6)

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Discussion

Executive Director of Commissioning and Quality Assurance

13. BoD Monthly Commissioning Quality Assurance Report Month 6.pdf (38 pages)

14. Board Assurance Framework and Corporate Risk Register (Q2)

Discussion

Executive Director of Commissioning and Quality Assurance

14.1 Board of Directors Trust-Wide Risk Management Report October 2018.pdf (20 pages)

14.2 Q2 BAF CRR 2018 - 2019 V1.pdf (15 pages)

15. Visit feedback themes (Q2)

Decision

Executive Director of Nursing/ Chief Operating Officer

15. Feedback from Service Visits (Q2 - July to Sept 2018).pdf (6 pages)

16. The First Tier Tribunal Report

Discussion

Mental Health Legislation Committee Chair

16.1. The First tier Tribunal report.pdf (2 pages)

16.2. Tribunal report for committee 4th version 120718.pdf (23 pages)

Strategy and Partnerships

17. All Together Better Alliance Executive, Briefing Paper and Terms of Reference

Discussion

Executive Director of Comissioning and Quality Assurance

17.1 BoD - ATBA Briefing Paper and Terms of Reference Sept 18.pdf (9 pages)

17.2 BoD - ATBA Briefing Paper and Terms of Reference Sept 18 - Appendix 1.pdf (13 pages)

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18. Applied Research Collaboration

Discussion

Executive Medical Director

- 18.1. NIHR ARC application update front sheet Oct Board.pdf (2 pages)
- 18.2. NIHR ARC NENC Executive summary final v2.pdf (10 pages)

19. Postgraduate Medical Education Annual Self-Assessment report to Health Education England

Decision

Executive Medical Director

- 19. Board 24.10.18 SAR18.pdf (2 pages)
- 19.1. NTW Self-Assessment Report (SAR) 2018.pdf (88 pages)

Workforce

20. Staff Friends & Family Report

Discussion

Acting Executive Director of Workforce and Organisational

- 20. BoD Staff Friends and Family Test Qtr2 (2018-19).pdf (27 pages)

Regulatory

21. Quarterly Report to NHS Improvement and submissions

Discussion

Executive Director of Commissioning and Quality Assurance

- 21. BoD Quarterly Report on NHS Improvement (Single Oversight Framework) Q2 2018-19.pdf (6 pages)

Minutes/Papers for Information

22. Committee updates

Information

Non-Executive Directors

23. Council of Governors' Issues

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Verbal

Chair

24. **Any other Business**

Verbal

Chair

25. **Questions from the Public**

Discussion

Chair

Date, time and place of next meeting:

26. **Wednesday, 28 November 2018, 13:30 pm to 3:30 pm, Large Training Room, Hopewood Park, SR2 0NB.**

Information

Chair

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Board of Directors Meeting (PUBLIC)

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

Attendees

Board members

Les Boobis (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 Workforce and Organisational Development) ,
Lisa Quinn (Deputy Director of Commissioning and Quality Assurance) ,
Lynne Shaw (Acting Executive Director of Workforce and Organisational Development) , Peter Studd (Non-Executive Director) ,
Ruth Thompson (Non-Executive Director)

In attendance

Caroline Wild (Board Secretary) , Sarah Southern (CQC) , Dr Bruce Owen (Consultant Psychiatrist) , Claire Andre (Police Liaison lead) ,
Simon Douglas (Joint Director of Research, Innovation and Clinical Effectiveness) , Ron Weddle (Deputy Director, Positive and Safe) ,
Rod Bowles (Head of Positive and Safe) , 2 members of the public

Meeting minutes

1. Service User/Carer Experience

Information

Unfortunately the planned service user representative was not able to attend the meeting.

2. Apologies

Information
Chair

Apologies were recieved from Alexis Cleveland, Non Executive Director.

3. Declarations of Interest

Information
Chair

Peter Studd declared that his son is now employed by NHS Digital.

Gary O'Hare reported that he is also an Executive Director, Cumbria Partnerships NHS Foundation Trust.

Both items have been added to the Trust register.

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

Decision
Chair

On Page 1 (Actions from the previous meeting) it was confirmed that savings had been made against the number of payslips issued)

With the amendment above, the Board accepted the minutes of the previous meeting as a true record.

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

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

Discussion
Chair

It was noted that an update on feedback in relation to the Crisis Team phone lines should be added to the action checklist.

5 - Action List.pdf

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6. Chair's Remarks

Information
Chair

Ken welcomed attendees to the meeting. Ken noted that Ruth Thompson had announced her resignation from the position of Non-Executive Director and will leave the Trust in December 2018. Ken further reminded the Board that Martin Cocker would also be leaving at this time as his term of office had come to an end.

Ken reported continuing positive visits to services and confirming that he had been inducted into the Newcastle Recovery College ReCoCo.

The Board noted the Chairs remarks

7. Chief Executive's Report

Information
Chief Executive

John Lawlor presented his report, adding a recent update on discussions regarding the Intergrated Care Systems in the North east and North Cumbria.

The Board noted the report.

- 7 - CE Report Sept2018 FINAL.pdf
- 7.1 - Appendix 1. Q1 Perfroamce of the NHS Provider sector.pdf
- 7.2 - Appendix 2 - NHS Providers briefing draft ICP contract.pdf

Quality, Clinical and Patient Issues

8. Safer Care Annual Report

Discussion
Executive Director Of Nursing/ Chief Operating Officer

Damian Robinson presented the report. Noting that this was the first Safer Care Annual Report since the directorate was brought together.

Gary O'Hare commented on the development of the learning and improvement group and noted that the next meeting will be a trustwide meeting, held by skype to encourage all services to engage in the conversation.

Ruth confirmed that the report had been warmly received by the Q and P Committee, Les supported this view and also asked about prioritising some of the developments so that progress could be managed more clearly. Damian agreed to look at this.

Ken commented that he welcomed the approach of the Safer Care directorate and very much welcomed the reported activity.

The Board noted the report.

- 8 - Safer Care Annual Report July 2018.pdf

9. Infection Prevention and Control Annual Report

Discussion
Executive Director Of Nursing/ Chief Operating Officer

Damian Robinson presented the report which is a statutory requirement. He noted that it was a positive report and outlined the key elements.

Ken thanked Damian for the report. He noted the excellent tissue viability service which was highlighted recently in the safer care bulletin. He also noted that Governors are very involved in the PLACE visits and appreciated this opportunity.

John commented on the new national requirements for flu vaccinations.

The Board noted the report.

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

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10. Safeguarding Annual Report

Discussion
Executive Director Of Nursing/ Chief Operating Officer

Gary O'Hare presented the report highlighting the key achievements of the team. He noted the developments in relation to domestic abuse and coercive control and the engagement with local adult and children's Safeguarding Boards.

Gary noted the increase in reported concerns which reflected the greater awareness of safeguarding issues across services. He highlighted the case reviews process which are undertaken by the team.

Martin asked about the larger increase in reports related to patient on patient concerns. Gary confirmed that this varies through the year, and can relate to a limited number of specific complex individuals. Gary confirmed that there were several places for review and learning in the organisation.

Gary also confirmed that Group Nurse and Group Medical Directors also attend each of the 12 local Safeguarding Boards (Adults and children).

Ruth confirmed the Q and P committee had considered the report and commended Jan and Claire Andre for the work they had undertaken with local partners to support the organisation.

The Board noted the report

10 - Safeguarding Annual Report 2017-18.pdf

11. Positive and Safe Annual Report

Discussion
Executive Director Of Nursing/ Chief Operating Officer

The Chair welcomed Ron Weddle and Rod Bowles who presented the report.

Ron outlined the role of the team and background to the approach to reducing restrictive interventions.

Rod provided some detail on the planned shared conference with TEWV trust which will showcase positive practice. He also outlined the 'sleepwell' project which is underway to improve the quality of sleep for patients staying on an inpatient ward.

Finally Ron highlighted the importance of effective debrief for reducing further restrictive interventions and this has been implemented on all wards, as well as outlining the ongoing national data and bench marking work in partnership with the CQC and also with the Royal College of Psychiatrists.

Martin noted that one individual accounted for multiple restraints and asked how this care package would be reviewed. Ron explained that prevention is always the priority, and noted the particular difficulties with patients with organic issues and those who may display significant self harm.

James commended the team on their very positive work and report, Lisa echoed this and noted the visability of positive and safe work in ward visits.

Gary noted that this project was initially a two year project which has now come to an end, and he will be returning to Board with a paper to consider extending the project.

John asked for assurance in relation to the 'sleepwell' project and ensuring that overnight observations were not overlooked. Rod confirmed that safety was at the forefront of the project, but a more bespoke approach to overnight observations could have positive advantages.

Ken commented that it was a welcome presentation with positive outcomes for both service users and staff.

The Board noted the report.

11 - Positive and Safe Care annual report 2017-18 final.pdf

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12. Research and Development Annual Report

Discussion
Executive Medical Director

Simon Douglas presented the report and presentation.

John updated on recent developments with the Applied Research Collaboration across the North East and Cumbria which NTW will host. John will circulate the summary of the bid to Board members for further information.

Rajesh commented on the changing culture of innovation in the Trust. He also commented on the successful major bids which had been achieved and the focus that Newcastle University have placed on mental health research and noted the appointment of McAlistair Williams as Professor of Psychiatry at Newcastle University.

Martin noted the financial improvements and asked about the costs of the research activity undertaken. James commented that back fill arrangements were in place but that as the capacity to support research increases it is hoped that this will be built into staffing establishments more routinely.

Ken commented on the positive approach to research in the Trust and in the NHS.

The Board received the report.

- 12 - RD Annual Report 201718 for Board FINAL.pdf
- Simon Douglas R&D report Sept Board.pdf

13. Annual Dean's Quality Meeting

Discussion
Executive Medical Director

Bruce Owen presented the report, noting that further information will be provided next month.

The Board recieved the report.

- 13.1 - ADQM.pdf
- 13.2 - ADQM Summary (ADQM Agenda and actions arising).pdf
- 13.3 - NTW 2018 HEE NE QReport FINAL.pdf

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

Discussion
Executive Director Of Commissioning And Quality Assurance

Lisa Quinn presented the report, noting the improvements in performance compared to the same month last year, with the only exception being sickness rates. Lynne commented that a quality focus will consider this issue in October at the Quality and Performance meeting and that a number of options are being considered. Ruth noted that the approach for the Quality and Performance meeting would be very much in the context of wellbeing and supporting staff, and also asked that the data sources be considered to ensure they were correct.

Peter commented that sickness was also considered at the NTW Solutions Board and a lack of consistency had been found in relation to basic processes such as return to work interviews. Gary confirmed that Cumbria Partnerships Trust reported much lower sickness rates of around 2%.

Lisa finally noted an improvement in Service User and Carer feedback, bringing it to the highest level in 2 years.

James presented the finance section of the report, confirming that we are ahead of plan, but noting that the second half will be more challenging.

John echoed these comments about the challenges of the second half of the financial year. In relation to the Northumberland Recovery Plan, John commented about one service which was causing a challenge to agree a plan to move forward. John also noted the challenges in relation to waiting times which were set out in the report.

The Board received the report.

- 14 - BoD Monthly Commissioning Quality Assurance Report Month 5.pdf

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

Decision
Executive Director Of Commissioning And Quality Assurance

Lisa Quinn presented the report for approval. She requested that the Terms of Reference for the CEDAR Board be deferred until October so that some amendments could be made.

The Board approved the report, subject to minor amendments above.

- 15 - Board Sub Committee ToR Annual Review 2018.pdf

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16. CQC Focused Inspection Reports

Discussion
Executive Director Of Commissioning And Quality Assurance

Lisa presented the report noting that the reported visits were undertaken in April 2017, however the CQC were not in a position to publish them due to ongoing investigations by other parties.

Gary O'Hare provided an update on the associated police investigation and confirmed that no action would be taken by the police against any members of NTW staff. Staff who were involved had been on non clinical duties during the investigation were being supported to return to their clinical duties.

The Board received the report.

16.1 - Board CQC Focussed Inspection Reports.pdf

17. CQC Action Plans 2018

Discussion
Executive Director Of Commissioning And Quality Assurance

Lisa Quinn presented the paper, which outlines the actions to be taken following the recent CQC comprehensive inspection.

Peter asked about the nurse call systems and the expected cost. Lisa confirmed that the costing process had been undertaken and clinical areas were being prioritised.

The report was recieved by the Board .

17 - BoD - CQC Action Plans 2018.pdf

Workforce

18. Workforce Directorate Quarterly update

Discussion
Acting Executive Director Of Workforce And Organisational Development

Lynne Shaw presented the report. She highlighted the agreement of 5 key priorities for organisational development; the removal of the tier 2 visa cap; the NHS Graduate training scheme and the NHSI Direct support retention programme.

Miriam asked about exit interviews. Lynne confirmed that this was an area of current focus and the next Quality and Performance report would include an update and information relating to 'stay' interviews.

Peter asked about the new junior doctors' contract review. Rajesh commented that this was being led by the BMA. John commented that the expectations of junior doctors in relation to unsocial hours and flexible working was something the Trust would need to work closely on with our doctors in training.

The Board recieved the report.

18 - Quarterly Workforce Report - Sept 2018.pdf

Minutes/Papers for Information

19. Committee updates

Information
Non-Executive Directors

There were no updates from committees, as they had not met during August.

20. Council of Governors' Issues

Information
Chair

Ken updated the Board on issues relating to the Council of Governors. In particular he mentioned three issues - the upcoming elections which are about to commence; an increase in attendance by Local Authority Governors and that his relationship with the governing body as a whole is positive.

The Board noted the update.

21. Any other Business

Chair

Martin Cocker noted that it was the Board Secretaries final meeting prior to moving to Newcastle Upon Tyne Hospitals NHS Foundation Trust. He thanked Caroline for her support to the Board, and also to the Audit Committee over the last 2.5 years. the Board warmly endorsed Martin's comments.

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22. Questions from the Public

Discussion
Chair

The were no questions from members of the public

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

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Board of Directors Meeting

Action Sheet

Item No.	Subject	Action	By Whom	By When	Update/Comments
Month September 2018					
(5) 26.09.18	Crisis Team phone lines	The Board to receive an update in relation to the Crisis Team phone lines	Gary O'Hare	28/11/18	
(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					
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

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24 October 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. Seasonal Flu vaccination uptake
2. Staff Survey
3. Senior Operations Team

Regional update

4. Clinical Waste Contract issues
5. ICS across North Cumbria and the North east (NCNE)

National update

6. NHS Providers Annual Conference and Exhibition 2018
7. NHSI and NHSE Joint Guidance on approach to planning
8. Department of Health and Social Care Planning Guidance for Brexit

Outcome required: For information

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Chief Executive's Report

24 October 2018

Trust updates

1. **Seasonal flu vaccination uptake**

   The seasonal flu campaign commenced on the 1st October following a 1 week delay due to late delivery of the vaccines.

   Currently as of 16/10/2018 26% of front line staff have been vaccinated either by attending one of the many clinics held around the Trust sites or by a peer vaccinator. Further clinics are now being held in the flu trailer, operational from 09.30am -3.30pm covering most Trust sites. There are 227 qualified staff including pharmacists who are trained as peer vaccinators in both inpatient and community services to provide vaccination to all staff.

2. **Staff Survey**

   The staff survey commenced on 18 September 2018 and is being co-ordinated by Quality Health as we enter into the final year of a three year contract with them. A mixed method of delivery is again being adopted with staff in the north locality receiving paper copies along with inpatient areas in central and south localities. Estates and Facilities staff in NTW Solutions will also receive paper copies. All other staff will receive their survey via e-mail. The survey will run until 30 November 2018 at which time Quality Health will conduct a draw of all staff who have completed their survey for the chance to win £1,000. A verbal update on the current response rate will be provided at Trust Board.

3. **Senior Operations Team**

   You will already be aware that Gary O'Hare is working across both NTW in his role of Executive Director of Nursing and Chief Operating Officer, and Cumbria Partnership FT as the Executive Director for Mental Health and Learning Disabilities.

   Gary is currently spending two and a half days in each organisation and has put the following cover arrangements when he is not in the trust. Russell Patten, Deputy Chief Operating Officer will be covering his operational portfolio and Anne Moore has taken on the role of Deputy Director of Nursing and will be covering his Safer Care and Nursing portfolio. These arrangements are likely to be in place at least until the end of March 2019.

   As well as these changes Jackie Jollands will be leaving her post as Group Nurse Director, North Locality to take on the important role of leading the CAMHS trailblazer work and provide senior support into managing down our Children and Young Peoples services waiting times.

   With Jackie moving out of post Gary has taken the opportunity to review the Locality Groups composition and has agreed with Vida Morris, Group Nurse Director, South Locality that she will move to the North Locality. These changes will take effect from Monday the 5th of November 2018.

   The Trust is currently in the process of recruiting to what will be the vacant Group Nurse Director for the South Locality.

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Regional updates

4. **Clinical Waste Contract issues**

   Around a month ago the Trust was informed of concerns regarding our clinical waste contractor Healthcare Environmental Services (HES). The concern was raised by the Environment Agency and at the time the company were working outside their permit for the storage of clinical waste on five out of six of their sites. As HES have been contracted to provide NHS clinical waste collections across the whole of the North East and Cumbria, NHS England and NHS Improvement had some concern regarding business continuity. As a result each Trust was asked to develop business continuity plans for the storage and handling of clinical waste.

   The impact on NTW is far less than in acute services where the volume of clinical waste is huge in comparison; however NTW have developed a continuity plan that would allow us to increase the storage capacity for clinical waste should it be required. In addition to this the Trust are sending daily situation reports to NHS England and NHS Improvement who have set up a dedicated logistics team to help with any concerns.

5. **ICS across North Cumbria and the North East (NCNE)**

   Work continues across the region to prepare for the development of an Integrated Care System (ICS) with the intention to move into 'shadow form' from April 2019. This follows support from NHS England for six STP areas across England to become part of an aspirant ICS programme.

   System leaders across NCNE have been provided with an 11 week bespoke consultancy support (commissioned nationally from PwC) to aid system leaders to present a credible proposal to NHS England and NHS Improvement. This support is taking the form of facilitated workshops on issues such as population health management; primary care; and working with local authorities. These have been designed to help develop an operating model for the proposed ICS, which will then be set out in a report for the consideration of Trust Boards and CCG Governing Bodies in the New Year.

   The pre-existing STP work steams continue to progress, with NTW senior staff heavily involved in a number of these, most particularly the mental health work stream; the learning disabilities workstream; as well as the enabling work streams covering workforce, digital technology and capital and estates.

National updates

6. **NHS Providers Annual Conference and Exhibition 2018**

   On 9/10 October 2018 the NHS Providers Annual Conference took place in Manchester. Russell Patton (Deputy Chief Operating Officer) and Lynne Shaw (Acting Executive Director of Workforce and OD) attended on behalf of the Trust. The conference focussed on change and how we use innovation to drive transformation in the NHS. There were many examples of large and small scale changes and some of the breakout sessions were excellent and showcased diverse developments in all provider settings. There was extensive opportunity to network and connections were made with a number of individuals where it was thought their expertise could be of benefit to the future work in the Trust.

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Amongst a wide range of speakers, there was a keynote address from Simon Stevens, NHS England's Chief Executive who outlined what the key priorities should be for the health and care system over the next decade. He outlined his vision for the future and what reforms and changes would be needed to accompany the additional funding and where this should be targeted to achieve the maximum impact.

There was also a keynote conversation with the Matt Hancock, Secretary of State for Health and Social Care who had pre-recorded an interview due to a prior commitment. In the interview he outlined how he sees his role, his priorities for the provider sector and how he thinks the NHS will need to transform.

The conference also coincided with World Mental Health Day and mental health was a major focus of discussions through the two days.

7. NHSI and NHSE Joint Guidance on Approach to Planning

NHSI and NHSE have issued guidance on expectation for operational and strategic planning for 2019/20 and beyond. It is expected that 2019/20 will be a transitional year with organisations submitting one year plans by April 2019, with systems submitting five year strategic plans by summer 2019. The guidance signals the end of provider control totals with a long term expectation that organisations will be required to breakeven.

It is expected that control totals will continue to operate in 2019/20 but be subject to a phased reduction. This will be associated with a reduction in Provider Sustainability Funding which will be increasingly moved into baselines. We will need to await the detail of this in planning guidance to be issued in November/December. This will also impact on the way organisations are assessed for use of resources-no details on this are yet available. The shift to system planning will be challenging, and again we will need to see the detailed guidance to understand on what basis such planning will be undertaken.

The Board are asked to note the contents and timescales in the attached letter (Appendix 1). Our outline approach to this will be presented to the November Board, with a full approach presented to the January Board.

8. Department of Health and Social Care Planning Guidance for Brexit

The Department of Health and Social Care has started to issue guidance on planning for a no-deal Brexit. Recent Guidance has included a technical notice on recognition of professional qualifications, which highlights that in a no deal Brexit, the Mutual Recognition of Professional Qualifications (MRPQ) Directive will no longer apply to the UK.

The Government will develop a new recognition procedure for EEA professionals which will differ from existing arrangements (for example, automatic recognition and temporary access to regulated activities on the basis of a declaration will no longer be applicable). The government will work with the devolved nations and the regulatory bodies to ensure a UK-wide system of recognition. The notice sets out that:

- EEA professionals (including UK nationals holding EEA qualifications) who are already established and have received a recognition decision in the UK, will not be affected and their existing recognition decision will remain valid.
- EEA professionals (including UK nationals holding EEA qualifications) who have not started an application for a recognition decision in the UK before exit will be subject to future arrangements, which will be published before exit day.

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- EEA professionals (including UK nationals holding EEA qualifications) who have applied for a recognition decision and are awaiting a decision on exit day will, as far as possible, be able to conclude their applications in line with the provisions of the MRPQ Directive.

The second area of guidance concerns the EU Settlement Scheme pilot: applicant eligibility. A new phase of the EU Settlement Scheme pilot will open on 1 November 2018 and will run until 21 December 2018. Those working in the health and social care sectors are eligible to take part, if they are either a resident EU citizen or a non-EU citizen family member of an EU citizen with a biometric residence card.

The Secretary of State has also written to all Trust Chief Executives to advise of the requirements to ensure continuity of supply of goods and services in the event of a no deal Brexit. A pack of materials has been received by each Trust's Head of Procurement, including a self-assessment methodology to use to identify contracts that may be impacted by EU exit.

The letter asks for the appointment of a board-linked Senior Responsible Officer to oversee this work and a summary of contracts deemed highly impacted, with mitigating activities, by 30 November. The pack also includes a list of categories and suppliers that are being managed by DHSC, such as the supply of medicines. James Duncan will be the Senior Responsible Officer for this work.

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NHS Improvement
and NHS England
Wellington House
133-155 Waterloo Road
London SE1 8UG

020 3747 0000

www.england.nhs.uk

www.improvement.nhs.uk

To:
CCG AO
Trust CE

CC:
NHS Improvement and England Regional Directors
NHS Improvement and England Regional Finance Directors

Publications Gateway Reference 08559

16 October 2018

Approach to planning

The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4% - and so we now have enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

To secure the best outcomes from this investment, we are overhauling the policy framework for the service. For example, we are conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning. This will equip us to develop plans that also:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

This letter outlines the approach we will take to operational and strategic planning to ensure organisations can make the necessary preparations for implementing the NHS Long Term Plan.

Collectively, we must also deliver safe, high quality care and sector wide financial balance this year. Pre-planning work for 2019/20 is vitally important, but cannot distract from operational and financial delivery in 2018/19.

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Planning timetable

We have attached an outline timetable for operational and strategic planning; at a high-level. During the first half of 2019-20 we will expect all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan. This will give you and your teams sufficient time to consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement; and to engage with patients, the public and local stakeholders before finalising your strategic plans.

Nonetheless, it is a challenging task. We are asking you to tell us, within a set of parameters that we will outline with your help, how you will run your local NHS system using the resources available to you. It will be extremely important that you develop your plans with the proper engagement of all parts of your local systems and that they provide robust and credible solutions for the challenges you will face in caring for your local populations over the next five years. Individual organisations will submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative. Organisations, and their boards / governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies. These will also create the year 1 baseline for the system strategic plans, helping forge a strong link between strategic and operational planning. We will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.

We are currently developing the tools and materials that organisations will need to respond to this, and the timetable sets out when these will be available.

Payment reform

A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which we will publish in early December 2018. A number of principles underpinning the financial architecture have been agreed to date, and we wanted to take this opportunity to share these with you.

Last week we published a document on 'NHS payment system reform proposals' which sets out the options we are considering for the 2019/20 National Tariff.

In particular, we are seeking your engagement on proposals to move to a blended payment approach for urgent and emergency care from 2019/20. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model. The document will also ask for your views on other areas, including price relativities, proposed changes to the Market Forces Factor and a proposed approach to resourcing of centralised procurement. As in

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previous years, these proposals would change the natural 'default' payment models; local systems can of course continue to evolve their own payment systems faster, by local agreement.

We believe that individual control totals are no longer the best way to manage provider finances. Our medium-term aim is to return to a position where breaking even is the norm for all organisations. This will negate the need for individual control totals and, in turn, will allow us to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. We intend to begin this process in 2019/20.

However, we will not be able to move completely away from current mechanisms until we can be confident that local systems will deliver financial balance. Therefore, 2019/20 will form a transitional year, in which we will set one year, rebased, control totals. These will be communicated alongside the planning guidance and will take into account the impact of distributional effects from any policy changes agreed post engagement in areas such as price relativities, the Market Forces Factor and national variations to the tariff.

In addition to this, we will start the process of transferring significant resources from the provider sustainability fund into urgent and emergency care prices. The planning guidance will include further details on the provider and commissioner sustainability funds for 2019/20.

Incentives and Sanctions

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.

The approach to quality premium for 2019/20 is also under review to ensure that it aligns to our strategic priorities; further details will be available in the December 2018 planning guidance.

Alignment of commissioner and provider plans

You have made significant progress this year in improving alignment between commissioner and provider plans in terms of both finance and activity. This has reduced the level of misalignment risk across the NHS. We will need you to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider; and our new combined regional teams will help you with this. We would urge you to begin thinking through how best to achieve this, particularly in the context of the proposed move to blended payment model for urgent and emergency care.

Good governance

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We are asking all local systems and organisations to respond to the information set out in this letter with a shared, open-book approach to planning. We expect boards and governing bodies to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable.

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018. In the meantime, commissioners and providers should work together during the autumn on aligned, profiled demand and capacity planning. Please focus, with your local partners, on making rapid progress on detailed, quality impact-assessed efficiency plans. These early actions are essential building blocks for robust planning, and to gauge progress we will be asking for an initial plan submission in mid-January that will be focussed on activity and efficiency (CIP / QIPP) planning with headlines collected for other areas.

Thank you in advance for your work on this.

Yours sincerely

Simon Stevens Chief Executive NHS England	Ian Dalton Chief Executive NHS Improvement

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Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
Operational planning	
Publication of • CCG allocations for 5 years • Near final 2019/20 prices • Technical guidance and templates • 2019/20 standard contract consultation and dispute resolution guidance • 2019/20 CQUIN guidance • Control totals for 2019/20	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors Meeting

Meeting Date: Wednesday 24th October 2018

Title and Author of Paper: Quarter 2 – Safer Care Report (Including Learning from Deaths) – July – September 2018 Author of Paper in response to this report – Jan Grey – Associate Director of Safer Care Dr Damian Robinson – Group Medical Director – Safer Care Tony Gray - Head of Safety, Security and Resilience Vicky Clark – Incidents, Complaints and Claims Manager Craig Newby – Deputy Head of Safety, Security and Resilience Peter Astbury – Investigatory Team Lead

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

Paper for Debate, Decision or Information: Information

Key Points to Note: • This report contains all the safety related activity for the period July – September 2018, including the formal reporting mechanism for reporting how the Trust is "Learning from Deaths". • This reports provides information of the six month position of a significant reduction of staff assaults, restraint and prone restraints within the Positive and Safe strategy. • An update has been provided in the report in relation to the Lone Working System. • A Brief introduction has been included in the report into the work currently being undertaken in relation to the governance approach of Blanket Restrictions. In advance of the formal reporting of such in the Quarter 3 – Safer Care Report.

Risks Highlighted to Board: None
Does this affect any Board Assurance Framework/Corporate Risks? No Please state **Yes** or **No** If Yes please outline
Equal Opportunities and Legal and Other Implications: None
Outcome required: Noted for Information
Date for completion: N/A
Links to Policies and Strategies: • Incidents Policy • Complaints Policy • Claims Policy • Health & Safety Policy • Security Management Policy • Central Alert System Policy • Safeguarding and Public Protection Policies

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Safer Care Report – Quarter 2
October 2018
Reporting Period: July to September 2018

Caring | Discovering | Growing | Together

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Introduction

This Safer Care Report includes activity relating to quarter 2, July – September 2018, this report builds on the monthly report that is produced for the organisation and Clinical Commissioning Groups every month and is presented to the Corporate Decisions Team – Quality.

Incident Reporting and Management

Incident Reporting

The following information gives a detailed breakdown of the incidents that have occurred in the Trust in the last quarter, in comparison to the previous year, there is detailed analysis of this information every month through the Trust's governance systems as well as the monthly reports which gives a greater level of analysis down to service line.

Incident Type	Q2July 17 to Sept 17	Q3 Oct 17 to Dec 17	Q4Jan – March 18	Q1April – June 18	Q2July – Sept 18
Aggression And Violence	3156	3442	3206	3133	3201
Inappropriate Behaviour (Including smoking)	523	638	448	376	390
Safeguarding	1651	1693	1849	2119	2141
Self-Harm	1205	1198	1108	1145	1482
Security	558	547	563	519	474
Totals	**7093**	**7518**	**7174**	**7292**	**7688**

All Other Incidents	2175	2466	2403	2496	2705
Totals	**9268**	**9984**	**9577**	**9788**	**10393**

It can be seen from the above table incident reporting has increased when compared to the same period in 2017. There were a total of 39,742 incidents reported throughout the full year. Quarter 2 shows an increase to over 10 thousand incidents for the quarter, which is unprecedented.

Aggression and Violence has increased marginally for the second quarter and this is being closely monitored in line with the trust Positive and Safe Strategy.

Self-harm has increased in Quarter 2 and analysis shows more significant increases to be in Autism services, Adult Acute and some community services. This also needs to be balanced against significant decreases in CYPS Inpatient services.

Safeguarding and Public Protection concerns continue to rise, and over 2,000 concerns have been reported for Quarter 2. More detail on this is included in the Safeguarding and Public Protection section later in this report.

All the activity is suitably considered at the Corporate Decision Teams – Quality Meeting and through the Trust's Quality and Performance Committee, where the themes and trends are analysed and understood. The clinical groups also provide an update through

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the Quality and Performance Committee on a six monthly rotational basis, exploring their own activity and the reasons for it.

Serious Incidents Reported – Quarter 2

The following information gives a detailed breakdown of the serious incidents that have occurred in the Trust in the last quarter, in comparison to the previous quarters.

Table 1 – Serious Incidents Reported – Quarter 2 – July – September 2018

	Q2			Q3			Q4			Q1			Q2		
Incident Type	Jul-17	Aug-17	Sept-17	Oct -17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May -18	June -18	July-18	Aug-18	Sept-18
Death	10	13	16	11	23	17	14	7	14	16	21	12	10	15	23
All Other Serious Incidents	7	3	3	8	2	4	7	3	1	4	2	9	4	6	4
Totals	17	16	19	19	25	21	21	10	15	20	22	22	14	21	27
Quarterly Totals	52			65			46			64			62		
	Serious Incidents 2016-2017									184					
	Serious Incidents 2017-2018									207					
	Serious incidents 2018-19									126 YTD					

The average rate for incidents that are subject to a review, in line with the serious incident framework, for each quarter is 58. When reporting on deaths as serious incidents it is acknowledged that due to the changes we have made to the serious incident policy, and the weekly discussion with Directors we have around deaths, more deaths that are reported are likely to be reviewed as serious to allow for a concise investigation to be carried out in line with the National Serious Incident Framework.

31 Serious Incident investigations were heard at panels this quarter. A summary of all investigations heard at the weekly panel including associated learning are discussed at Business Delivery Group – Safety. (See appendix 1 for monthly summary of learning themes)

When looking over an annual basis on deaths investigated there were 156 deaths subject to a serious incident investigation in 2017-18, so far this year there have 100 deaths that are subject to a serious incident investigation. This will be closely monitored by the Safer Care Team in collaboration with the Clinical Care Groups to review any trends. No areas of concern are identified and the activity is evenly spread across the organisation.

All deaths reported and level of investigation

The Trust has robust policies and procedures for identifying and investigating deaths which follow guidance issued by the National Quality Board. Where applicable, investigations are conducted using a root cause and human factors framework and in partnership with families and carers. Learning points are identified, disseminated, embedded and their impact evaluated with the entire process monitored by the Trust-wide Learning and Improvement Group

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Investigations are undertaken as part of a wider learning system which includes the following partners and agencies:

- Strategic Executive Information System (STEIS) – as a serious incident and in line with the Serious Incident Framework, overseen by Commissioners.
- National Reporting and Learning System (NHS Improvement) – as a reportable patient safety incident for any immediate learning.
- Care Quality Commission – Due to the death of a detained patient and to notify of the safety concerns from a registered location.
- Learning Disabilities Mortality Review Programme (LEDER) as a learning disability death
- Through Safeguarding Adult's and Children's processes as identified.
- HM Coroner – via the Police when the incident is discovered.
- Health & Safety Executive – Workplace fatality.

The Trust conducts investigations at several levels in line with NHS Improvements Serious Incident Framework:

- External investigations (Level 3) – for Homicides by those patients in receipt of mental health services at the time of the offence, and for incidents of significant concern.
- Serious Incident Reviews (Level 2) – for deaths which fulfil requirements for reporting under STEIS.
- After Action Reviews (Level 1 – Concise Investigations) – for deaths occurring in alcohol and drug services, and other deaths which appear to be unnatural but not fulfilling requirement for reporting under STEIS.
- Structured case note review (Mortality Review) – for natural cause deaths of service users receiving care under the Care Programme Approach; or death where concern has been raised by families, carers or staff.

Table 2 – Deaths Recorded, Reported, Reviewed and Investigated

Category	Q2July 17 to Sept 17	Q3 Oct 17 to Dec 17	Q4Jan – March 18	Q1April – June 18	Q2July – Sept 18
Death as Serious Incident (Level 3) Homicide by a Patient	0	0	1	0	1
Deaths investigated as SIRI	18	23	13	16	14
Deaths reviewed as after action reviews.	21	28	22	33	34
Deaths reported to NRLS	8	9	4	8	8
Deaths reported to LEDER	9	7	7	19	13
Deaths subject to mortality reviews	15	18	17	6	13
Deaths being investigated due to family concerns that are not part of any investigation process above	0	0	0	0	0
Deaths subject to a Safeguarding Process*	2	4	1	0	0
All other deaths not subjected to review or investigation**	202	233	274	235	184

*****It is acknowledged that natural deaths of those patients not on Care Programme Approach at the time of death, would not be subject to a review unless there was concerns identified around care and treatment by the family.*****

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The above table indicates the numbers of deaths the Trust records in each of the previous quarters, but it is the individual cases where true learning and improvement are identified.

Positive and Safe Care

Service user Project Coordinator

Paul has developed a number of Talk 1st social media sites including Facebook and Twitter, which are proving to be a popular method of communication and discussion. Paul is also undertaking regular orientation sessions with in-patient units where he provides support and advice around the positive and safe agenda.

Audit and Policy

Audit data regarding NICE 154 has now been collated and is being transferred into Trust reporting format.

Innovation and Research

NTW continue to be active members of the national Reduction of Restrictive Interventions Expert Reference Group, which is led by the CQC. This group has a number of important national work streams including:

1. Producing clear definitions of restrictive interventions to improve consistency of national reporting via incident systems.
2. Developing a national accreditation system for training in PMVA.
3. Working with incident management software providers to ensure reporting is consistent and able to capture information such as 'did debrief take place?'

Body worn camera pilots have started in Beckfield with Alnmouth starting their pilot on 8th October. This is a six month pilot where all members of staff will be using body worn cameras. This followed an engagement programme with staff, patients and carers. Work undertaken in Northamptonshire Healthcare NHS Foundation Trust showed a reduction of violence and aggression in some areas where body worn cameras were introduced. A benefits realisation plan is being formulated to measure the success of this initiative.

The Sleep Well initiative will be commencing at the end of September. Seven wards across the trust have volunteered to be part of the initial programme of developing inpatient environments, which will ensure our patients sleep health is receiving the focus it deserves. The initial pilot will help to refine the ultimate roll out of the initiative to all inpatient wards across the trust. Sleep has proven to have a significant impact upon the health and wellbeing of us all, the initiative will help to create environments and behaviors which promote sleep health and introduce specific interventions which can improve sleep health for everyone.

Monitoring

The year-end forecast positions are shown below, which show a forecast in comparison to the previous year.

Incident data is shared externally on a regular basis to local and national commissioners via QRG's. NTW are one of a handful of provider organisations involved in the national Expert Reference Group looking at the Mental Health Minimum Data Set (MHSDS) proposals and the link to restrictive practice.

Internally 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

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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	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	8772	7905	8040	3385	-18%

Prone Restraint	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	3193	2393	2084	893	-16%

Restraint numbers for this year are reducing at the same rate across all three locality groups. This positive position is a reflection of ongoing initiatives under the Talk 1st banner; although it must be noted a number of other variables may help to create decreases. There are a number of areas where restraint rates have increased, these being Adult Acute North Locality, CYPS PICU, Oswin, CYPS LD Low Secure and Older Peoples South.

It must be noted the overall restraint numbers still 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 been developed; although work with the Expert Reference Group will help to clarify reporting requirements.

Prone restraint has reduced more significantly. Last year we saw a 13% decrease in prone restraint and the year-end forecast shows a potential further 16% reduction. Positive and Safe interventions, such as Safe Wards, 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. Some of our biggest reductions in restraint have been in CYPS MH Inpatient services where primary intervention work is proving to be very successful.

Seclusion

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	2004	1411	1213	658	6%

The number of seclusions reduced last year by 14% and this year the figure looks to be relatively comparable. Increases in seclusion have been noted in Adult Acute North, Oswin and Autism. 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. Seclusion duration has increased slightly during the period. This is driven by a small number of longer term seclusions for example KDU Lindisfarne.

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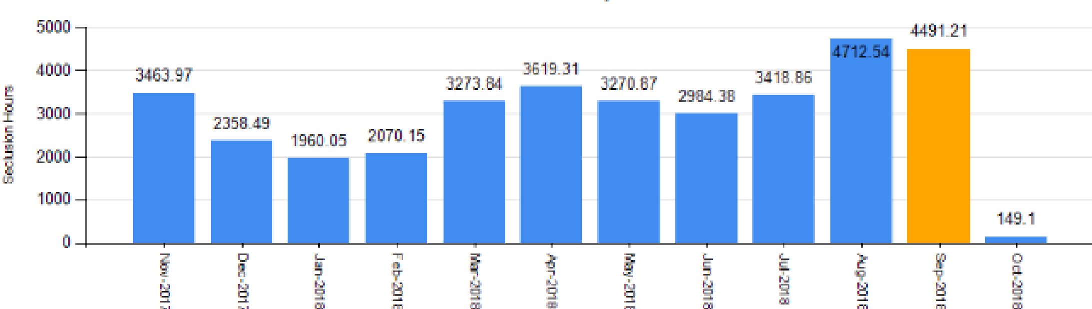

Primary phases of intervention such as access to chill out rooms, distraction techniques, activities, peer support workers etc. have helped to reduce the number of times seclusion has been required. We currently have 35 accessible seclusion suites across all main sites, which all meet our minimum environmental standard.

Assaults on Staff

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	3705	3815	3759	1658	14%

There is no national comparison for our data following the shutdown of NHS Protect. Last year saw the first decrease in staff assaults since merger in 2006. This year the current forecast position is a reduction of 14% which would be unprecedented should that be the end of year position. Like other metrics staff assaults have reduced significantly in certain areas this year; particularly in CYPS MH Inpatient and Autism. This needs to be balanced against increases in Adult Acute, CYPS LD, and OPS South.

Mechanical Restraint Use (MRE)

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	369	433	141	132	79%

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. Ongoing analysis of MRE use shows its deployment primarily in relation to hospital / dental transfers and the safe movement of patients to seclusion. North Locality Group show the highest increases associated with a small number of patients within Autism and CYPS services. 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

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	4542	6370	4898	2670	6%

Following the escalation in this type of behaviour during 16-17, it was encouraging to see a year-end reduction of 23% in 17-18. This year areas of increasing activity are Autism services, Oswin, Kinnersley and Crisis Teams Central. Significant decreases this year have been monitored in both CYPS Inpatients and Forensic LD services.

Violence and Aggression

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	12543	12304	13411	6480	-6%

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The current year-end forecast position for violence and aggression is lower than last year by 6%. 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 Oswin, Adult Acute North, Woodhorn and Beckfield.

Blanket Restrictions

This is a new section of the report. The Safer Care report will be the governance system to report on Blanket Restriction activity within the Trust, so the Board is sighted on this as a development. The formal reporting will commence in Quarter 3 from January 2019, and Quarter 4 report will act as an annual review of the activity.

Following the recent Care Quality Commission inspection one of the "must do's" identified as a development was the need to to ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.

Blanket Restrictions are defined in the Mental Health Act – Code of Practice (2015) Restrictions that apply to all patients in a particular setting (blanket or global restrictions) should be avoided. There may be settings where there will be restrictions on all patients that are necessary for their safety or for that of others. Any such restrictions should have a clear justification for the particular hospital, group or ward to which they apply. Blanket restrictions should never be for the convenience of the provider. Any such restrictions should be agreed by hospital managers, be documented with the reasons for such restrictions clearly described and subject to governance procedures that exist in the relevant organisation".

As part of these developments a new draft policy is currently out to consultation across the organisation, and a number of training sessions have been delivered by the Trust's Solicitors - DAC Beachcroft with senior clinicians.

Examples of blanket restrictions are the approved Trust Smoke Free Policy, and restrictions on certain items on wards such as alcohol and illicit substances. However as the system of governance develops and the information around blanket restrictions is communicated to patients, families and carers and it is captured through the Trust system's. This will undoubtedly result in a review of clinical practices, and future agreement of what blanket restrictions are and are appropriately authorised. The flowchart that explains the Blanket Restriction governance approach is included at Appendix 3.

Lone Working

Following the update to Board of Directors in Annual Security Management Report in May 2018, it was agreed that a further update would be included in the Safer Care report in October 2018.

The Lone working team has continued to work with Reliance (the Lone Working System provided) to progress the full transition of the system into GPS enabled devices. GPS much like satellite navigation uses a range of satellites to mark the last known position of the device when a user checks in (presses the button on the device). The plan was to have all devices GPS enabled by the end of September 2018, due to holidays and also an increase in devices in use, there has been some slippage in completion of the plan,

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currently 92% of devices are GPS enabled and the plan is to have 100% complete by the end of November 2018.

Another benefit of GPS enabled devices is the fact that live data on usage is available in the on-line portal, this is due to go live in December 2018. The Trust will be the first NHS organisation in the country to have access to this data. All new lone workers now use the on-line portal for their competency training.

The Trust has renewed its lone working contract for another three years and currently 2,000 staff or 30% of the workforce are covered by this safety system. The renewed contract will deliver recurring efficiencies for the Trust whilst improving the safety of the system.

The Trust continues to share its approach to lone working with other organisations, and the Head of Safety, Security and Resilience has provided support to other organisations as both a referee and also sharing the Trust's guidance.

Safeguarding and Public Protection

Trust-wide Safeguarding and Public Protection concerns
In the previous quarter the Safeguarding and Public Protection concerns totalled 2102 and average of 700 per month. In Quarter 2 the concerns reported are of a similar number.

Cause 1	Central Locality Care Group	North Locality Care Group	South Locality Care Group	Nursing & Chief Operating Officer	Total	%
Safeguarding Adults - Staff Allegation	19	27	15	0	61	2.86
Safeguarding Children - Staff Allegation	0	6	0	0	6	0.28
Safeguarding Adults Patient On Patient	22	23	12	0	57	2.67
Safeguarding Children Patient On Patient	1	23	0	0	24	1.13
MAPPA	15	13	14	4	46	2.16
MARAC	82	87	99	0	268	12.56
PREVENT	4	2	6	0	12	0.56
Safeguarding Adults - Concerns	388	237	321	0	946	44.35
Safeguarding Children - Concerns	185	252	275	1	713	33.43
Total	716	670	742	5	2133	100.00

Safeguarding concerns

As with previous reports the highest types of concerns raised are Safeguarding adults 946 and Safeguarding children 713.

Public Protection concerns

Multi-Agency Risk Assessment Conference (MARAC)

Over the three month period there have been 268 MARAC concerns where a significant incident of Domestic Abuse has occurred and a MARAC meeting has been held to

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safeguard the victim. This is a slight increase of reported concerns than the previous quarter of 234. Over this quarter there has been 42 MARAC meetings held in six Local Authority Areas attended by a SAPP Practitioner on behalf of the trust. On average six victims or perpetrators are active to trust services that are discussed at each multi-agency meeting to safeguard the victim wherever possible. As expected these incidents occur within the home and the majority reported by community services or by inpatient services when a patient makes a disclosure.

Multi-Agency Public Protection (MAPPA)

There were 46 MAPPA cases discussed for those service users where an assessment indicated that a service user person maybe posing a high or very high risk of serious harm to the public and the case requires active involvement and co-ordination of interventions from multi-agency partners to manage the presenting risks of serious harm.

Prevent

There were 12 Prevent concerns this quarter, seven cases were discussed initially with Special Branch, and none proceeded to Panel referral. Five concerns were discussed with trust prevent lead did not require a referral or discussion with police. Two Prevent concerns came into the organisation from Channel Panels requesting a Mental Health Assessment, these assessments were undertaken within the required national guidance of seven days.

Patient on Patient abuse

There were 57 adults and 24 young people where there were safeguarding concerns reported of patient on patient abuse. This is a significant reduction from last quarter 94 concerns for Adults and 18 for Children.

Staff Allegations

67 staff allegations were reported, 61 were in relation to Adults and six children, and this is similar to previous quarter.

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Locality Care groups activity and analysis

Central Locality

Cause 1	Inpatients Central CBU	Community Central CBU	Access Central CBU	Secure Care Services CBU	Total	%
Safeguarding Adults - Staff Allegation	11	1	1	6	19	2.65
Safeguarding Adults Patient On Patient	12	3	0	7	22	3.07
Safeguarding Children Patient On Patient	0	0	0	1	1	0.14
MAPPA	1	5	3	5	14	2.09
MARAC	1	46	25	9	81	11.44
PREVENT	0	1	0	2	3	0.56
Safeguarding Adults - Concerns	39	214	102	34	389	54.25
Safeguarding Children - Concerns	11	91	75	8	185	25.80
Total	**75**	**361**	**206**	**72**	**714**	**100.00**

North Locality

Cause 1	Inpatients North CBU	Community North CBU	Access North CBU	Specialist Children & Young Peoples Services CBU	Total	%
Safeguarding Adults - Staff Allegation	22	2	2	0	26	4.03
Safeguarding Children - Staff Allegation	0	0	0	6	6	0.90
Safeguarding Adults Patient On Patient	21	1	1	0	23	3.43
Safeguarding Children Patient On Patient	0	0	0	23	23	3.43
MAPPA	3	4	4	1	12	1.94
MARAC	4	28	52	2	86	12.99
PREVENT	0	0	1	1	2	0.30
Safeguarding Adults - Concerns	39	67	118	13	237	35.37
Safeguarding Children - Concerns	5	59	82	104	250	37.61
Total	**94**	**161**	**260**	**150**	**665**	**100.00**

South Locality

Cause 1	Inpatients South CBU	Community South CBU	Access South CBU	Neurological & Specialist Services CBU	Total	%
Safeguarding Adults - Staff Allegation	10	1	2	2	15	2.02
Safeguarding Adults Patient On Patient	11	1	0	0	12	1.62
MAPPA	2	2	8	2	14	1.89
MARAC	2	33	41	15	91	13.34
SG36 PREVENT	0	2	3	1	6	0.81
SG37 Safeguarding Adults - Concerns	44	111	117	49	321	43.26
SG38 Safeguarding Children - Concerns	11	90	150	24	275	37.06
Total	**80**	**240**	**321**	**93**	**734**	**100**

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Access CBUs:
Domestic abuse and active service users being discussed at MARAC meetings as a victim or perpetrator of abuse within Access CBU teams are as expected high totalling 118, last quarter there was 122. All victims and perpetrators Health records are updated to inform services of the recent incident as well as a 'Risk Alert' placed on to the 'Red Triangle' within the demographics page to ensure that all staff are aware of current Risks.

Positive reporting by Crisis teams, Addictions, Liaison and Street Triage of 297 safeguarding children concerns across the 3 Access CBUs trust-wide acknowledging "think family" and associated risk/concerns to children from the parent/carer in relation to the presenting crisis or addiction impacting on the ability to parent at that time. 337 safeguarding adult concerns were reported this quarter, again positive reporting by Access CBU's when assessing service users in crisis identifying associated vulnerabilities with safeguards being put in place. Five Prevent concern was also made from the 12 overall Prevent concerns this quarter.

Again in this quarter, South Access CBU has the greatest number of safeguarding children and safeguarding adult concerns raised, this is in keeping with the client population and associated services within Sunderland and South Tyneside.

Community CBU's:
As expected Community services CBU's have high prevalence of reported activity in respect of safeguarding adult and children of 392 and 240 reported concerns respectively. These concerns raised by service users/staff are in respect of alleged or actual abuse by family members, carers or people within the community. As with Access CBUs positive reporting of safeguarding children concerns when working with adult service users. 107 Domestic Abuse concerns were discussed in MARAC who were active to clinicians in community teams. In all cases the risk intelligence and multi-agency plan to safeguard the victim was shared with the clinicians involved. Four Prevent concerns were made.

MAPPA Access and Community CBU's have the highest MAPPA referrals as expected due to concerns of Public Protection.

Inpatient CBU's:
Inpatient CBU's have the highest reported category for patient on patient abuse, 44 concerns were raised, however this is a significant decrease from last quarter of 76. The majority resulted in no or minor harm occurring to patients on wards. All actual or alleged abuse is routinely reported, resulting in safety planning being put in place by MDT's to prevent wherever possible further abuse between patients supported by the trust SAPP team. Referrals are made to the Local Authority Safeguarding Teams and or Police where necessary.

The Inpatients CBU's as expected had the highest reported staff allegation concerns, 43 all from adult wards raised by either patients or fellow staff. One ward from the South Locality has had seven concerns raised over a nine month period. At the time of the report discussions and meetings are taking place in respect of these concerns with the LA and CCG.

Nursing & Chief Operating Officer

These five concerns raised are those where the SAPP practitioner (categorised in Safeguard system as Nursing and Operations directorate) been provided via another

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agency e.g. Probation contacted advising of a concern in relation to a service users current risk. All five concerns raised required a multi-agency meeting to manage the risk.

Outcome Type	Central Locality Care Group	North Locality Care Group	South Locality Care Group	Nursing & Chief Operating Officer	Total	%
Local After Action Review	0	1	0	0	1	0.05
T2-4(Significant Harm): Other Agency LA Referral	42	35	30	0	107	5.03
T2-4: MAPPA/PDP Risk Management Plan (NTW)	0	2	1	0	3	0.14
T2-4: MARAC Referral Made (NTW)	4	6	2	0	12	0.56
T2-4: MARAC Safety Plan (NTW Referral)	4	5	5	0	14	0.66
T2-4: MARAC Safety Plan (Other Agency Referral)	58	59	69	0	186	8.74
T2-4:MAPPA/PDP Referral Made NTW	1	2	1	0	4	0.19
T2-4:MAPPA/PDP Risk Management Plan (Other Agency)	0	0	1	5	6	0.28
Tier 1 (Low Level): Gateshead LA Referral	18	0	4	0	22	1.03
Tier 1 (Low Level): Newcastle LA Referral	67	5	7	0	79	3.71
Tier 1 (Low Level): Northumberland LA Referral	6	83	6	0	95	4.46
Tier 1 (Low Level): NT LA Referral	6	14	0	0	20	0.94
Tier 1 (Low Level): Other LA Referral	6	5	17	0	28	1.32
Tier 1 (Low Level): SG Concern Action By Ward/Dept	340	337	373	0	1050	49.32
Tier 1 (Low Level): ST LA Referral	0	2	9	0	11	0.52
Tier 1 (Low Level): Sunderland LA Referral	1	0	60	0	61	2.87
Tier 2 - 4(Significant Harm): Other LA Referral	4	6	10	0	20	0.94
Tier 2-4 (Significant Harm): ST LA Referral	0	0	11	0	11	0.52
Tier 2-4 (Significant Harm): G'head. LA Referral	18	1	2	0	21	0.99
Tier 2-4 (Significant Harm): N'Land LA Referral	9	36	5	0	50	2.35
Tier 2-4 (Significant Harm): Ncstle LA Referral	37	3	3	0	43	2.02
Tier 2-4 (Significant Harm): NT LA Referral	0	6	3	0	9	0.42
Tier 2-4 (Significant Harm): Police Involvement	94	60	70	0	224	10.52
Tier 2-4 (Significant Harm): S'land LA Referral	1	2	49	0	52	2.44
Total	716	670	738	5	2129	100.00

As with previous reports the highest outcome in relation to safeguarding children and adult concerns outcome were action by the ward/department, this was 50% of all concerns raised in this quarter. This is in respect of early identification of concerns that require single agency action planning only, having not met the threshold for significant harm. The trustwide reporting culture of a preventative model is clearly embedded in practice.

224 (11%) of all incidents were reported directly to the police. These are incidents were staff have identified a crime may have been committed and/or the patient/service user wants to report the incident as a crime e.g. alleged sexual abuse, financial abuse.

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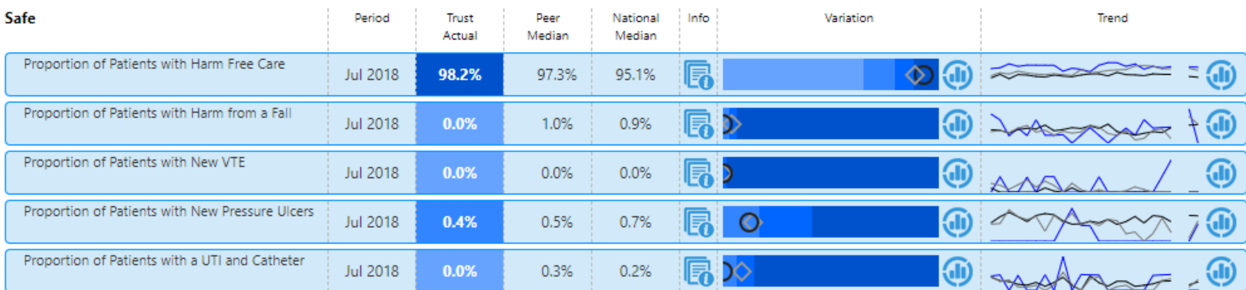
Case Reviews

There have been one Serious Case Review of the death of a young person, not known to trust services, however extended family have had limited previous involvement.

Safety Thermometer / Mental Health Safety Thermometer

The following is the current presentation of the Safety Thermometer information which is now available through NHS Improvement – Model Hospital.



Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Proportion of Patients with Harm Free Care	Jul 2018	98.2%	97.3%	95.1%			
Proportion of Patients with Harm from a Fall	Jul 2018	0.0%	1.0%	0.9%			
Proportion of Patients with New VTE	Jul 2018	0.0%	0.0%	0.0%			
Proportion of Patients with New Pressure Ulcers	Jul 2018	0.4%	0.5%	0.7%			
Proportion of Patients with a UTI and Catheter	Jul 2018	0.0%	0.3%	0.2%			

It can be seen above that the Trust overall is above the national median for harm free care.

In relation to specifics around the Mental Health Safety Thermometer, whilst the Trust is not currently completing the data submission, the following information gives a breakdown of the activity in detail as recorded in the Trust Risk Management System as opposed to the the snapshot data available in the national system. It is important to note that only half of Mental Health organisations are currently submitting data.

The four criteria are as follows:-

1. Proportion of patients that have self harm in the last 72 hours.
2. Proportion of patients that feel safe at the point of survey.
3. Proportion of patients that have been a victim of violence and aggression in the last 72 hours
4. Proportion of patients that have had an ommission of medication in the last 24 hours

In order to give a reflection of this activity the following gives a breakdown on the number of incidents for points 1, 3, and 4, further information for point 2 will be included in the next report.

Proportion of patients that self harmed – reporting period July – September 2018 – Quarter 2

There were 1,488 epsisodes of self harm between 1st July 2018 – 30th September 2018, this involved 455 patients. Of the 455 patients 21 self harmed 10 or more times accounting for 840 incidents or 56% of the total. Of the 455 patients 335 self harmed once in this quarter. One patient self harmed over 180 times in the quarter.

Proportion of patients that were a victim of violence and aggression – reporting period July – September 2018 – Quarter 2

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There were 375 epsisodes of aggression and violence where a patient was a victim between 1st July 2018 – 30th September 2018, this involved 188 patients. Of the 188 patients two were victims 10 or more times. Of the 188 patients 120 were a victim once in this quarter, 64% of the total number of patients. The remaining 36% were a victim between two and 13 times. This activity directly correlates to the increase in Safeguarding concerns being reported, so that appropriate systems are put in place to support victims of violence and aggression.

Proportion of patients with omitted medication – reporting period July – September 2018 – Quarter 2

There were 69 medication incidents of omitted medication/ingredient reported between 1st July 2018 – 30th September 2018, this involved 59 patients. Of the 59 patients seven had their medication omitted more than once. The other 52 patients experienced an omission once. Each medication incident is reviewed by Pharmacists with the patient supported and advised of corrective action to take. The Pharmacists support the individual clinical teams to review the incidents to prevent the re-occurrence.

Central Alert System – Exception Report

This report contains information of any non-compliance with the CAS system for the Trust. This is a nil report for this quarter, as an assurance process the link below is the current published data from NHS Improvement which indicates which Trusts have outstanding CAS alert activity.

https://improvement.nhs.uk/resources/data-patient-safety-alert-compliance/

Learning from Deaths

A Learning Lessons from Serious Incidents training day was held on 3rd October 2018. The audience was multidisciplinary but largely medical staff. An article will be included in the next Safer Care bulletin together with a link to the presentations from the day so that staff unable to attend will be able to share in the learning.

In line with national requirements from the National Quality Board, the Learning from Deaths Dashboard is included at Appendix 2.

Mortality Reviews

A thematic review of all natural cause deaths is underway. The findings from the review and recommendations will be shared with BDG safety on 26th October 2018 and shared in quarter 3 report.

SI Investigators away day

The current SI process is being reviewed with a report tabled for BDG-Safety as well as an Investigators away day 23rd October 2018, specifically looking at current Terms of Reference and Human Factors/RCA methods. An update will be provided in quarter 3 report.

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Learning from Deaths – Case Vignette

This review looked at the death of an inpatient, in their 70's, who died as the result of a choking incident.

The Patient had been known to psychiatric services since the 1960's and had had a number of previous psychiatric admissions since then. The most recent admission had occurred in 2008 and had lasted for a number of years until the time of their death in 2017.

The patient had a longstanding diagnosis of schizoaffective disorder. Over recent years they had presented with catatonia and symptoms included; wandering, impulsive aggression, periodic mutism and repetitive behaviours (stereotypies) such as touching and banging windows. In addition the patient also experienced dysphagia (swallowing difficulties).

SALT (Speech and Language Therapy) had been involved with this patient for several years and a SALT plan regarding their choking risk had been in place since 2015. This plan identified that in order to manage the risk of choking the patient required a specific diet.

In the months prior to the death a new treatment strategy had been agreed. Due to changes of medication regime the patient was transferred to another ward and was being nursed on constant eyesight observation by two staff members. The patient was well known to a number of the staff on the receiving ward as they had spent a significant amount of time there earlier in the admission.

On the date of the incident, which occurred one month following transfer, the patient was eating food prepared for him by ward staff as part of a weekly breakfast club. They experienced a choking episode and despite the efforts of the staff who were with the patient, the staff who responded to the incident and the attendance of a paramedic crew the patient was pronounced deceased on the ward by the medical staff.

Core Learning

The report highlights that the food on which the patient choked was prepared and provided by ward staff and did not conform to the SALT care plan in place.

There was also a concern that the content of the SALT plan was either not known about or understood fully by several members of the staff team.

The risk of choking was underappreciated compared to the risk of violence and aggression.

The daily handover did not appear to be effective in ensuring current risks and care plans (specifically choking risk and SALT plan) were discussed or referenced at each shift change and made known to new / unfamiliar staff.

Notable practice

The review highlighted that the response of the staff on the ward and the staff who responded from other areas was commendable and every effort was made to assist the patient but to no avail. The Review demonstrated that staff initially responded with back slaps and abdominal thrusts as per their immediate life support (ILS) training. As the

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incident progressed and the patient lost consciousness CPR was delivered and emergency medical equipment was brought to the scene and utilised. The patient received attention from NTW medical staff responding to the scene and emergency services were called and arrived promptly.

Key Actions

Delivery of a mandatory multi-disciplinary training package regarding the management of swallowing difficulties which result in choking risk to be rolled out Trust wide. Measurable via dashboards.

CAS Alert circulated on 24th May 2017 to all teams stating that recent learning from a serious incident has highlighted that where patients have an identified choking/swallowing risk, this is not always clearly documented in FACE risk assessments and therefore not linked with relevant care plans. In addition choking/swallowing risks and other risk associated with nutrition and/or hydration should be an integral part of information shared at handover. Staff were asked to take immediate action to address these important matters. To be re-circulated following SI panel.

Clinical Nurse Manager has been tasked with reviewing handover standards and to look at what standards already exist and benchmark to ensure adequate, and look at how they need to be modified to include all aspects of risk. The results of this will be audited. Formal debrief for staff involved in the incident to be arranged ASAP. Clinical Nurse Manager to facilitate and Investigating Officer to support in terms of feeding back outcome of SI/action plan and feedback on management of incident.

Learning and Improvement Group (LIG)

The Trust LIG was held in the Board Room at St Nicholas Hospital on 28th September. For the first time the meeting was available for staff to join using the videoconferencing facilities on the Microsoft Hubs which are located across the Trust.

Dr Uri Torres gave a presentation on the work that a working group has been doing on post suicide bereavement support. One in ten people affected by suicide go on to make an attempt on their own lives. The Trust will be exploring the establishment of a Bereavement Liaison Officer with other health and local authority partners.

Staff from Beckfield - the Trust psychiatric intensive care unit (PICU) - presented their recent internal review and the service improvements which have led to a significant reduction in observation, rapid tranquilization, restraint and seclusion. One example is the introduction of social time each morning when staff and service users can interact, which has had positive effects on reducing incidents at this time of day. A multidisciplinary leadership team has been established to drive through quality improvements and achieve AIMS accreditation in due course.

Margaret Orange talked about the review of learning from deaths in addiction services which is undertaken on a quarterly basis. In the first quarter of 2018/19, 24 deaths were reviewed either as after action reviews (AAR) or serious incident investigations. The average age of death was 41 years which is younger than the national average. More males than females died (x3) and most died at home or with other people nearby. The use of naloxone for service users to inject to treat overdose may help reduce deaths as a number were likely to have been preventable had the drug been available. There are restrictions in supplying naloxone in some CCG areas. A checklist for reviewers has been developed to ensure that issues around naloxone are identified.

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Jan Grey has undertaken a review of immediate management of 149 choking incidents between April 2016 and March 2018. Themes identified included staff not completing a care plan while they were waiting for a SALT assessment; ambiguity about terms used to describe the diet, for example “soft”; no particular food seemed to be implicated; the RED RISK triangle was not used routinely. However, when a choking incident occurred staff intervened appropriately. Changes which will be made will be guidance on clarification of terms used to describe diets to follow national guidance; routine use of the RED RISK triangle; the need to develop a food care plan while awaiting a SALT assessment.

Staff interested in joining the next videoconference should contact Stephanie.Dean@ntw.nhs.uk

Complaints Reporting and Management

Complaints Received

The following table gives a breakdown of the Trust activity for all complaints received.

Complaints have decreased in Quarter 2 by approximately 28% in comparison to Quarter 1 and decreased by approximately 22% from Quarter 2 of 2017; the reason for this is not known. This is currently under close scrutiny by the Executive Director of Nursing and Chief Operating Officer and the Operational Directors.

Complaint Type	2017-18 (2)	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	Total
Complex	44	53	45	34	21	197
Joint Not Lead	1	2	2	5	3	13
Joint NTW Lead	2	1	3	5	2	13
Non-Clinical Co	0	0	0	0	1	1
Standard	90	71	83	104	80	428
Total	**137**	**127**	**133**	**148**	**107**	**652**

Complaints Received by CCG

District	2017-18 (2)	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	Total
NOT APPLICABLE	3	5	4	10	7	29
NHS BLACKBURN WITH DARWEN CCG	0	0	1	0	0	1
NHS CUMBRIA CCG	1	2	0	1	1	5
NHS DARLINGTON CCG	0	0	1	1	1	3
NHS DURHAM DALES, EASINGTON AN	0	0	3	3	0	6
NHS EAST LANCASHIRE CCG	0	0	1	0	0	1
NHS GATESHEAD CCG	11	12	15	19	13	71
NHS HARTLEPOOL AND STOCKTON-ON	1	0	0	2	0	3
NHS HULL CCG	1	1	0	0	0	2
NHS LEEDS WEST CCG	0	1	0	0	0	1
NHS MANSFIELD AND ASHFIELD CCG	1	0	0	0	0	1
NHS NEWCASTLE NORTH AND EAST C	21	18	16	13	10	78
NHS NEWCASTLE WEST CCG	14	13	15	13	9	64
NHS NORTH DURHAM CCG	3	2	1	2	0	8

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NHS NORTH SOMERSET CCG	1	0	0	0	0	1
NHS NORTH TYNESIDE CCG	12	16	14	13	9	64
NHS NORTHUMBERLAND CCG	28	27	22	22	19	118
NHS SHEFFIELD CCG	0	1	0	0	0	1
NHS SOUTH TEES CCG	0	2	2	0	0	4
NHS SOUTH TYNESIDE CCG	13	11	15	14	10	63
NHS SUNDERLAND CCG	27	16	23	33	27	126
NHS VALE OF YORK CCG	0	0	0	1	0	1
Total	**137**	**127**	**133**	**147**	**106**	**651**

Complaint Compliance to Response Timescales

Month	Compliance
July	81%
August	100%
September	86%
Overall compliance for Quarter 2	**89%**

Complaints by Category

The following table gives a breakdown of complaints received by category, these categories are nationally approved, and information is sent to NHS Digital on a quarterly basis. In line with national reporting to NHS Digital which occurs every quarter, the following is the category of complaints.

The three highest categories, communication, patient care and values and behaviours accounted for 63% of all complaints received and reflects the National picture.

Appointed Investigating Officers are now requested to determine the correct categories after they have made contact with the complainant to ensure wherever possible the correct category is identified.

A locality review of complaints received between 01 August 2017 and 31 July 2018 has been undertaken. On reviewing the complaints where there was more than one complaint within the same category, there were no noticeable themes identified. However what was apparent and stood out, were the larger numbers of complaints received in one particular service. On reviewing these complaints the two categories that stood out were “care needs not adequately met” and “communication with patient”. These two categories clearly overlapped with an emphasis on poor communication and lack of action and support by clinicians the thread through each complaint.

Additional work has recently been undertaken around complaints relating to CYPS and staff attitude.

Complaints Categorised as Staff Attitude:
A review of complaints received between 01 October 2017 and 30 June 2018 and categorised as staff attitude was undertaken. Of the 37 complaints received in relation to staff attitude, 13% were upheld (5); 35% were partially upheld (13) and 51% were not upheld (19).

The Central Locality Care Group received the highest number of complaints across the three care groups. Access Central CBU received the highest number of complaints related to staff attitude, followed by Community Central CBU.

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South Locality CBUs were the second highest but had a more even spread and North were the lowest overall but had the highest number in their Community North CBU. Although Community North CBU had the highest number, this was across seven different services.

The area that stood out was in one of the crisis teams. This team had seven complaints in relation to attitude (19% of the total complaints received in relation to staff attitude Trust-wide): one was upheld; three were partially upheld and three were not upheld.

Complaints Received into CYPS Services:
A review of complaints received into CYPS services between 01 April 2017 and 30 June 2018 was undertaken. The overarching theme to come through in all categories is poor communication with families relating to waiting times and during care and treatment. Families and carers appeared to understand the waiting time issues, however did not receive updates on progress or after telephoning to enquire did not receive a call back causing frustration. Based on the 14 months complaint data examined, the waiting list management process does not seem to be effective; however this may now have been resolved within the Locality Care Groups.

Category Type	2017-18 (2)	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	Total
Access To Treatment Or Drugs	1	3	3	0	1	8
Admissions And Discharges	9	5	9	9	3	35
Appointments	5	7	11	9	3	35
Clinical Treatment	5	8	7	8	3	31
Communications	24	17	19	28	29	117
Consent	0	1	0	0	0	1
Facilities	2	1	2	4	1	10
Other	6	1	2	1		10
Patient Care	32	43	36	33	35	179
Prescribing	12	4	6	10	2	34
Privacy , Dignity And Wellbeing	1	1	1	1	2	6
Restraint	2	2	0	0	0	4
Staff Numbers	1	1		1		3
Trust Admin/ Policies/Procedures Including Rec Man	3	4	6	14	3	30
Values And Behaviours	29	25	27	29	21	131
Waiting Times	5	4	4	1	3	17
Total	**137**	**127**	**133**	**148**	**106**	**651**

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Complaints Relating to Death –

The table below shows those complaints that have been received with the theme of the complaint is relating to the death of a patient. It also needs to be acknowledged that not all complaints relating to death are received straight after death, some are received following the outcome of a serious incident investigation, or the outcome of a coronial investigation, this can be several months after the death. This information has been included as it directly correlates to the Learning from Death activity and guages family and carers responses of the care provided prior to the death of a patient irrespective of cause.

In collecting this data, the base line over the last three years the Trust has averaged 10 complaints per year, this is in comparison to over 1,000 deaths reported each year. This also acknowledges that many families and carers seek answers around concerns relating to care which are responded to as part of the serious incident investigations under the Trust's Duty of Candour processes. It is also hoped that with the full implementation of Learning From Deaths Policy, that if family and carers want answers to care and treatment issues, we can do so through the mortality review process, acknowledging that we would always investigate complaints received.

	Q2	Q3	Q4	Q1	Q2	Total
Services	Jul - Sept 17	Oct - Dec 17	Jan - Mar 18	Apr - Jun 18	Jul - Sept 18	
Addictions Services SLD 4 To 6 Mary Street	0	0	1	0	0	1
Crisis Response & Home Treatment S Tyne Palmers	0	0	1	0	0	1
Crisis Response & Home Treatment SLD HWP	0	1	0	0	0	1
GHD Community Non Psychosis Team Dryden Rd	0	0	1	0	0	1
Liaison Psychiatry Service NCL & N Tyne RVI	0	0	1	0	0	1
North Tyneside Recovery Partnership Wallsend	1	0	0	1	0	2
S Tyneside Psychosis/Non Psychosis Palmers	1	0	0	0	0	1
Springrise	0	0	0	1	0	1
Street Triage North Of Tyne Ravenswood	0	1	0	0	0	1
Total	2	2	4	2	0	10

Parliamentary Health Service Ombudsman

The following information is the current activity that has been reported/requested via the PHSO.

The Trust as part of every complaint response letter includes the PHSO contact details. Complainants have the right to take their complaint to the PHSO even if the findings of the complaint are partially or fully upheld if they are still dissatisfied. The following is the current and ongoing complaint activity with the PHSO.

North Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Position	Trust Investigation Outcome
03.01.2018	3619	C2036693	PHSO – intention to investigate	Files and records sent back 24.01.18	Partially upheld

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03.04.2018	3884	To be confirmed	PHSO – Preliminary Enquiry	Request for complaint information and copy of an incident report form 04.04.18 Information sent	Partially upheld
16.08.18	4313	To be confirmed	PHSO – Preliminary Enquiry	Request for copy of complaint response	Not upheld
22.11.18	4137	C2057254	PHSO – Preliminary Enquiry	Request for information sent to clinical team 21.09 Extension requested for records to be requested – now due back to PHSO by 15th October	Not Upheld

Central Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Update	Trust Investigation Outcome
26.10.2017	3776/4103	C2027320	PHSO – intention to investigate	19.07.18 complainant has requested complaint reference 4103 to be included in the scope of the investigation. 21.08.18 Informed by PHSO that investigation is about to commence	Partially upheld
07.06.2018	3539	C2045699	PHSO – request for health records	Records prepared and sent 25.06.18	Partially upheld / partially upheld
30.07.18	4180	To be confirmed	PHSO – preliminary enquiry	Request for copy of complaint response and health records from 9.03.17 to 11.03.17	Not upheld / not upheld
12.01.18	4082	To be confirmed	PHSO – preliminary enquiry	Request for copy of complaint response – have now chased PHSO for outcome if they intend to pursue	Not upheld/decision not to investigate

South Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Update	Trust Investigation Outcome
28.03.18	3698	C2036582	PHSO request for records	Request for patient records and complaint file 20.04.18 Information sent	Partially upheld
18.04.18	2869	C2047857	PHSO request for records	Request for patient records and complaint file by 08.05.18 04.06.18 Further info required from service and provided. PHSO to take advice and inform us whether they will be investigating	Upheld / not upheld
01.05.18	3362	C2040052	PHSO request for records	Copy of records requested and sent 16.08.18 Request for evidence that actions have been completed	Upheld / partially upheld
03.05.18	3540	C2034689	PHSO request for records	Copy of records requested and sent 14.09 request received for further information and records due back by 20.09 19.09 further information requested sent to PHSO	Partially upheld / not upheld

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11.05.18	4258	Enquiry 0673000292	PHSO preliminary enquiry	Request for confirmation that Trust formal complaint procedure completed	Partially upheld / not upheld
26.06.18	3571	Enquiry 0680000203	PHSO preliminary enquiry	Request for documentation 09.07.18 Documentation sent to PHSO	Partially upheld
13.02.18	4280	n/a	PHSO request for further information	14.09 request received for further information for decision 18.09 information requested forwarded to PHSO 25.09 request for further information received and forwarded to clinical lead	Partially upheld
24.01.18	4244	C2058330	PHSO preliminary enquiry	26.09 information requested re call log 27.09 information sent to PHSO	

Claims

Claims received by Case Type

Case Type	2017-18 (2)	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	Total
Claims Not Covered By NHSLA	0	0	0	0	0	0
CNST	3	2	2	0	3	7
Employers Liability	3	3	1	3	8	15
Ex-Gratia	20	12	11	13	15	50
Ex-Gratia PHSO	0	0	0	1	0	1
Public Liability	0	0	2	0	1	3
Third Party Claim	1	1	1	0	2	4
Total	**27**	**18**	**17**	**17**	**29**	**108**

Ex gratia claims predominantly make up the largest proportion of claims and the numbers have decreased over the last three quarters. Employer liability claims are the second largest group and there has been an increase in Quarter 2 but the reason for this is not clear. This will be kept under review, and we will await annual information from NHS Resolutions around the national picture of claims activity.

Claims received by Category

Category	2017-18 (Q2)	2017-18 (Q3)	2017-18 (Q4)	2018-19 (Q1)	2018-19 (Q2)	Total
Accidental Injury	1	2	1	2	3	9
All. Of Failure To Provide Appropriate Care	3	1	0	0	4	8
Assault On Other	0	1	0	0	0	1
Assault on Staff	4	2	3	1	5	15
Damage To Patient Property (Accident)	2	0	0	3	1	6
Damage To Patient Property (Violence)	0	1	3	0	0	4

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Damage To Staff Property (Accident)	3	1	1	1	3	9
Damage To Staff Property (Violence)	9	2	3	6	9	29
Expenses Incurred Due To A Trust Process	1	1	0	1	0	3
Industrial Deafness	0	0	1	0	0	1
Information Governance	0	0	1	0	1	2
Injured During Restraint	0	0	0	0	1	1
Loss Of Patients Property	4	7	2	1	2	16
Missing Patient Monies	0	0	0	2	0	2
Unexpected Death	0	0	2	0	0	2
Total	**27**	**18**	**17**	**17**	**29**	**108**

The highest ex gratia claim categories are damage to staff property and loss of patient property. The damage to staff property claims relate to clothing or spectacles damaged by patients either due to assault on the staff member or damage sustained in the course of restraining a patient.

The highest employer liability categories are accidental injury and assault on staff. Accidental injury claims include slips, trips and falls and also manual handling claims.

Claims Received by CCG

District	2017-18 (Q2)	2017-18 (Q3)	2017-18 (Q4)	2018-19 (Q1)	2018-19 (Q2)	Total
NOT APPLICABLE	21	9	9	11	23	73
NHS GATESHEAD CCG	0	2	0	0	0	2
NHS HULL CCG	0	1	0	0	0	1
NHS NEWCASTLE NORTH AND EAST CCG	0	2	0	1	0	3
NHS NEWCASTLE WEST CCG	1	0	0	1	1	3
NHS NORTH DURHAM CCG	0	2	0	1	0	3
NHS NORTH TYNESIDE CCG	0	1	0	1	0	2
NHS NORTHUMBERLAND CCG	1	1	6	1	1	10
NHS SHEFFIELD CCG	1	0	0	0	0	1
NHS SOUTH TYNESIDE CCG	2	0	1	0	0	3
NHS SUNDERLAND CCG	1	0	1	1	4	7
Total	**27**	**18**	**17**	**17**	**29**	**108**

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Appendix 1

Serious Incidents Reviewed at Panel in July to September 2018

Serious Incidents Reviewed at Panel in July 2018

Eight incidents were reviewed at panel during July, all eight were STEIS reported. All eight incidents were unexpected deaths and included an in-patient death. Of the eight (STEIS reportable) incidents reviewed all reports have gone or will go within the 60 day timescale.

There were three reviewed from the North Locality, four from Central which included the in-patient death and one from South locality.

Serious Incidents Reviewed at Panel in August 2018

Thirteen incidents were reviewed at panel during August, of which 12 were STEIS reported. Of the 12 STEIS reportable incidents nine were unexpected deaths, two were fractured neck of femurs and one serious overdose that resulted in a liver transplant.

One of the cases was a non STEIS reportable death, however was reviewed looking at NTW's contact prior to the death, although not in service.

Of the 12 STEIS reportable incidents all have gone or will go within the 60 day timescale.

There were six incidents reviewed from the Central locality, four from the South and three from the North.

Serious Incidents Reviewed at Panel in September 2018

Eleven incidents were reviewed at panel during September, of which ten were STEIS reported. Of the ten STEIS reportable incidents, eight were deaths, two were in-patient unexpected deaths, two were Addiction deaths (hanging); four unexpected community deaths and 2 were fractured neck of femurs.

One of the cases was a non STEIS incident where an in-patient unit required police support due to a serious disturbance.

Of the ten STEIS reportable incidents nine have gone or will go within the 60 day timescale, one extension was requested due to Investigating Officer annual leave.

There were four incidents reviewed from the Central locality, five from the South and two from the North.

Two Information Governance incidents were reviewed at the IG Group in September 2018 – both were STEIS reported and reports and actions plans forwarded to Commissioners within timescales (one with an agreed extension).

Learning themes identified from all Serious Incidents and Deaths reviewed in July-September 2018

Policies

- Observation Policy
- Rapid Tranquilisation Policy
- Care Co-ordination

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- Mental Health Act

Documentation and Record Keeping

- Communication
- Discharge Planning/Documentation
- The use of abbreviations
- Physical Health
- Information Governance
- Incident reporting
- Safeguarding

Clinical Assessment/ Risk Assessment

- Face Risk
- Historical Risk
- Falls Assessments
- Communications Internally and externally

Duty of Candour Obligations

Cultural Issues

Getting To know you/ Carer involvement

Waiting list management/ sickness management

Coroner - Regulation 28 of the new Coroners Act

The Newcastle Coroner has issued a Regulation 28 report to NTW following an inquest in September. The Regulation 28 is also to be issued to another trust, the scope for NTW is to be "limited to training issues and understanding of the specific actions to be taken to ensure that where there is a patient subject to a Mental Health Act order, decisions are not made in the absence of information".

Mortality Reviews of Natural Cause Deaths

Within this quarter there where 11 mortality reviews undertaken

There were five cases reviewed in August at panel. There is to be a formal review of this process due for completion in October. The average age of those reviewed was 80 and as per previous panels very little learning is coming out of the reviews other than the age of people and the queries around the need for care coordination when a person is in residing in a care home.

There were six cases reviewed in September at panel. There is to be a formal review of this process due for completion in October. The average age of those reviewed was 68, which is younger than previous averages and as previous panels very little learning is coming out of the majority of reviews other than the age of people and the necessity to be care coordinated when in care homes. However at panel this month two cases have been escalated as it was felt further exploration was required.

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Appendix 2

Learning From All Deaths Dashboard - Within Mental Health and Learning DisabilityServices

Understanding the data around the deaths of our service users is a vital part of our commitment to learning from all deaths. Working with eight other mental health trusts in the north of England we have developed a reporting dashboard that brings together important information that will help us to do that. We will continue to develop this over time, for example by looking into some areas in greater detail and by talking to families about what is important to them. We will also learn from developments nationally as these occur. We have decided not to initially report on what are described in general hospital services as "avoidable deaths" in inpatient services. This is because there is currently no research base on this for mental health services and no consistent accepted basis for calculating this data. We also consider that an approach that is restricted to inpatient services would give a misleading picture of a service that is predominately community focused.

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Learning From Deaths Dashboard – Quarter 2 – July – September 2018

Learning from Deaths Dashboard - Data Taken from Trust's Risk Management System Reporting Period - Quarter 2- July 2018 - September 2018

NHS Northumberland, Tyne and Wear NHS Foundation Trust

Summary of total number of deaths and total number of cases reviewed under the SI Framework or Mortality Review

Total Number of Deaths, Deaths Reviewed (does not include patients with identified learning disabilities)

	Total Number of Deaths Reported	Total Number of Community Deaths	Total Number of In-Patient Deaths	Total Number of Deaths Reviewed in Line with SI Framework	Total number of deaths subject to Mortality Review	Total number of actions resulting in change of practice
Q1	269	47	1	49	5	99
Q2	233	45	7	50	13	0
Q3	0	0	0	0	0	0
Q4	0	0	0	0	0	0
YTD	502	92	8	99	18	99

Total Recorded Deaths (not including Learning Disability)

Total Number of Community Deaths (not LD)
Total Number of In-Patient Deaths
Total Deaths Reviewed SI (not LD)
Mortality Reviews (not LD)
Total number of actions resulting in change of practice

Summary of total number of Learning Disability deaths and total number of cases reviewed under the SI Framework or Mortality Review

Total Number of Learning Disability Deaths, and total number reported through LeDer

	Total Number of Learning Disability Deaths Reported	Total Number of Community Learning Disability Deaths	Total Number of In-Patient Deaths	Total Number of Deaths Reviewed in Line with SI Framework or Subject to Mortality Review	Total number of deaths reported through LeDer (All Deaths Reported)	Total number of actions resulting in change of practice
Q1	10	11	0	1	11	0
Q2	13	13	0	0	13	0
Q3	0	0	0	0	0	0
Q4	0	0	0	0	0	0
YTD	23	24	0	1	24	0

Learning Disability Deaths

Total Number of Community Learning Disability Deaths
Total Number of In-Patient Deaths
LD Deaths Reviewed Internally
LD Deaths Reported to LeDer
Total number of actions resulting in change of practice

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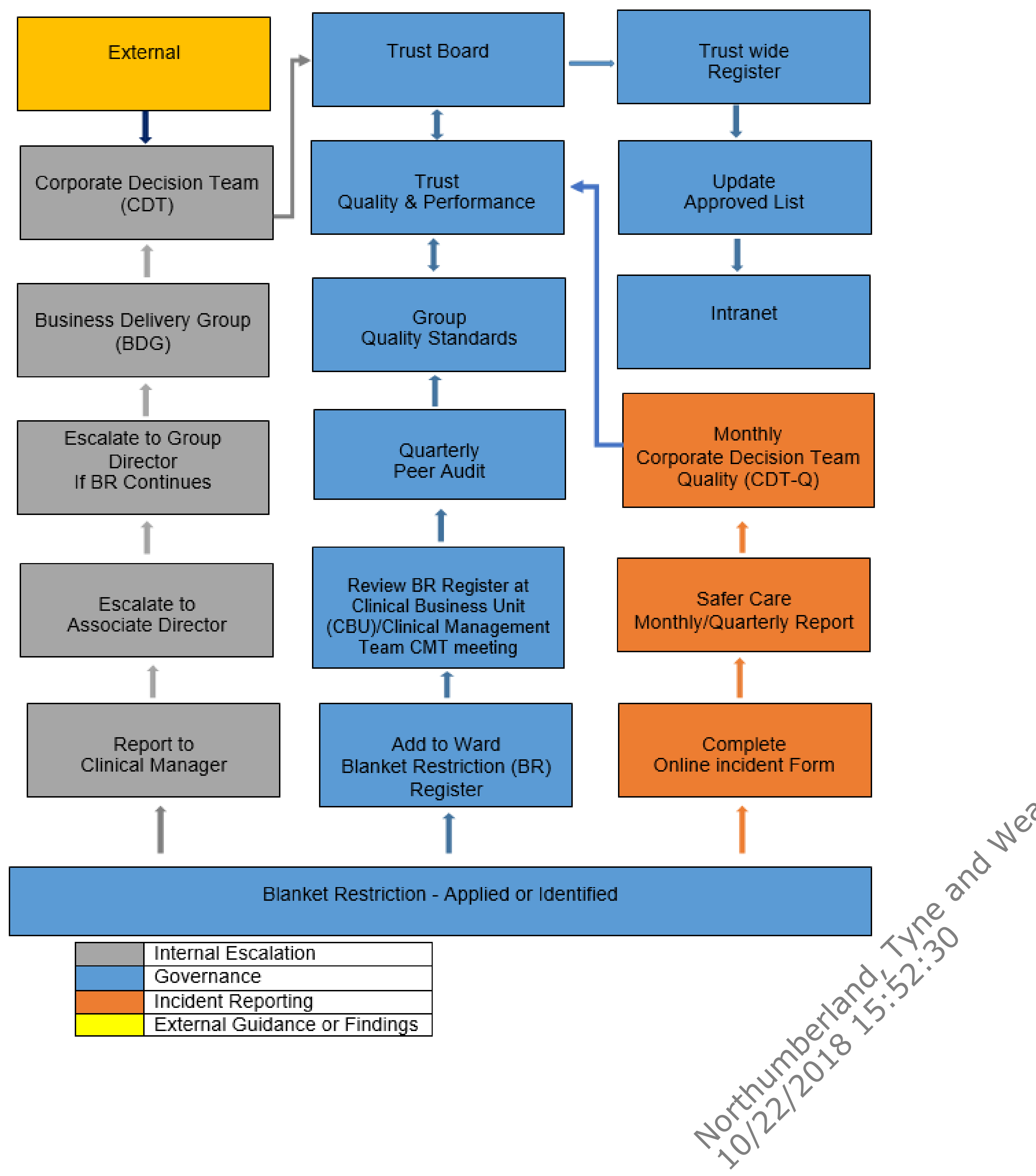
Appendix 3

Blanket Restrictions. Management and Governance Escalation Process



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NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

Board Report

Meeting Date: 24th October 2018

Title and Author of Paper: Safer Staffing Quarter 2 Report,
Jackie King, Clinical Nurse Manager
Anne Moore, Group Nurse 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 report includes exception data and analysis of all ward staffing against Safer Staffing levels for Quarter 2.

The report highlights exceptions to Safer Staffing from each Locality Care Group. Exceptions will include wards that have exceeded their planned staffing levels and wards who have fallen below planned staffing levels. Each locality care group receives a monthly report of their safer staffing levels.

The report also includes current levels of bank and agency usage for inpatient wards and a brief explanation of Care Hours Per Patient Day.

There were no instances of harm attributed to safer staffing levels. Wards which experienced staffing pressures were able to maintain safe patient care through use of roster management and the staffing escalation procedure

The skill mix review will be included in the quarter 3 report.

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: N/A

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

Link to Policies and Strategies:
Safer Staffing
Carter 90 day Rapid Improvement Review

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Background

In line with the National Quality Board Guidance issued in November 2013, and in order to assist provider organisations to fulfil their commitments as outlined in Hard Truths (now known as Safer Staffing) the Government made a number of commitments to make this information more publically available. The Trust continues to comply with the requirements of safer staffing.

The commitments were:

- To publish staffing data from April 2014
- A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every six months
- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level
- A Trust Board report is made available containing details of planned and actual staffing on a shift by shift basis at ward level for the previous months. To be presented to the Trust Board every three months
- The quarterly report must also be published on the Trust's website, and Trusts will be expected to link or upload the report to the relevant hospital(s) web page on NHS Choices.

NTW has adopted a robust application of the guidance including;

- An agreed methodology is in place incorporating both the electronic and paper rostering systems to gather the staffing information in a systematic manner
- A RAG system is in place to alert Group Nurse Directors of any wards that have deviated from the agreed staffing levels
- Ward Managers report on a daily basis any significant variance to their planned staffing levels including changes to acuity and dependency
- An escalation process is in place for both in hours and out of hours including on-call mechanisms
- The information is collated to support analysis of ward staffing
- A Clinical Nurse Manager oversees the process and escalates as required to service and director leads
- Safer staffing is discussed and monitored at ward/service group and key Trust wide meetings.

The Care Quality Commission (CQC) will seek compliance with all the actions as part of their inspection regime and NHS Improvement will act where the CQC identifies any deficiencies in staffing levels in Foundation Trusts.

From April 2018 NHSI has begun to measure Care Hours Per Patient Day which is a unit of measurement to record and report deployment of staff working in inpatient wards. It is a benchmarking metric and is made up of registered and support workers/ HCA's hours.

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Quarter 2 update

South CBU

- **Walkergate Park**
  Wards 3 and 4 at Walkergate Park continue through this quarter to have qualified staffing levels that are below planned staffing. However, following the decision to run a rolling advert, most vacancies have now been filled and the increased levels of staffing should be reflected by the next quarter.

- **Rose Lodge**
  The ward is operating above the planned staffing numbers for all unqualified staff but below for qualified staff. This is due to the high acuity of the current patient group and a number of qualified nurse vacancies. Work is currently being undertaken by local management to review the staffing levels on the unit including consideration to potential changes to the planned staffing levels. Additionally, it is hoped Rose Lodge will also benefit from the monthly rolling recruitment campaigns that are now running across the organisation.

- **Beckfield**
  The ward is operating below the planned staffing numbers for qualified staff and has been utilising experienced unqualified staff to cover. The shortfall is primarily due to qualified nurse vacancies which have now been recruited to through the monthly recruitment campaigns.

- **Cleadon**
  The ward has been under its planned staffing numbers for both qualified and unqualified staff on both days and nights for most of this quarter. The staffing mix has been reviewed and the ward is now operating within the planned staffing levels.

- **Beadnell** *(mother and baby unit)*
  Throughout this quarter the ward has been below the planned staffing for day shift which has been possibly due to a reduction in bed occupancy. However, due to a change in the recommendations with regards to nursery nurses, they have been required to increase the staffing for part of the night to ensure that there is a nursery nurse on duty.

North CBU

- **Hauxley**
  The ward is below the planned staffing numbers for qualified staff and over the planned staffing for unqualified staff. This is due to a number of reasons including a reduction in bed occupancy, the piloting of alternative staffing levels and increased acuity for one patient.

- **Ashby**
  The ward is operating above the planned staffing numbers due to individual care packages and changes to activity levels of the patients. The ward is in the process of recruiting staff to specific posts that will support the individual care package and this will require a change in the planned staffing levels.

- **Embleton**
  The ward is working above its planned staffing levels for unqualified staff whilst being below for qualified staff. The ward has had a number of qualified nursing vacancies which have now been recruited into. It has also had an increase in the acuity of the patient group including increased observations levels.

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Central CBU

- **Tweed**
  The ward is operating above the planned staffing numbers for all unqualified staff but below for the qualified staff. There has been an increase in the acuity levels of the patients including increased eyesight observations which has resulted in an increase in unregistered staff to cover the higher dependency and cover a qualified nurse vacancy.

- **Elm House**
  The ward is operating below the planned staffing numbers for both qualified and unqualified staff. There are four empty beds awaiting referrals. Based on professional judgement and experience, staff sickness or training was not covered by additional staff as it was deemed the ward was safe to manage based on the occupancy levels.

- **Oswin**
  The ward was operating under the qualified nurse levels due to vacancies. The vacancies were supplemented with experienced unqualified staff to ensure patient's plans of care were maintained.

- **Cuthbert**
  The ward has being working below the planned staffing numbers as they have a number of patients moving into community placements who as part of that movement have been on overnight leave. Consequently staff currently on maternity leave have not been covered as the ward was deemed to be safely managed due to the fall in occupancy levels.

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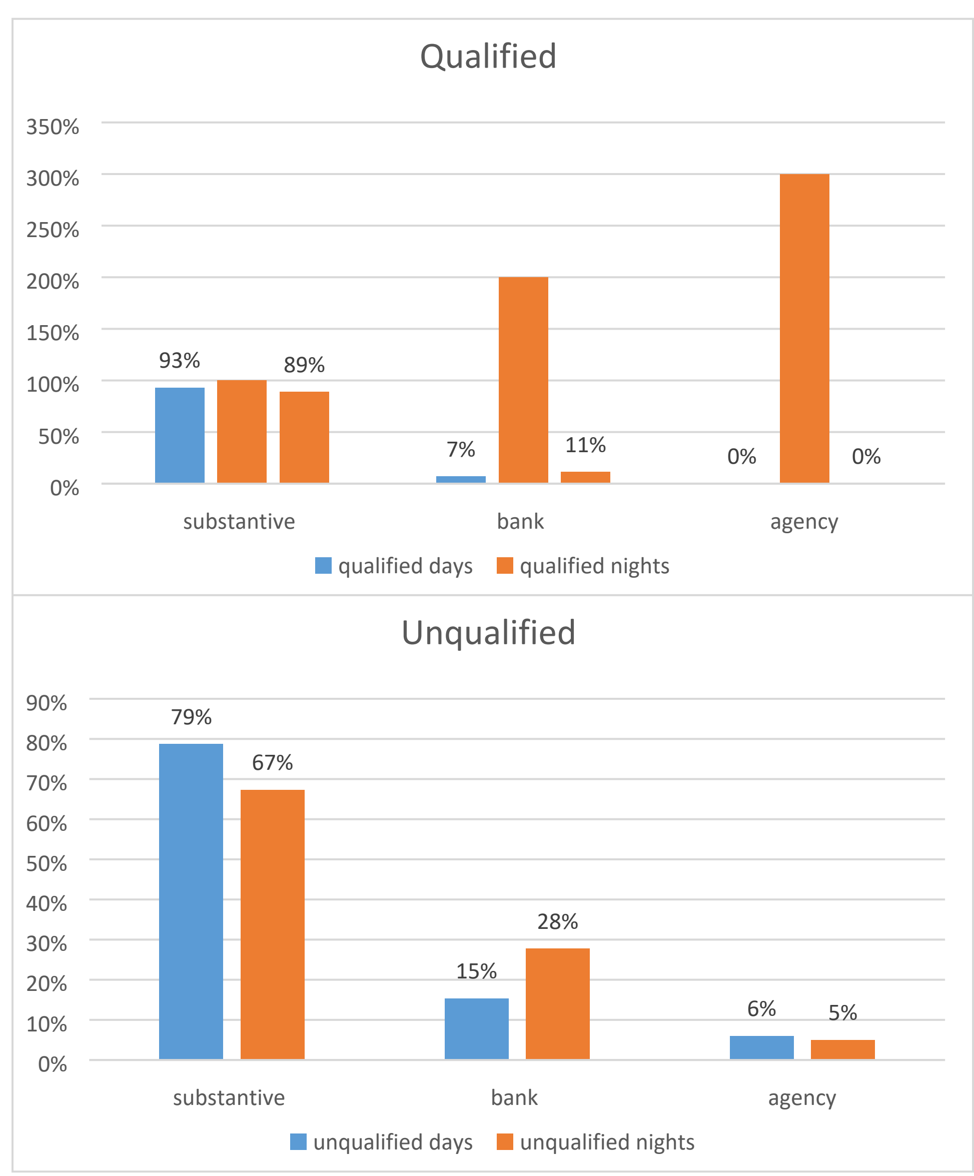
Bank and Agency and Fill Rates

There has been only a slight change in the bank and agency usage for inpatient wards during this quarter.



Strategic staffing group

The strategic staffing meet monthly to discuss the key issue for the delivery of safe, sustainable and productive staffing. All locality care groups are represented and regular review of bank and agency use across the Trust as a whole are a key part of the plans and discussions. The group is looking at all the data currently gathered with regards to staffing so that they are not viewed in isolation from each other but as a combined tool to aid in the safer staffing of the wards.

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Values Based Central Recruitment

This group meets on a weekly basis and have moved to a monthly recruitment schedule to enable fluid movement of vacancies identified to appointment. Values Based Central Recruitment principles are being adhered too throughout the monthly campaigns.

The Trust continues to work with the universities and interviews have just taken place to fill the new nursing apprenticeship places at Sunderland University. Shortlisting has just taken place for the next group of student nurses who will qualify in March 2019.

Carter Review

Following the Carter Review, work is ongoing to help equip our mangers with the rights skills to help them effectively manage rostering and off duty. Additionally, staff resourcing meetings are being established and refreshed across inpatient sites to ensure there is a specific focus on ensuring we are resourcing our wards as effectively as we can. Other work includes level loading of annual leave and a review of flexible working arrangements across all teams to ensure our substantive workforce is being deployed appropriately.

Conclusion

The Board of Directors are asked to recognise the work which is underway and the impact that this has made. Much cross Trust collaboration is now being undertaken to use the learning from this work to inform developments and action planning in relation to the challenges associated with ongoing staffing and recruitment.

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ward name	Specialty1	specialty2	Actual Qualified Days	Actual Qualified Days	Actual Qualified Days	Actual Qualified Da	Actual Unqualified Days	Actual Unqualified Da	Actual Unq	Actual Unqu	Actual Qualifie	Actual Qualified N	Actual Qualifi	Actual Qualified	Actual Unquali	Actual Unqua	Actual Unqualif	Actual Unqualified Night Agency
ALDERVALE - MEADOW VIEW	710 - ADULT MENTAL ILLNESS		3359.38	3286.88	72.5	0	5122.87	4096.87	352.5	673.5	1045.66	1011.67	33.99	0	3063.01	1918.68	895.07	249.26
BEADNELL	710 - ADULT MENTAL ILLNESS		2498.38	2469.38	29	0	1815.09	1765.09	50	0	1062.91	949.61	113.3	0	1887.34	1808.03	67.98	11.33
BECKFIELD - DENE	710 - ADULT MENTAL ILLNESS		3045.46	2390.21	655.25	0	6919.14	4892.89	1134.5	891.75	975.72	919.07	56.65	0	5404.94	3592.47	1234.64	577.83
BRIDGEWELL - MILL COTTAGE	710 - ADULT MENTAL ILLNESS		3239.92	2663.42	576.5	0	6133.51	4560.51	1155.75	417.25	1099.1	985.8	113.3	0	2174.79	1846.88	214.61	113.3
BROOKE HOUSE	710 - ADULT MENTAL ILLNESS		3146.35	3003.85	142.5	0	3065.5	2830.5	235	0	1092.77	968.14	124.63	0	1012.5	887.87	124.63	0
CLEADON - ROSEWOOD	715 - OLD AGE PSYCHIARTY		4312.64	4256.64	56	0	4743.06	3847.56	493.5	402	1075.91	996.6	79.31	0	3324.31	1704.12	1042.36	577.83
CLEARBROOK - LOWER WILLOWS	710 - ADULT MENTAL ILLNESS		3755.11	2842.61	912.5	0	6494.43	4529.93	1410.5	554	1030.12	826.18	203.94	0	3799.54	1239.29	1982.42	577.83
LONGVIEW - EAST WILLOWS	710 - ADULT MENTAL ILLNESS		2840.66	2223.16	617.5	0	3800.64	2567.64	727	506	1108.96	1040.98	67.98	0	2074.15	1020.79	872.08	181.28
MARSDEN	715 - OLD AGE PSYCHIARTY		4138.33	3547.08	591.25	0	7588.61	5779.61	1421	388	1248.8	1203.48	45.32	0	4930.55	3117.75	1529.55	283.25
MOWBRAY	715 - OLD AGE PSYCHIARTY		3826.25	3806.75	19.5	0	4086.25	3855.25	224	7	1059.95	1048.62	11.33	0	2218.84	2116.87	56.65	45.32
ROKER	715 - OLD AGE PSYCHIARTY		4483.05	4400.8	82.25	0	3596.11	2884.11	491.5	220.5	1170.47	1159.14	11.33	0	3104.27	1982.6	725.12	396.55
ROSE LODGE	700 - LEARNING DISABILITY		5183.76	4500.26	683.5	0	13095.47	6713.97	4396	1985.5	1197.89	982.62	215.27	0	7601.43	2457.61	4826.58	317.24
RADS AT GIBSIDE	710 - ADULT MENTAL ILLNESS		3626.35	3531.35	95	0	1444.82	902.07	522.75	20	1142.16	847.58	294.58	0	1091.66	876.39	169.95	45.32
SHOREDRIFT - BEDE 1	710 - ADULT MENTAL ILLNESS		3654.75	3348.75	306	0	3187.69	2029.44	875.75	282.5	1040.54	1040.54	0	0	2242.64	1813.24	180.29	249.11
SPRINGRISE - WEST WILLOWS	710 - ADULT MENTAL ILLNESS		3539.75	3400.75	139	0	3164.58	2470.32	525	169.26	1180.42	1135.1	45.32	0	2012.32	1385.82	455.04	171.46
WALKERGATE WARD 1	314 - REHABILITATION		7064.42	6982.92	81.5	0	12401.42	9430.42	2780	191	2041.74	2019.08	22.66	0	11967.82	5533.7	6366.14	67.98
WALKERGATE WARD 2	710 - ADULT MENTAL ILLNESS		3402.59	3253.34	149.25	0	7684.92	7066.42	577.5	41	1073.69	1073.69	0	0	5215.08	4387.99	815.76	11.33
WALKERGATE WARD 3	314 - REHABILITATION		4308.99	4246.99	62	0	5732.81	5480.81	252	0	2091.85	1570.67	521.18	0	2696.3	2288.42	396.55	11.33
WALKERGATE WARD 4	314 - REHABILITATION		3219.45	3022.2	197.25	0	7257.03	6432.03	820	5	2022.19	1988.2	33.99	0	2848.32	1941.92	906.4	0
WARD 31A	710 - ADULT MENTAL ILLNESS		2409	2329	80	0	3205.46	2299.46	906	0	940	577.44	362.56	0	1024.96	798.36	115.27	11.33

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ward name	Actual Qualified Day	Actual Qualified D	Actual Qualified Days I	Actual Qualified Days	Actual Unqualified D	Actual Unqualified Da	Actual Unqualified Day	Actual Unqualified Da	Actual Qua	Actual Qualified N	Actual Qualifi	Actual Qualified N	Actual Unq	Actual Unqu	Actual Unqual	Actual Unqualified Night Agency
ALNMOUTH	3635.96	3282.46	353.5	0	2548.44	2079.69	326	142.75	995.67	451.83	543.84	0	2135.63	1512.48	294.58	328.57
ASHBY	4871.37	4383.12	488.25	0	11491.35	8302.93	1953.5	1234.92	1173.63	965	208.63	0	7243.55	5274.27	1457.3	511.98
BLUEBELL COURT	2753.65	2529.15	224.5	0	3172.62	2650.62	514	8	1073.69	631.82	441.87	0	1202.15	874.24	260.26	67.65
EMBLETON	3442.3	3238.3	204	0	3779.71	2849.21	493.5	437	1090.3	1044.98	45.32	0	3232.26	1725.37	963.05	543.84
FRASER HOUSE	3943.23	3847.23	96	0	7154.85	6540.85	327	287	1221.99	1221.99	0	0	3445.62	3362.62	59	24
HAUXLEY	2313.35	2299.35	14	0	4629.66	4125.66	357	147	1058.76	877.48	181.28	0	2419.73	1819.24	532.51	67.98
KINNERSLEY	3668.58	3469.08	199.5	0	4630.55	4191.55	433	6	1038.58	687.35	351.23	0	2992.44	1904.76	1042.36	45.32
LENNOX	3625.33	3541.83	83.5	0	12131.48	8064.48	1674.5	2392.5	1149.22	1149.22	0	0	4324.39	3928.4	223.33	172.66
MITFORD	6801.54	4932.09	1869.45	0	35239.44	26320.44	8893.6	25.4	3194.73	2569.59	625.14	0	29183.06	19926.06	9234.34	22.66
NEWTON	3749.82	3743.32	6.5	0	6111.96	5883.46	139.5	89	1066.02	1054.69	11.33	0	2687.75	1883.32	702.46	101.97
REDBURN YPU	6878.72	6278.72	600	0	6802.71	5031.46	1242.25	529	2546.76	2211.43	335.33	0	5613.56	3743.07	1510.66	359.83
STEPHENSON HOUSE	3991.89	3734.39	257.5	0	8498.17	5722.92	1306	1469.25	1057.87	963.88	93.99	0	3436.69	2416.69	792	228
THE RIDING	4077.5	3481.5	596	0	5519.01	4491.51	369.5	658	1822.42	1570.42	252	0	3567.66	1743.66	1332	492
WARKWORTH	2983.8	2597.8	386	0	4110.05	2744.05	737	629	1063.76	973.12	90.64	0	3414.3	1318.25	1438.91	657.14
WOODHORN	3273.58	3164.08	109.5	0	7398.72	5066.22	1304	1028.5	878.19	798.88	79.31	0	5562.55	2741.38	1971.42	849.75

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ward name	Specialty1	specialty2	Actual Qualified Day	Actual Qualified Days !	Actual Qualified Days I	Actual Qualified Day:	Actual Unqualified Day	Actual Unqualified D	Actual Unqualified Day	Actual Unqualified Da	Actual Qualified N	Actual Qualified N	Actual Qualifi	Actual Qualified N	Actual Unqualif	Actual Unqualifie	Actual Unqualified	Actual Unqualified Night Agency
AIDAN	712 - FORENSIC PSYCH		3903.6	3860.6	43	0	5661.01	4982.51	638.5	40	1059.04	1013.72	45.32	0	4296.78	1928.81	2243.34	124.63
AKENSIDE	715 - OLD AGE PSYCHI		3167.7	3167.7	0	0	4599.16	4203.66	142	253.5	996.85	770.25	226.6	0	2358.71	1882.85	317.24	158.62
BEDE	712 - FORENSIC PSYCH		2959.93	2753.43	206.5	0	3128.09	2355.59	772.5	0	1116.96	1071.64	45.32	0	2116.01	1855.42	249.26	11.33
CASTLESIDE	715 - OLD AGE PSYCHI		3471.09	3214.59	256.5	0	5356.7	3390.7	1025.5	940.5	1051.43	1006.11	45.32	0	3659.95	2640.25	895.07	124.63
COLLINGWOOD COURT	710 - ADULT MENTAL		4157.12	4152.12	5	0	3446.35	3185.35	70	191	1062.67	1028.68	33.99	0	3271.1	2851.89	294.58	124.63
CUTHBERT	712 - FORENSIC PSYCH		3543.98	3462.98	81	0	2342.29	1998.04	344.25	0	1028.27	960.29	67.98	0	2057.5	1728.93	294.58	33.99
ELM HOUSE	710 - ADULT MENTAL		2816.85	2809.85	7	0	3380.43	3318.93	61.5	0	1035.58	605.04	430.54	0	1036.37	1036.37	0	0
FELLSIDE	710 - ADULT MENTAL		3135.28	3050.28	85	0	5487.53	4297.61	570	619.92	1060.61	1015.29	45.32	0	4009.52	1245	2458.61	305.91
KDU CHEVIOT	700 - LEARNING DISAE		3328.44	3250.94	77.5	0	3835.58	3613.18	222.4	0	1163.85	1163.85	0	0	2111.91	2075.91	36	0
KDU LINDISFARNE	700 - LEARNING DISAE		3671.39	3118.89	552.5	0	6531.03	4788.43	1582.6	160	1136.25	1052.25	84	0	3688.27	2896.85	708	83.42
KDU WANSBECK	700 - LEARNING DISAE		3081.37	2858.97	222.4	0	3091.84	2176.14	852.2	63.5	1130.88	1118.88	12	0	3320.93	1953.6	1367.33	0
LAMESLEY	710 - ADULT MENTAL		3759.35	3726.85	32.5	0	3466.81	2116.31	913	437.5	972.06	926.74	45.32	0	2403.5	1599.07	589.16	215.27
LOWRY	710 - ADULT MENTAL		3492.08	3357.08	135	0	3366.07	2757.07	175.5	433.5	1028.74	972.09	56.65	0	2857.74	1350.85	1200.98	305.91
OSWIN	712 - FORENSIC PSYCH		3065.44	2531.94	533.5	0	4191.87	3205.87	840	146	902.93	834.95	67.98	0	2437.46	1778.31	442.54	216.61
TWEED UNIT	700 - LEARNING DISAE		2939.16	2895.96	43.2	0	5735.06	5220.56	514.5	0	1089.1	1089.1	0	0	4307.32	4247.32	60	0
TYNE UNIT	700 - LEARNING DISAE		2963.79	2774.64	189.15	0	7773.74	7342.94	405.4	25.4	1140.28	1032.28	108	0	4412.77	4316.77	96	0
WILLOW VIEW	710 - ADULT MENTAL		3283.73	3274.23	9.5	0	3711.6	3643.6	14	54	1033.33	909.03	124.3	0	1434.74	1128.83	147.29	158.62

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24 October 2018

Title and Author of Paper: Quarterly Report on Safe Working Hours (Jul to Sept 2018) : Dr Clare McLeod (Trust Guardian)

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The New TCS for trainees in Psychiatry came into force in February 2017
- Quarter reported on is Jul to Sept 2018
- Guardian is nationally and locally linked with other Trust Guardians
- Establishment of Junior Doctors Guardian of Safeworking Forum (which includes representative from BMA & LNC Chair)
- Increase in Trainees moving to 2016 Terms & Conditions of Service

Risks Highlighted to Committee :

- 12 Exception Reports raised during the period Jul to Sept 2018 with TOIL being granted for 7 due to hours and rest, and no action for 1 case. Payment was made to 1 trainee and 3 exception reports are awaiting outcome
- 9 Agency Locums booked during the period covering vacant posts and sickness
- 94 shifts lasting between 4hrs and 12hrs were covered in the 3mth period by internal doctors
- On 23 occasions during the period the Emergency Rotas were implemented
- The workload and intensity of the second oncall Rota North of Tyne were raised at the forum in September
- Issues with second medical recommendations out of hours remains an issue for higher trainees

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required: None

Link to Policies and Strategies: None

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QUARTERLY REPORT ON SAFE WORKING HOURS:
DOCTORS IN TRAINING – July to September 2018

Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement on 2nd August 2017 are now on the New 2016 Terms and Conditions of Service. There are currently 113 trainees working into NTW with 92 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 26 trainees employed directly by NTW working as Trust Grade Doctors or Teaching Fellows. (Total 139).

Introduction

This is the quarterly board report on Safe Working Hours which focuses on Junior Doctors. The process of reporting has been built into the new junior doctor contract and aims to allow trusts to have an overview of working practices of junior doctors as well as training delivered.

The new contract is gradually implemented by being offered to new trainees' as they take up training posts, in effect this will mean for a number of years we will have trainees employed on two different contracts. It is also of note that although we host over 160 trainee posts, we do not directly employ the majority of these trainees, also with current recruitment challenges a number of the senior posts are vacant.

High level data

Number of doctors in training (total): 113 Trainees (Jul to Sept)

Number of doctors in training on 2016 TCS (total): 92 Trainees (Jul to Sept)

Amount of time available in job plan for guardian to do the role: This is being remunerated through payment of 1 Additional Programmed Activity

Admin support provided to the guardian (if any): Ad Hoc by MedW Team

Amount of job-planned time for educational supervisors: 0.5 PAs per trainee

New Trust Guardian of Safeworking: Dr Clare McLeod

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Exception reports (with regard to working hours)

		Exception Reports Received Jul to Sept				
Grade	Rota	Jul	Aug	Sept	Total Hours & Rest	Total Education
CT1-3	St Nicholas	2		2	4	
CT1-3	St George's Park	3	1		4	
CT1-3	RVI/CAMHS			2	2	
ST4+	North of Tyne		1		1	
ST4+	CYPS (Higher)			1	1	
Total		5	2	5	12	0

Work schedule reviews
During the last quarter there have been 12 Exception Reports submitted from Trainees; 8 on the new 2016 TCS in respect to exceeding Hours & Rest (all for late finishes) & 0 for Education. The outcome of which was that TOIL was granted for 7 cases, 1 no action required. Payment was made to one doctor who was unable to take TOIL due to workload commitments on the Ward. 3 Exception Reports are still awaiting outcome. The exceeded hours ranged from a minimum of 45 minutes to a maximum of 2.5 hours. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings

i) Agency

Locum bookings (agency) by department				
Specialty	Jul	Aug	Sept	Total
Neuro Rehab				
Hopewood Park	1	1		2
Gateshead				
NGH	1	1		2
RVI				
SNH				
CAMHS				
LD				
SGP	1			1
South of Tyne		1		1
North of Tyne		2	1	3
Total	3	5	1	9

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Locum bookings (agency) by grade				
	Jul	Aug	Sept	Total
F2				
CT1-3	3	2		5
ST4+		3	1	4
Total	3	5	1	9

Locum bookings (agency) by reason				
	Jul	Aug	Sept	Total
Vacancy	3	2		5
Sickness/other		3	1	4
Total	3	5	1	9

b) Locum work carried out by trainees

Area	Number of shifts worked	Number of hours worked	Number of hours to cover sickness+	Number of hours to cover OH Adjustments	Number of hours to cover special leave	Number of hours to cover a vacant post
SNH	13	94	4	32	4	54
SGP	16	136	8	72	36	20
Gateshead	3	28	0	0	0	28
Crisis	5	28	0	0	0	28
Hopewood Park	13	124	24	68	0	32
RVI	6	32	32	0	0	0
NGH	3	36	36	0	0	0
North of Tyne	16	136	52	24	24	36
South of Tyne	18	136	0	84	0	52
CAMHS	1	12	0	12	0	0
Total	94	762	156	292	64	250

c) Vacancies

Vacancies by month						
Area	Grade	Jul	Aug	Sept		
NGH/CAV	CT GP	 1				
SNH	CT GP	1	2 1	 1		
SGP	CT GP	4 1	2			
RVI	CT					
HWP	CT FY2	5	2 1	1 1		
Gateshead	CT GP	2	 2			
Total		14	10	3		

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d) Emergency Rota Cover

Emergency Rota Cover by Trainees				
	Rota	Jul	Aug	Sept
Vacancy	SGP	4	0	0
Sickness/Other	SGP, HWP, RVI, SoT, Gateshead	6	11	2
Total		10	11	2

e) Fines

There were no fines in the last quarter.

Qualitative information:

Very low numbers of Exception Reports continue in this Quarter despite efforts to raise the profile at Junior Doctor Forums and Induction.

Issues arising

Some trainees find attending the Junior Doctors Forum difficult on a Friday, due to other clinical and training commitments.

The difficulty and time taken to arrange a second medical recommendation out of hours remains an issue for higher trainees.

The workload and intensity of the second on-call rota North of Tyne was raised at the forum in September.

Actions taken to resolve issues:

The profile of Exception Reporting has been raised through the Junior Doctor Forums and at the Induction for new doctors. The document "What is Work" is a guidance as to when it would be appropriate to raise an Exception Report which was originally developed by the Guardians of Safe Working across the region. It has been updated following discussions in the Junior Doctors Forum and is now on the trust intranet. It was presented to the Medical Staff Committee on 4th October and will be circulated with the minutes of this meeting. The Guardian will also share the document with all trainees and continue to use it at Induction. The Guardian and the Medical Staffing Team have arranged to meet trainees at Hopewood Park on 7th November to raise awareness of exception reporting and discuss any other issues arising.

The system to record episodes of Insufficient Medical Handover was introduced in May 2018. In the quarter July-September, there have been 8 incidents reported; 5 due to inadequate handover at admission, 1 due to inaccurate referral information, 1 due to physical health information not acted upon and 1 due to transfer information not being adequately documented. These episodes will continue to be reviewed at the Junior Doctors Forum.

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It has been agreed that the Junior Doctors Forum should alternate between Thursdays and Fridays to allow more trainees to attend. It is now possible to contribute to the forum via Skype which will hopefully make it more accessible especially to trainees working further geographically from Newcastle.

There are ongoing discussions with the Local Authority about how the system to identify second assessors could be improved. The regular AMPH forum would welcome any Section 12 approved doctors to attend, this invitation has been shared with higher trainees. In addition, it has been offered that AMPHs could be involved in the induction for new higher trainees in NTW. The Director of Medical Education has provided higher trainees in Newcastle with written guidance around MHA assessments and how to manage situations where there are difficulties sourcing a second medical assessor.

The second on-call rotas both North and South of Tyne are being re-monitored. In addition, the Director of Medical Education has asked the Medical Staffing Team contact all the doctors on the rotas by telephone to conduct a brief interview about their experience of working on the rota to ensure a full and representative view.

Summary

Work is continuing to promote the importance of Exception Reporting and emphasise that it is a positive process.

The process to record episodes of insufficient Medical Handover is now established and will continue to be reviewed at the Guardian forum.

It is hoped that by alternating the day of the forum and through the use of Skype, attendance at the forum can be facilitated and allow more trainees to attend.

There are ongoing discussions about identifying second medical assessors; higher trainees have been given guidance regarding the current arrangements.

The second on-call rotas are being re-monitored and all the doctors involved will have a telephone discussion to ensure a full and representative response.

Dr Clare McLeod

Trust Guardian of Safeworking

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Agenda item

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th October 2018

Title and Author of Paper: Service User and Carer Experience Summary Report - Quarter 2 2018/19 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

Key Points to Note:

- The overall Friends and Family Test average recommend score for Quarter 2 was 89%, a slight increase on the previous quarter's score of 88%. This is in line with national average.
- The format of the Friends and Family Test is being reviewed nationally.
- 1,822 service users and carers have provided feedback during Quarter 2 2018-19, which is a 9% reduction compared with the previous quarter. Service users provided 70% of feedback and 30% was from carers.
- Compared to the previous quarter, there is little change in scores with higher scores on questions regarding staff being kind and caring (question 2) and being helped to feel safe (question 8) – with most core services scoring 9 or above out of 10. The question which showed the lowest score (8.3) is the time we spend with the service user or carer. Compared to the previous quarter, there is little change in scores, however some hotspot areas have been identified.
- Comments received remain mostly positive in line with previous quarters.
- During the period there were 15 comments posted on the NHS website, Care Opinion & Healthwatch.

Risks Highlighted: n/a

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: n/a

Outcome required: for information

Link to Policies and Strategies: n/a

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Service User and Carer Experience

Quarter 2 2018/19 Update

Executive Summary:

The Trust continues to use the Points of You survey across the organisation to seek feedback on the experience of service users and carers. In the quarter we received 1,800 survey returns, of which 70% were from service users and 28% from carers. The volume of responses was a decrease of nearly 10% compared to the previous quarter**.**

The mailshot remains the predominant form of feedback, with use of the online survey remaining low. Most feedback received relates to mainstream community and access services (nearly 75%), reflecting the Trust's balance of care between inpatient and community based care. However, feedback received from inpatient areas remains lower than expected, perhaps due to the use of other feedback mechanisms in place locally, such as community meetings.

During the period, the South locality received both the highest volume of responses (equating to half of all responses received) and the most positive question scores.

The Friends and Family Test is incorporated into the Points of You survey. The "would recommend" score for NTW this quarter improved to 90% for both July and August and then dipped to 86% in September, averaging 89% for the quarter which is in line with the national average and a slight improvement compared to the previous quarter.

Trust wide, there was little change compared to the previous quarter in the results of the other 8 questions included within Points of You, and most feedback received is very positive (question scores are generally more than eight of ten and 75% of comments received are positive). However, attention must also be paid to the less positive feedback received. Hotspot areas identified during the quarter include community services for children and young people (Newcastle/Gateshead and Sunderland/South Tyneside) in response to the question "overall, did we help?" and North locality in response to the question "were you happy with how much time we spent with you?". This feedback will be explored further with relevant services.

A detailed analysis of published comments made about trust services and responses provided on social media has been included within this report at Appendix 2. Note that the NHS Choices website has been rebranded as the NHS website.

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1. Purpose and Background

This report provides a summary of the Quarter 2 2018/19 service user and carer experience feedback received across the Trust.

The Trust is committed to improving the quality of services by using experience feedback to understand what matters the most to service users and carers. The information included in this paper outlines the Quarter 2 position on the following:

- Friends and Family Test
- Points of You (Service User & Carer) (& Gender Dysphoria Survey)
- The NHS website/ Care Opinion / Healthwatch
- Compliments

2. Recent local and national developments

NHS Improvement Patient experience improvement framework
The framework, published on June 2018[1], is based on an analysis of CQC inspection reports, particularly the differences between trusts rated outstanding and inadequate. NHS Improvement identify 23 characteristics of trusts that successfully improve patient experience, split into 5 sections (leadership; organisation culture; collecting feedback; analysis and triangulation; and reporting and publication).
For each characteristic, it is suggested that trusts rate their current performance to be able to track changes and identify areas needing improvement. We intend to undertake the framework assessment with Clinical Business Units and share the results at Board level. An event is planned to identify priority areas for improvement and encourage services to consider the framework to identify their own areas for improvement.

Friends and Family Test development project
NHS England is carrying out a project[2] to improve some areas of the way the Friends and Family Test works across the country. The project intends to publish refreshed FFT guidance by April 2019. It is more than three years since the two-year rollout of the FFT across NHS-funded services was completed, and the project is considering key areas where the test could be improved.

Planned internal developments September 2018-March 2019

Enhancement of the Points of You database has been identified within the Informatics workplan for the period October 2018 to March 2019. Planned developments include:

- Enhanced process for wards and teams to share what actions they have taken in response to feedback received
- Enhanced analytical functionality for CBU and group leaders
- Development of infographics for use in wards and teams to share their feedback
- Improved systems to improve responses received via electronic devices

[1] https://improvement.nhs.uk/resources/patient-experience-improvement-framework/
[2] https://www.england.nhs.uk/fft/friends-and-family-test-development-project-2018-19/

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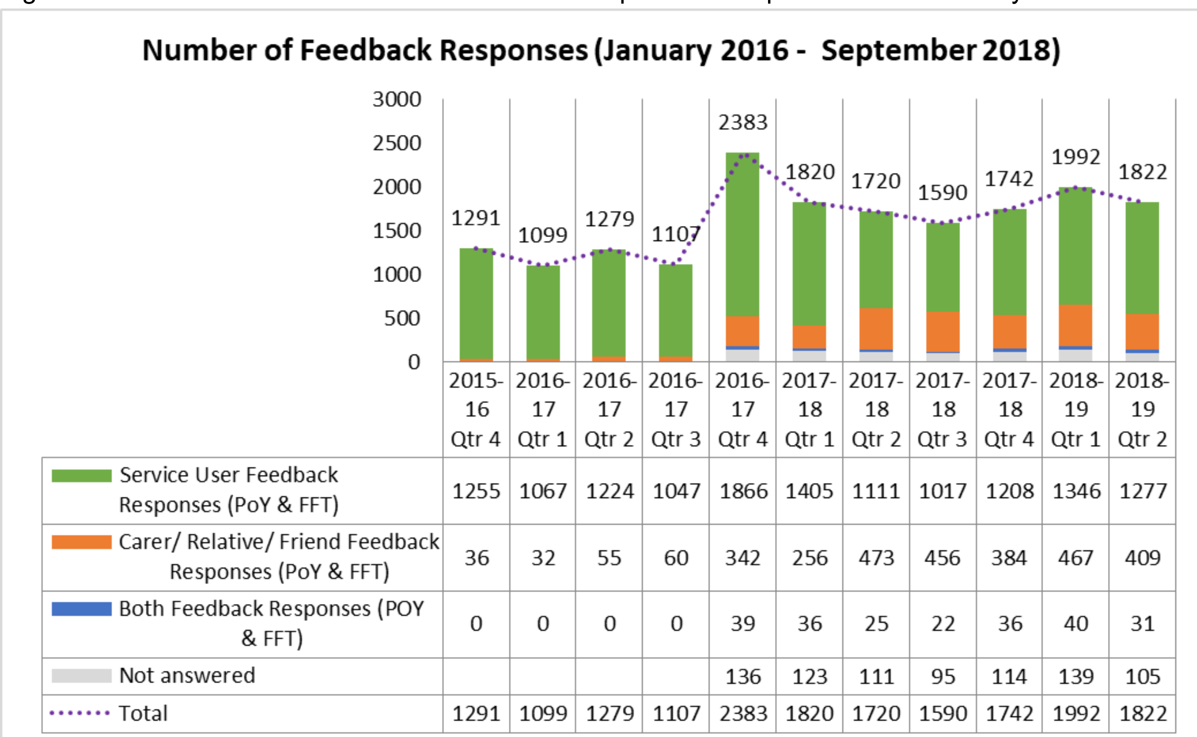
3. Points of You Responses and Uptake (including Friends and Family Test)

Over 1,800 service users and carers provided feedback on their experience with the Trust during the period. Experience feedback is shared with clinical and operational teams via locality Group Quality Standards meetings and via an online dashboard updated daily.

Figure 1: Total number of service users and carer experience responses since January 2016



	2015-16 Qtr 4	2016-17 Qtr 1	2016-17 Qtr 2	2016-17 Qtr 3	2016-17 Qtr 4	2017-18 Qtr 1	2017-18 Qtr 2	2017-18 Qtr 3	2017-18 Qtr 4	2018-19 Qtr 1	2018-19 Qtr 2
Service User Feedback Responses (PoY & FFT)	1255	1067	1224	1047	1866	1405	1111	1017	1208	1346	1277
Carer/ Relative/ Friend Feedback Responses (PoY & FFT)	36	32	55	60	342	256	473	456	384	467	409
Both Feedback Responses (POY & FFT)	0	0	0	0	39	36	25	22	36	40	31
Not answered					136	123	111	95	114	139	105
Total	1291	1099	1279	1107	2383	1820	1720	1590	1742	1992	1822

The volume of responses received to Points of You (incorporating the Friends and Family Test) decreased in the quarter by 9% to 1,822. Other key points relating to response volumes this quarter include:

- Half of all responses were from the South locality.
- The automated mailshot remains the predominant method of completion at 65%, with 31% of feedback received via the hard copies of Points of You circulated by wards and teams.
- Uptake of the online version of Points of You remains low at 4%.
- Nearly three quarters of feedback received is in relation to mainstream community and access CBU's, reflecting the Trusts balance of care between inpatient and community care.
- Feedback from the Neurological & Specialist Services CBU accounts for 15% of feedback received in the quarter. This CBU is managed by the South locality.
- There is still low uptake of the Points of You survey in many inpatient areas, possibly reflecting the use of other feedback mechanisms used such as community meetings.

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Figure 2 Points of You responses by locality and method July – September 2018

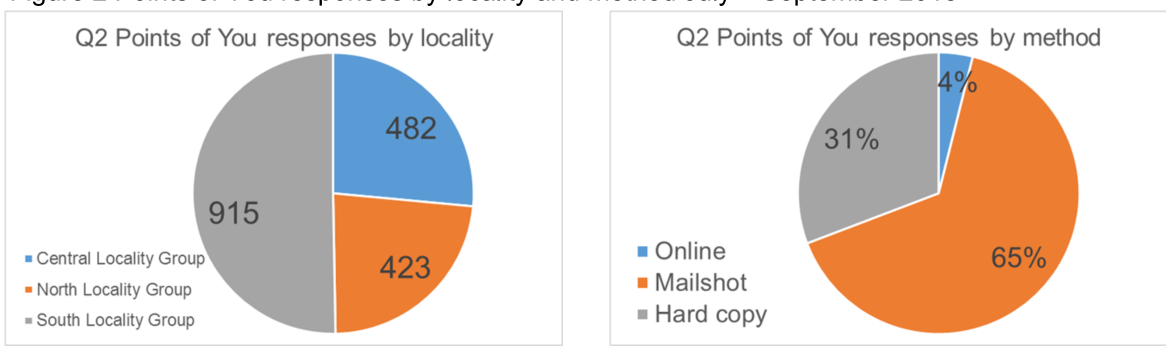
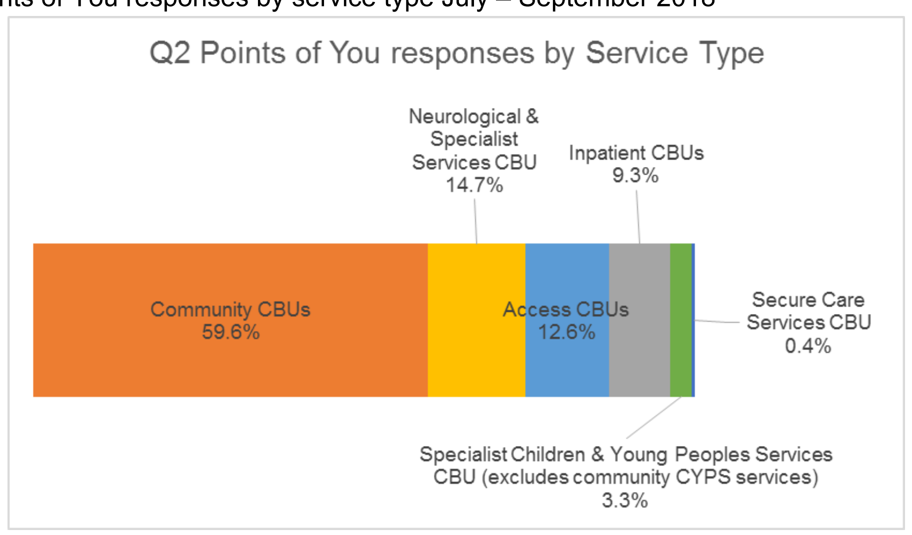


Figure 3 Points of You responses by service type July – September 2018



The ten services with the highest response volumes in the quarter (representing 40% of feedback received) were:

Table 1 Top 10 Points of You responses by service July – September 2018

Team	**CBU**	**Q2 Responses**
Memory Protection Service	Community South CBU	141
Memory Assessment Service Newcastle	Community Central CBU	81
Adult ADHD Service	Community Central CBU	66
Exercise Therapy	Inpatients South CBU	65
Outpatient and Community Rehabilitation Clinic	Neurological & Specialist Services CBU	62
Newcastle and Gateshead Children and Young Peoples Service	Community Central CBU	60
Sunderland Older Adult Community Treatment Team	Community South CBU	57
Northumberland Recovery Partnership	Access North CBU	53
Newcastle Older Peoples Community Treatment Teams	Community Central CBU	52
Central & South Northumberland Older Peoples Community Treatment Team	Community North CBU	52

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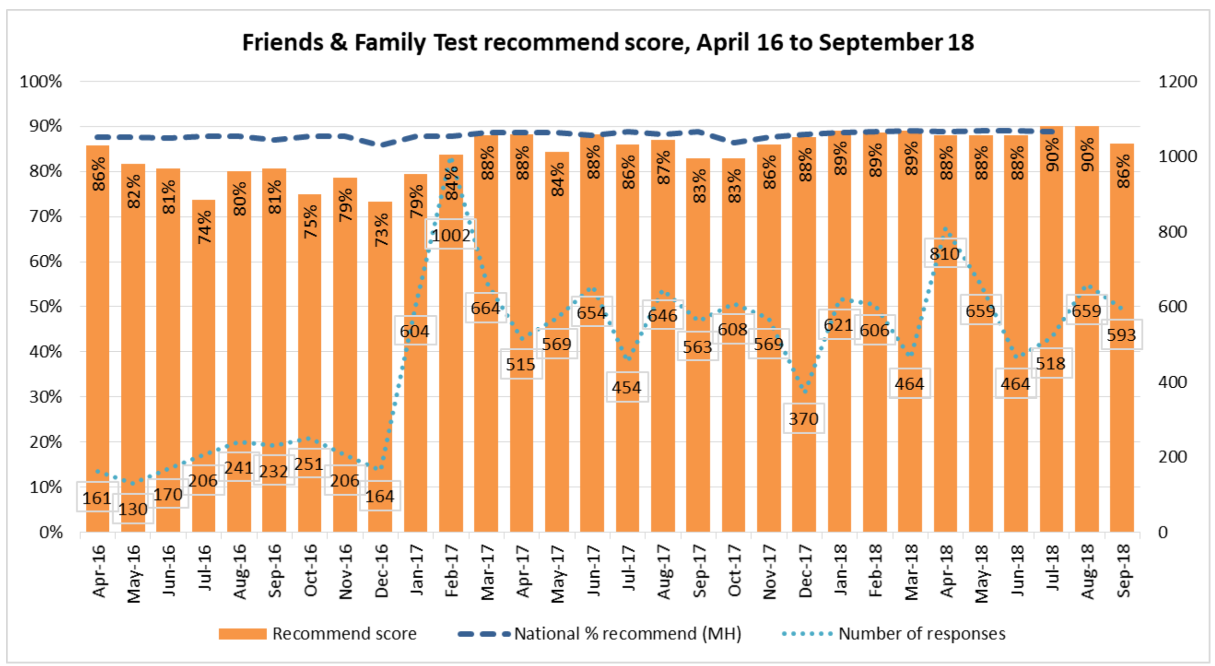
4. NHS Friend & Family Test Q2 2018/19

The Points of You survey includes the Friends and Family Test (FFT) question which asks respondents to rate the likelihood that they would recommend the service they have received to family or friends. Scoring ranges from extremely likely to extremely unlikely and 97% of those completing Points of You respond to the Friends and Family Test question contained within the survey.

The Trust's overall FFT average recommend score for Quarter 2 has slightly increased to 89%, compared with 88% in quarter 1. The recommend score is broadly in line with the most recent published average for providers of mental health services, which was 89% in July 18 (published 6 September 18).

Figure 4: NTW Friends & Family Test responses and recommend score Qtr1 16/17 to Qtr2 18/19. (NB the national average recommend score resides around 88%-89% – indicated by the thick blue dotted line, this national data is published up to July 2018)



The NTW FFT recommend score fluctuates by month, and after a sustained improvement in score to 90% from June to August 2018, there was a decrease in September 2018 to 86%. The decrease was most evident in the South community services.

Note that a total of 61 services received recommend scores of 100% in the period (accounting for 18% of the responses received). There also remains a large number of services with very low or no responses, and work is ongoing to increase engagement with the points of you process in these teams.

Figure 5 below provides an annual view of FFT results to establish if there is any seasonal pattern to results. It is difficult to identify seasonal trends however note that the recommend score decreased in both September 2017 and September 2018:

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Figure 5: NTW Friends & Family Test recommend scores by month

Table 2 FFT responses and results by locality group

	Number of FFT Responses Qtr2 18/19	Qtr 2 % would recommend	*Number of FFT Responses Qtr1 18/19*	*Qtr 1 % would recommend*
Trust	1,770*	89%	*1,933*	*88%*
North Locality Group	415	86%	*454*	*84%*
Central Locality Group	465	89%	*557*	*88%*
South Locality Group	888	90%	*913*	*90%*

(excluding not answered)
Nb - 2 responses unable to be mapped to a locality Qtr2
Nb - 9 responses unable to be mapped to a locality Qtr1

**The FFT question is incorporated into the Points of You survey. Not all respondees to the survey complete the FFT question, therefore the total FFT responses is lower than the total PoY responses for the quarter.*

The FFT recommend score ranges from 86% in the north locality to 90% in the south locality. The south locality has a higher volume of responses, which is partly attributable to neuro rehabilitation services.

5. Benchmarking Friends and Family Test Recommend Scores

Analysis of published national data shows significant variation in the volume of FFT responses from providers of mental health services ranging from 62% to 99% (see figure 6 overleaf). The most recent NTW recommend score is in line with the national average and the Trust was the 14th highest submitter of FFT responses in Quarter 1.

Please note that several of the Trusts in the upper quartile for their recommend score have a low number of responses, and may provide few mental health services.

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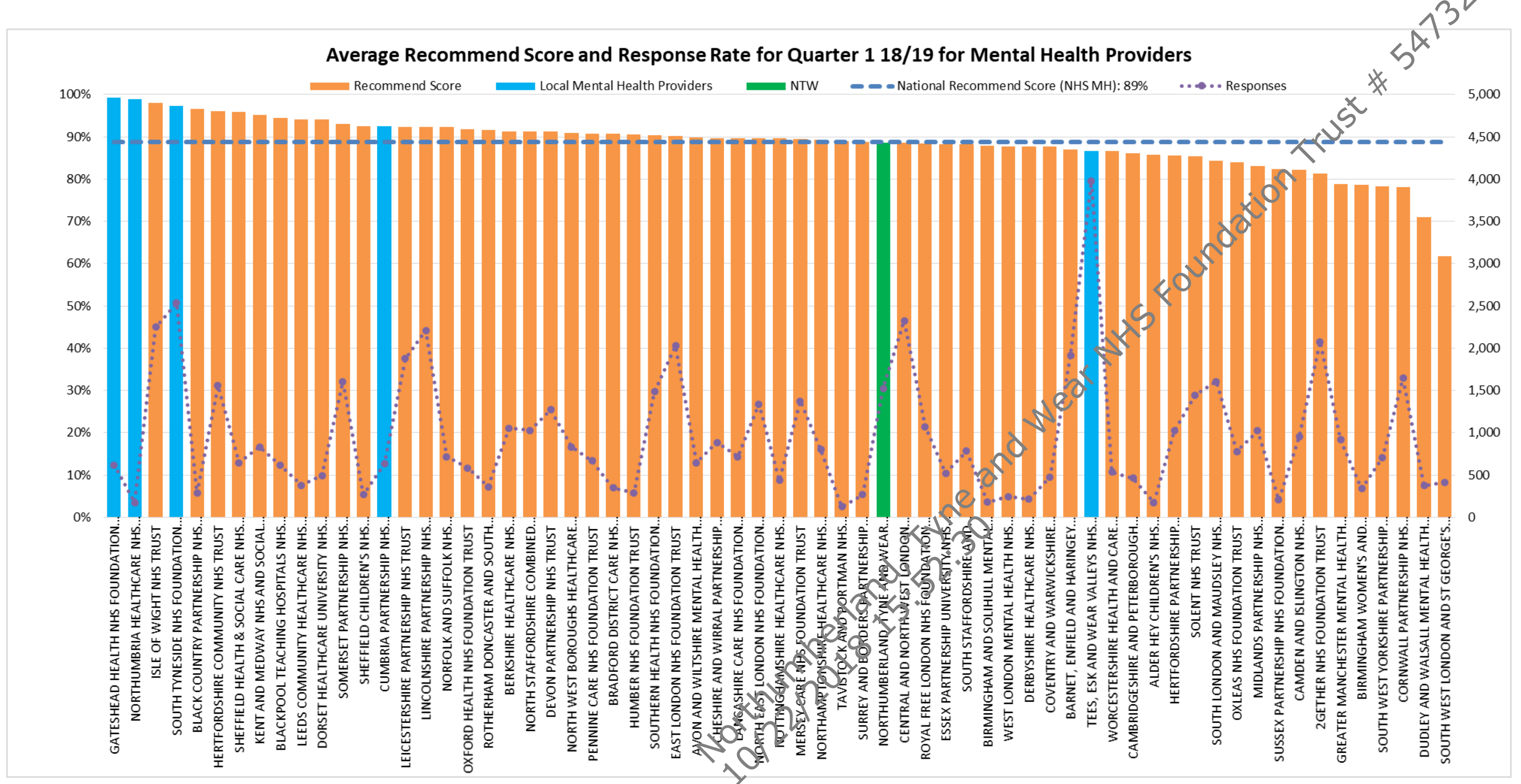
Figure 6: Average recommend score and response rate for Qtr1 2018/19 (latest available data) for providers of mental health services:



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6. Points of You Experience Analysis Quarter 2 2018/19

The Points of You survey is used across all Trust services* for both service users and carers and the questions included within the survey are shown at Appendix 1.

**The Gender Dysphoria Service is the only exemption to the Trust-wide Points of You service users and carer experience programme, using a nationally agreed survey format in line with English Gender Dysphoria service providers.*

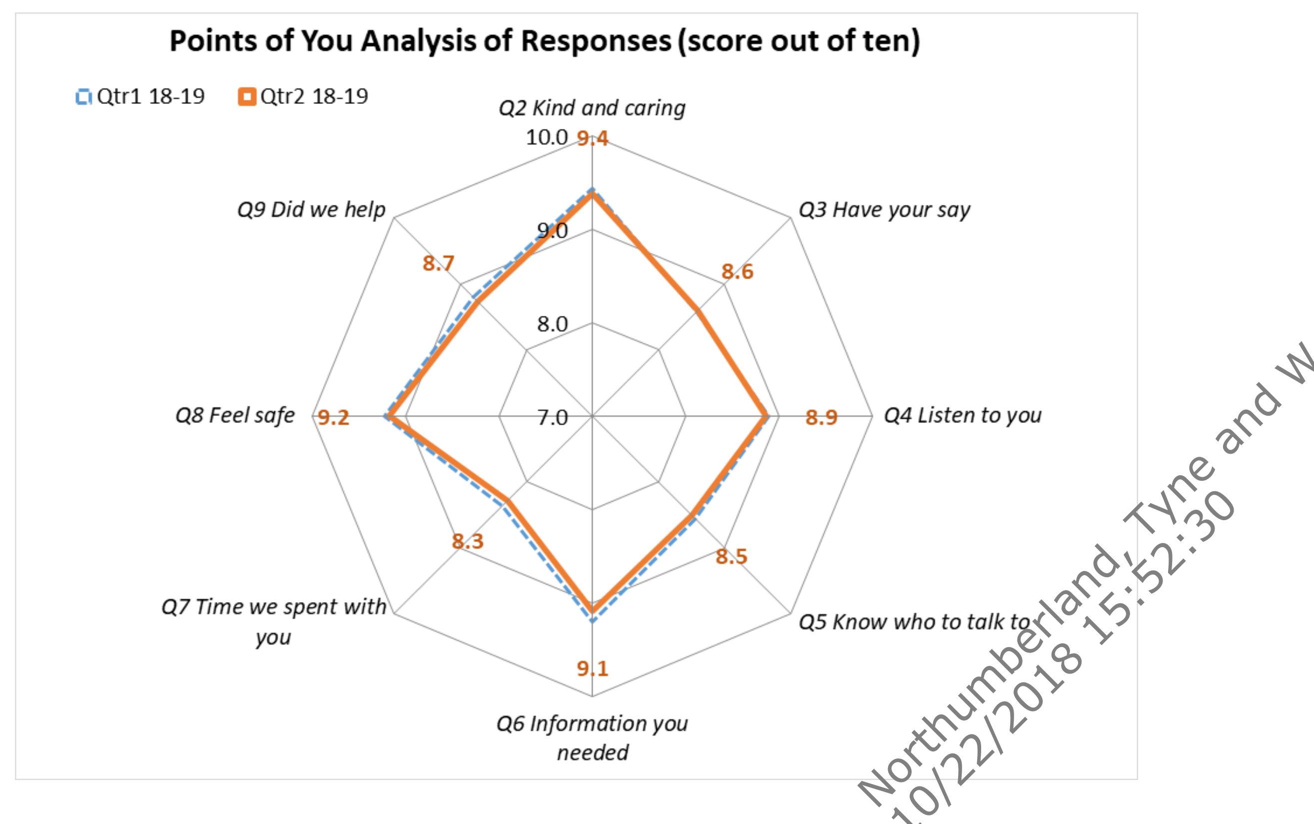
Each of the 8 questions (excluding the Friends and Family Test question) in the Points of You survey results in a score out of ten and Figure 7 below illustrates the average score received for each question trustwide during Quarter 2. There was little change in trustwide results from the previous quarter.

The highest scoring questions remain:

1. How kind and caring were staff to you?
6. Were you given the information you needed?
8. Did staff help you to feel safe when we were working with you?

The lowest scored question remains question 7 – "were you happy with how much time we spent with you?"

Figure 7: Average score for questions 2-9 for all Trust services for Qtr2 compared with Qtr1 2018/19 (10 being the best, 0 being the worst)



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The following analysis in Table 3 below shows a breakdown of the average score per question by locality group. This shows:

- Compared with last quarter, there has been little change in total scores achieved
- The South locality received a higher volumes of responses than the other localities, accounting for 50% of responses received in the quarter.
- The South locality generally scores higher than the other localities
- The lowest scoring question at locality level is question 7 “were you happy with how much time we spent with you?”, with the North locality showing as an outlier for this question.
- Variation between localities may relate to differences in the type of services provided.

Table 3 Analysis of Quarter 2 2018/19 POY scores by locality across all questions

	Number of Responses Qtr2 (Qtr1)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Trust	**1,822**	**9.4**	**8.6**	**8.9**	**8.5**	**9.1**	**8.3**	**9.2**	**8.7**
	(1,992)	**↔**	**↔**	**↔**	**↓0.1**	**↓0.1**	**↓0.1**	**↔**	**↓0.1**
North Locality Care Group	423	9.3	8.2	8.6	8.6	8.9	7.9	8.8	8.5
	(466)	↔	↓0.3	↓0.1	↑0.2	↓0.2	↓0.2	↓0.3	↔
Central Locality Care Group	482	9.3	8.6	8.8	8.3	9.1	8.3	9.2	8.6
	(576)	↓0.1	↑0.2	↔	↓0.1	↑0.1	↑0.1	↔	↓0.2
South Locality Care Group	915	9.5	8.8	9.0	8.5	9.2	8.5	9.3	8.9
	(941)	↔	↑0.1	↔	↓0.3	↓0.2	↓0.1	↔	↓0.1

Nb. 2 responses were unable to be assigned to a locality care group

Key:

Score 8-10 (highest score)	Score 6-7.9	Score 4-5.9	Score 2-3.9	Score 1.9-0 (lowest score)

↑ Score has improved (compared to last quarter)

↓ Score has deteriorated (compared to last quarter)

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Figure 8 below shows responses over time, broken down by locality, to the question "Overall did we help?"

This shows:

- A broadly improving trend over the last year, with a dip in the most recent quarter.
- The Trust wide figure is disproportionally impacted by the South group who provide 50% of responses and tend to receive more positive feedback.
- The North group tends to receive less positive responses than other groups.

Figure 8: Responses by month and locality care group to question 9.

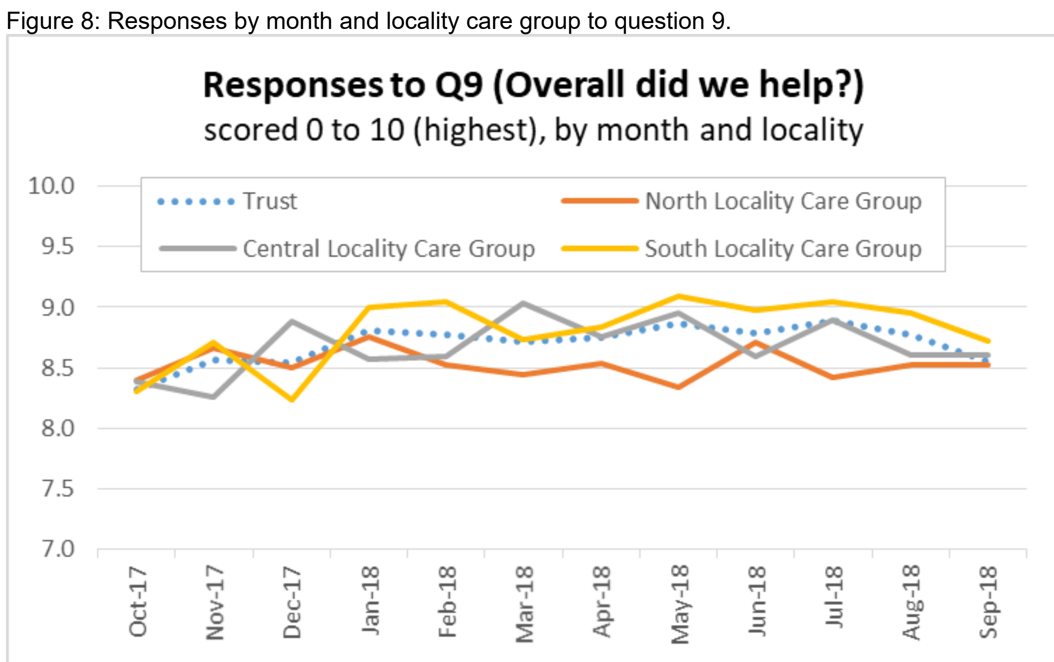

Table 4 overleaf shows a breakdown of responses at question level, displayed by CQC core service groupings. This analysis highlights:

- Acute wards for adults of working age and PICU continued to receive the lowest set of scores
- Question 7 "were you happy with how much time we spent with you?" receives lower scores across a range of core services
- Children and Young Peoples community services received the lowest score (7.7) to Question 8 "Overall, did we help", a decrease against the last quarter. Sunderland/South Tyneside and Newcastle/Gateshead services score similarly for this question (Northumberland is higher) and waiting times and feeling unsupported are specific themes identified through comments provided.

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Table 4: Average score per question by core service (and percentage of detained OBDs during Qtr2)

	Number of Responses Qtr2 (Qtr1)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help	% of bed-days that are detained during Qtr
Trust	**1,822**	**9.4**	**8.6**	**8.9**	**8.5**	**9.1**	**8.3**	**9.2**	**8.7**	
	(1,992)	**↔**	**↔**	**↔**	**↓0.1**	**↓0.1**	**↓0.1**	**↔**	**↓0.1**	
Neuro Rehab Inpatients (Acute Medicine)	28	9.6	8.5	8.8	8.9	9.6	8.5	9.6	9.0	23%
	(35)	↓0.3	↓0.2	↓0.3	↑0.1	↑0.5	↑0.6	↑0.1	↓0.4	
Neuro Rehab Outpatients (Acute Outpatients)	195	9.7	9.2	9.4	9.1	9.6	9.0	9.6	9.5	
	(184)	↔	↑0.1	↑0.1	↓0.2	↓0.1	↔	↔	↔	
Community mental health services for people with learning disabilities or autism	69	9.9	9.2	9.6	9.3	9.9	8.9	9.7	9.6	
	(64)	↑0.5	↑0.3	↑0.6	↑0.7	↑0.7	↑0.4	↑0.4	↑0.4	
Community-based mental health services for adults of working age	351	8.9	8.0	8.3	7.9	8.6	7.7	8.8	8.0	
	(427)	↔	↓0.3	↓0.2	↓0.2	↓0.3	↓0.2	↓0.1	↓0.2	
Community-based mental health services for older people	522	9.6	8.7	9.0	8.3	9.3	8.5	9.4	9.1	
	(563)	↓0.1	↓0.1	↓0.2	↓0.2	↓0.1	↓0.1	↔	↔	
Mental health crisis services and health-based places of safety	101	8.9	8.2	8.4	7.4	8.3	8.0	8.2	8.1	
	(81)	↓0.2	↓0.2	↓0.4	↓0.7	↓0.6	↓0.1	↓0.7	↓0.1	
Acute wards for adults of working age and psychiatric intensive care units	36	8.7	7.3	7.6	8.3	7.8	7.0	7.9	8.2	76%
	(50)	↑0.4	↑0.6	↑0.4	↑1.2	↓0.5	↓0.4	↔	↑1	
Child and adolescent mental health wards	29	9.1	8.1	8.7	9.3	9.6	7.9	8.4	8.8	84%
	(25)	↓0.5	↓0.1	↓0.4	↑0.1	↔	↓0.5	↓0.5	↓0.8	
Forensic inpatient/secure ward	1	10.0	10.0	7.5	10.0	10.0	7.5	10.0	10.0	100%
	(5)	↑2	↑4	↑2	↔	↔	↑1	↑2	↑2.5	
Long stay/rehabilitation mental health wards for working age adults	22	9.8	9.4	9.8	10.0	10.0	8.9	9.4	9.5	87%
	(29)	↔	↑1.2	↑1	↑0.7	↔	↑0.5	↑0.4	↑0.2	
Wards for older people with mental health problems	27	10.0	9.3	9.5	9.6	10.0	9.4	9.9	9.8	89%
	(29)	↑0.3	↑0.5	↑0.5	↔	↑0.7	↑0.7	↑0.4	↑0.5	
Wards for people with learning disabilities or autism	2	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	97%
	(3)	↑1.7	↑3.3	↑2.5	↑3.3	↑3.3	↑2.5	↔	↑3.3	
Children and Young Peoples Community Mental Health Services	166	9.4	8.7	8.6	8.5	8.7	7.7	9.2	7.7	
	(197)	↔	↑0.1	↓0.3	↑0.3	↑0.1	↓0.4	↓0.2	↓0.6	
Substance Misuse	120	9.3	8.8	9.0	9.1	9.3	8.1	9.3	9.1	
	(98)	↔	↑0.5	↑0.4	↔	↑0.2	↔	↑0.1	↑0.5	
Other	151	9.5	8.6	9.1	9.1	9.2	8.5	9.4	9.0	25%
	(193)	↓0.2	↓0.1	↓0.1	↓0.2	↓0.4	↓0.2	↔	↓0.3	

Nb. 2 responses were unable to be assigned to a core service

Key:

Score 8-10 (highest score)	Score 6-7.9	Score 4-5.9	Score 2-3.9	Score 1.9-0 (lowest score)

↑ Score has improved (compared to last quarter)

↓ Score has deteriorated (compared to last quarter)

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When comparing Quarter 2 question scores to the previous quarter, many core services have seen an improvement in the majority of the question scores:

- Community mental health services for people with learning disabilities or autism (scores for all 8 questions have improved).
- Acute wards for adults of working age and psychiatric intensive care units, long stay/rehabilitation mental health wards for working age adults, and wards for older people with mental health problems (scores for all questions either increased or were stable)

There has been four core services where the majority of the question scores deteriorated as follows: Community-based mental health services for adults of working age, mental health crisis services and health-based places of safety, Child and adolescent mental health wards, and "Other" services.

For all other core services there has been a mix of improvements and deterioration across all 8 questions. A Trust-wide thematic analysis has been undertaken and the most prevalent positive and negative themes to emerge are highlighted below.

Table 5: Prevalent themes from comments (question 10) – Quarter 2 :

Positive Themes (A total of 2,416 themed comments were received during Quarter 2, 75% of these were positive/ complimentary)
1) Staff / Staff Attitude (57% of all positive themes) 2) Service Quality / Outcomes (17%) 3) Care / Treatment (16%) Examples of positive comments received: *"The staff treated me with respect and consideration. I have nothing but praise for the whole way i was treated."* *"Probably the most insightful and constructful help I have received so far without the involvements of medication."* *"I'd like to say thank you to all of the team for the help and support we received. Everyone we met were professional, caring and made us feel supported."*
Negative Themes:
In terms of the 349 negative comments received there was a much broader spectrum of feedback across a selection of themes. Several repeating themes emerged during quarter 2 and are identified below.
1) Care and treatment (30%) 2) Access to Services (22%) 3) Staff/Staff Attitude (21%)

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7. Points of You Response Demographics

During Quarter 2, 70% of POY returns were from service users, 28% from carers/ relatives/ friends and 2% from respondents who identified themselves as both, service user and carer/ relative / friend. Of those who responded to the demographic questions:

- 45% were male, 50% were female (5% did not answer).
- 87% were White, 1.8% were Asian/ Asian British, 0.6% were Black/ African/ Caribbean/ Black British, 0.6% were other ethnic groups, 0.5% were mixed/ multiple ethnic groups (7% did not answer)
- The highest proportion of respondents were aged between 45-54 years (16%), followed by 55-64 years (15%). The smallest proportion of respondents were aged between 19-24 years (1.2%).

8. Gender Dysphoria Survey - Responses and Analysis

The Northern Region Gender Dysphoria Service is the only exemption to the Trust-wide Points of You service users and carer experience programme. The service uses a survey developed nationally with all other Gender Dysphoria service in England.

During Quarter 2 18/19 the Northern Region Gender Dysphoria Service received 57 surveys (data for July and August). All responses were positive (rating extremely likely or likely) for 9 out of the 9 questions.   There were no negative responses to any question, which are listed below:

1. Likely to recommend this clinic to friends and family
2. Admin Staff were pleasant and Respectful
3. Clinician was pleasant and respectful
4. I feel listened to
5. I feel involved in my treatment
6. I have confidence in the abilities of my clinician
7. Information was understandable
8. Questions were answered
9. Given opportunity to discuss treatment

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9. NHS website, Care Opinion & Healthwatch reviews for quarter 2 2018/19

The three main websites for service users and carers to leave feedback are the NHS website (previously known as NHS Choices), Care Opinion and Healthwatch (Newcastle/ Gateshead/ North Tyneside). Table 5 illustrates the star rating allocated by service users/ carers who commented on the care they received. A list of the comments and our responses within the previous quarter are listed in full in Appendix 2.

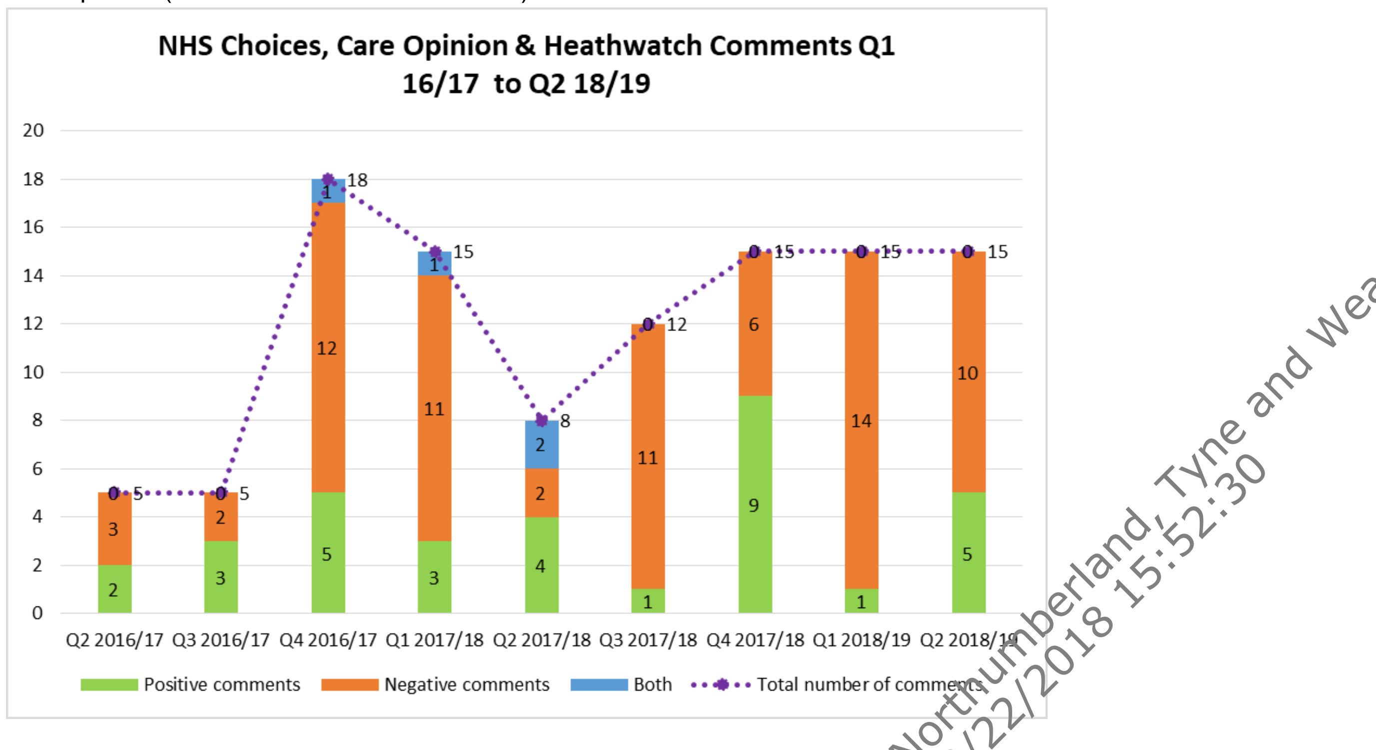
Table 6: Star rating for the Trust/ Site/ Service reviews

Hospital Site	Star Rating as at Oct 18
NTW (total for Trust)	★★½
Hopewood Park	★★
Molineux Street, Byker	★★★
Monkwearmouth Hospital	★
Greenacres Centre	★
St George's Park	★★★★★
Atkinson Terrace, Wallsend	★★★★★
Walkergate Park	★★★★★

During Quarter 2 2018/19 the Trust received 15 comments through these sites, 5 of which were positive and 10 were negative. This level of feedback is similar to previous quarters.

Figure 9 below shows the number of comments posted feedback sites from July 2016 to September 2018.

Figure 9 – Number of comments published on the NHS website, Care Opinion & Healthwatch sites each quarter (Qtr1 2016/17 to Qtr2 2018/19)



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10. Compliments and Thank You's – Qtr2 2018/19

During Quarter 2, 158 thank you's and compliments were received via Points of You and from other routes (including Chatterbox). This is an increase from 94 received during quarter one.

11. Recommendations

The Board are asked to note the information included within this report.

Anna Foster
Deputy Director of Commissioning and Quality Assurance
October 2018

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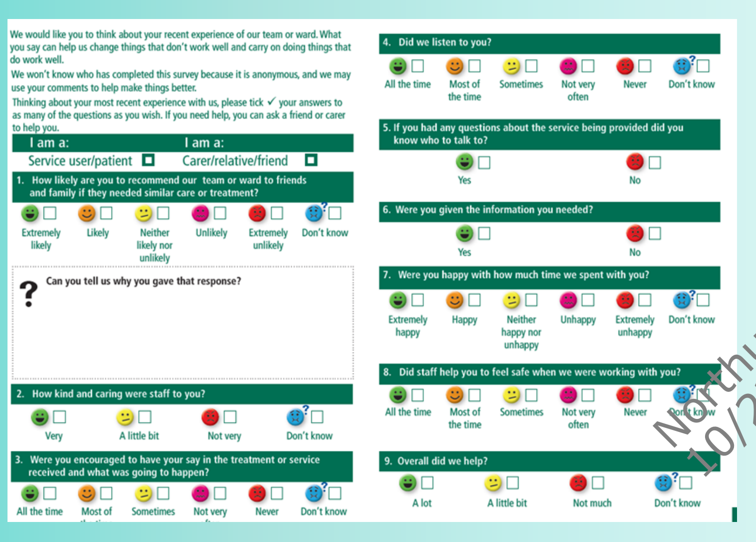
Appendix 1

Points of You Format

Points of You Survey format:

1. How likely are you to recommend our team or ward to friends and family if they needed similar care or treatment? **(This is known and the "Friends and Family Test")**
2. How kind and caring were staff to you?
3. Were you encouraged to have your say in the treatment or service received and what was going to happen?
4. Did we listen to you?
5. If you had any questions about the service being provided did you know who to talk to?
6. Were you given the information you needed?
7. Were you happy with how much time we spent with you?
8. Did staff help you to feel safe when we were working with you?
9. Overall did we help?
10. Is there anything else you would like to tell us about the team or ward?



We would like you to think about your recent experience of our team or ward. What you say can help us change things that don't work well and carry on doing things that do work well.

We won't know who has completed this survey because it is anonymous, and we may use your comments to help make things better.

Thinking about your most recent experience with us, please tick ✓ your answers to as many of the questions as you wish. If you need help, you can ask a friend or carer to help you.

I am a: Service user/patient ☐ | I am a: Carer/relative/friend ☐

1. How likely are you to recommend our team or ward to friends and family if they needed similar care or treatment?
   ☐ Extremely likely ☐ Likely ☐ Neither likely nor unlikely ☐ Unlikely ☐ Extremely unlikely ☐ Don't know

? Can you tell us why you gave that response?

2. How kind and caring were staff to you?
   ☐ Very ☐ A little bit ☐ Not very ☐ Don't know

3. Were you encouraged to have your say in the treatment or service received and what was going to happen?
   ☐ All the time ☐ Most of ☐ Sometimes ☐ Not very ☐ Never ☐ Don't know

4. Did we listen to you?
   ☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never ☐ Don't know

5. If you had any questions about the service being provided did you know who to talk to?
   ☐ Yes ☐ No

6. Were you given the information you needed?
   ☐ Yes ☐ No

7. Were you happy with how much time we spent with you?
   ☐ Extremely happy ☐ Happy ☐ Neither happy nor unhappy ☐ Unhappy ☐ Extremely unhappy ☐ Don't know

8. Did staff help you to feel safe when we were working with you?
   ☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never ☐ Don't know

9. Overall did we help?
   ☐ A lot ☐ A little bit ☐ Not much ☐ Don't know

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Appendix 2

Reviews made on the NHS website, Care Opinion & Healthwatch in quarter 2 2018/19

Visited in June 2018. Posted on 09 July 2018 (5 stars, Hopewood Park)

My wife's care

Having read some of the reviews .I feel some people have unrealistic expectations as too the care.my wife was recently discharged from Longview ward after approx 8 weeks .the staff never let me forget she would get better . Even though I thought I had lost her .she really was that poorly.but I am delighted to say her recovery has been amazing.(in my opinion) .I personally thanked all concerned malcolm

[our response] Hi Malcolm, we would like to thank you for taking the time to provide us with feedback on the care and treatment your wife received whilst on Longview. It is good to hear she is doing so well. I will ensure that your comment is passed onto the team at Longview.

Visited in July 2018. Posted on 19 July 2018 (1 star, Northumberland, Tyne and Wear NHS Foundation Trust)

2 and half years and no help.

Having previously lived in the Tees, Esk and Wear Valley NHS Trust area, I received very good service from them from the age of 6 until 19. However upon moving to Newcastle, I get sent from service to service to be accessed with no support in between apart from a GP which can not deal with mental health issues properly. This trust provides no feedback and treats you like you are a contestant on the X Factor. CMHT in TEWV but not "ill enough" in NTW? How does that work? Even the PALS at RVI upon attempting suicide really do not care if you are alive or not, and tell your doctor you were safe to leave the hospital, providing nothing but a leaflet with a phone number on. It is a complete joke. Mental health help in Newcastle is none existent.

I would like to apologise that you feel that you have been sent from Service to service since moving to the Newcastle area. I would welcome the chance to speak to you regarding your concerns. If you would like to discuss this further please contact Mandy Soulsby, Clinical Manager on Tel: (0191) 245 6732

Visited in July 2018. Posted on 02 July 2018 (1 star, Crisis Resolution and Home Treatment at Hopewood Park)

Passion

Highly spirited is at the heart of NHS always looking forward to helping us all to start healthy, happy futures every step of the way in our lifes.

Thank you for taking the time to provide this feedback about our services, this is greatly appreciated. We are always pleased to hear the experiences of service users and their carers and it is particularly good to hear when things have gone well and service users have felt supported and been enabled in their recovery.

We will ensure that your kind words are passed onto the relevant teams.

Visited in July 2018. Posted on 02 July 2018 (1 star, Crisis Resolution and Home Treatment at Hopewood Park)

Awesome

NHS call handler was really nice to me really caring, polite spoken; made me feel welcome and you very welcome lovely manners to you too.

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Thank you for taking the time to provide this feedback about our services, this is greatly appreciated. We are always pleased to hear the experiences of service users and their carers and it is particularly good to hear when things have gone well and service users have felt supported and been enabled in their recovery.

We will ensure that your kind words are passed onto the relevant teams

Visited in August 2016. Posted on 23 July 2018 (1 star, Molineux Street)

Terrible

No communication, had two care coodinaters and two cpns over last two years and feel I'm no further forward so i decided it was best to be discharged for my own mental health which is ironic. I did get on with my psychiatrist but the information she told me and that my cpn did were two different things. Sick of repeating myself over and over as nothing gets passed on. My Cpn didn't even know my history or even my diagnosis. Complete joke. I give up on complaining and began to just go along with things i didnt with because i was so drained after complaining time after time so enough was enough. The system is a joke which i know is underfunded but i don't have to be reminded by workers there as its not exactly professional. Can't see myself ever returning.

Thank you for taking the time to provide feedback on the service we provide and I am sorry that we are not meeting your expectations. As an organisation we value service users comments and use these to learn how we can improve our services, therefore I would value some time with you to discuss these further. If you would find that helpful too, please get in touch and I will arrange for us to meet up.
Don Stronach, Associate Director. Telephone: (0191) 245 6881

Visited in May 2018. Posted on 30 July 2018 (5 stars, Molineux Street)

Molineaux treatment

Treatment at this center has always been consistent and helpful even when desperate .
I have had a good level of understanding between doctors and cpns nurses and alike .
The crisis team were marvellous always there for me.
I have a great relationship with psychiatrist who is very caring and informative.

Thank you so much for taking the time to comment on your experience with our teams at Molineux and the Crisis Service – the staff will be really pleased to hear they are making a difference. I will ensure your comments are passed on to the teams.

Visited in July 2018. Posted on 31 July 2018 (1 star, Children's & Adolescent Services at Sunderland Psychological Wellbeing Service)

No privacy

A visit to this department left my son humiliated I handed a letter in to reception where the receptionist read out loud enough for all in room to hear my son's name and who he was there to see I was very angry but my son walked out of the room ashamed so I followed where was the privacy and confidentially there was none .

Thank you for your comment and I am very sorry to hear that you did not have a positive experience of our service. Our reception staff are expected to welcome patients and their families or carers and check some details on arrival to register attendance at the appointment. We understand that privacy is important and I will request that staff are reminded of the need to consider the privacy of the people using our services.
Your comment will help us to improve our reception service and I thank you for sharing your experience with us.

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Visited in July 2018. Posted on 27 July 2018 (5 stars, St. George's Park at St Georges Hospital (Morpeth))

Staff a credit to NTW

Unfortunately a member of my family had to be admitted to one of the wards at St Georges very unexpectedly . We did not know what to expect as this was the first time we had been in this situation . I must say how respectful, caring and considerate the staff were to my family . The member of family who was the patient could not praise the staff enough .

It was not only the staff on the ward in which my relative was in who were friendly , all the different staff you saw on the corridors would always say hello . The hospital itself was clean bright and airy the grounds were well kept .

Thank you so much for the care and consideration received by my relative and us as a family

Thank you for taking the time to provide this feedback about our services, this is greatly appreciated. We are always pleased to hear the experiences of service users and their carers and it is particularly good to hear when things have gone well and service users have felt supported and been enabled in their recovery.

We have passed on your kind words to the Clinical Team

Visited in September 2016. Posted on 09 August 2018 (1 star, Sunderland Psychological Wellbeing Service)

Not a good service @ all

Not a very good service for people with learning disabilities as they give you paperwork to do , no good for me as I have a learning disabilitiy and can't understand the paperwork that they had given me and can't put the CBT into practice as I didn't understand it . Had resendly referred back to this service , had a phone call last Monday asked questions, assessment , was going to try me again with a cpn nurse but this time to do talk to me over the phone and possiblely send the same paperwork out to me this time the same paperwork I can't do as I told the person on the phone explained thngs to this person but they don't get it . So if spoken to my GP and being referred to Sunderland action for health and they help and support people with learning disabilities, mental health. Had spoken to action for health yesterday and I found out that this iapt are not very good at sharering information and also not loging things too

Thank you for your comment and for raising this issue with us. I am very sorry that your experience of our IAPT service has not been a good one. I hope that following conversations you have since had with the service that we are now able to provide you with the support you require and you can now gain benefit from the therapy offered.

I hope you find this beneficial and helpful.

Visited in July 2018. Posted on 13 August 2018 (1 star, Crisis Resolution and Home Treatment at Hopewood Park)

It's an ok service

It's an ok ISH service not brilliant. Some of these nurses are ok but some are not . Sometimes I get fobbed off with excuses or attitude , the helpful ones are better to talk to and give you advice and also help to

We would like to thank you for taking the time to raise your concerns with us. We are sorry to hear of your negative experience during your recent contact with our services. It is important that we receive feedback to enable us to learn and also improve the services that we provide. The service regularly review and refresh the training provided to staff and feedback from

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those people who use our services is essential in informing areas of focus for this training, this will hopefully address some of the inconsistencies you have experienced. If you feel you would like to discuss any issues further please contact complaints@ntw.nhs.uk and we will be able to ensure that your concerns are directed to the relevant team.

Visited in July 2018. Posted on 01 September 2018 (1 star, Greenacres Centre)

The very last place someone with mental health problems need
1 Star because no zero option.
I have PTSD from combat. I was transferred to these "professionals" when I moved here. They decided without even seeing me that I didn't need therapy. I only started seeing someone when I called because I was suicidal and then I got the impression that it all seemed to much bother for the person talking to me.
Since then, I saw the doctor and health worker from there, over a month ago to review medication. They added more tablets to help ease the nightmares. This was over a month ago. When I called the GP to get my repeat prescription over a month later, the prescription hadn't been out through to them. No problem, I thought, I I'll call Greenacres. The receptionist ignoramous told me there no tablets on my record OR they just haven't typed it yet.....A MONTH AFTER THE APPOINTMENT!!!!!!!!! And the note will probably be bottom of the pile. My mental health worker is on leave till a third of the way through Sept so there's not much they can do apart from get the duty nurse to call me. I thought this would resolve the issue. WRONG
the duty nurse called me a told me to stick my head in a cold sink, sarcastically I said it sounds great and hung up. I've still not heard back. As much use as a fish on a bicycle frame. I'd love to know actual qualifications of these Quacks, as they've not got a clue. And seeing other reviews, I'm not the only one thinking like this. All my contact with these and the medical facilities (GPS) in this area have been documented and sent to the veterans minister.
There is, on an average week 4 British Veterans commuting suicide. PTSD is the war injury that the U.K. was not prepared for a very little done about. It was, and still is a very dirty hidden secret.
A duty of care from a country who send us to war is missing

Thank you for posting your comment in relation to the service you have received from the Community Treatment Team. I am sorry that you have been left dissatisfied with the service you received in relation to the issues you were having with accessing your medication from your GP and in the advice offered to you when you telephoned the team.

Can I suggest in the first instance that you contact the team again by telephone and ask to speak with your care coordinator or in their absence the Clinical Lead in order that you can discuss your concerns. Either member of the Clinical Team will be happy to meet with you to agree a resolution on the issues. Our telephone number is 01670 844700.

We look forward to hearing from you

Visited in August 2018. Posted on 02 September 2018 (1 star, Northumberland, Tyne and Wear NHS Foundation Trust)

Crisis team? They need to understand people in crisis
I was advised by my GP to call the crisis team because of suicidal thoughts and he thought the fact they had access to psychiatric services might be of benefit.

The first person I spoke to was lovely, and also the second person, who seemed to understand what I was going through and said she would ask a psychiatrist to come out and see me that day.

Two people turned up from the team - they gave me their names but not their positions within the team. They were very judgemental and effectively blamed me for my depression. They didn't listen

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and didn't even know which IAPT services were available that they suggested they refer me in to. I told them I felt very let down as I had been advised a psychiatrist would be coming to see me. They were very dismissive of the fact.

The lack of empathy was stunning, they left me feeling worse than when they came to see me. i would not recommend this service to anyone.

Basically, if you are an intelligent person who continues to battle against depression by putting on an appearance of being fine, haven't made an active suicide attempt and you try to get through life without having to ask for help, you are not worthy of support

[We have not responded on the NHS website as the reviewer also made a formal complaint.]

Visited in March 2018. Posted on 27 August 2018 (1 star, Greenacres Centre)

Poor communication, confusion & no follow up

Poor communication was very frustrating, it was clear from day one that there are staffing issues behind closed doors. I attended an appointment with a CPN for an assessment, which myself and my GP had already stated that I didn't need CPN input, all I needed was a consultant to change my medication. My GP had tried to contact a consultant for medication advice, but there was no response.

I sat in the waiting area for 25 minutes before a member of staff told the CPN I had arrived. After leaving the appointment, I recieved a phone call to say a consultant was actually waiting to see me, but no member of admin staff had actually informed me or the CPN.

Since then I have had to call a few times chasing clinic letters, prescriptions and appointments. The admin staff have never been able to answer my queries as they just don't have the information. I am used to the standard response " the consultant hasn't replied, I'l chase it up'. I have left voice messages on a couple of occasions and not recieved a call back.

I have little trust in this service and it has not made any contribution to my treatment other than starting a new tablet and asking my GP to keep prescribing it. I was told I would get an appointment to review in 4 months time. That was 7 months ago.

Thank you for posting your comments in relation to the service you have received from the Community Treatment Team. I am sorry to hear that you have been left dissatisfied with the experience you had when attending an appointment and also the follow up response you have had from the clinical team.

In order that we can help address the concerns/issues you have highlighted here, can I suggest that you telephone the Greenacres Centre and ask to speak directly with the Pathway Manager regarding your complaint. We would hope to reach a resolution in respect of the areas you raise. Our telephone number if 01670 844700.

We look forward to hearing from you.

Posted 28th September 2018 (5 stars, North Tyneside Recovery Partnership)

Caring knowledgeable professional

I've started the recovery programme for addiction in may 2018 I've now overcome my demons because of all the very caring,knowledgeable and professional staff who have given my life back to myself but especially my daughter who now has her dad back and a husband to my wife and a son to my mam and dad. It's been one of the hardest things I've ever had to do and would not of been able to be the person i am today if it' wasn't for all your help you have given me from my CPN, relapse prevention, recovery group, community lunch, and SMART. This service is vital to help people like myself and others out there to remain positive. The service was offered to me by my GP but before this i wouldn't of known what services and help is out there you need to advertise your services and

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explain the services so it reaches out to all. We need you, please keep this vital importance going for years to come. I was so close to death this would of effected more than just me but every one around me. Thank you for everything I really mean it.we need more staff more facilities and even health promotion to children and education to prevent future problems. People don't know what it's like to have addiction until you go through it yourself

[Awaiting NTW response as at 10.10.18]

Posted 24th September 2018 (5 stars, Walkergate Park)

Wonderful, caring, holistic approach
Staff very welcoming and so knowledgeable. Nothing seems too much trouble.

[Awaiting NTW response as at 10.10.18]

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors Meeting

Meeting Date: Wednesday 24th October 2018

Title and Author of Paper: Emergency Preparedness , Resilience and Response (EPRR) Annual Report 2017/18 (Including NHS England Core Standards Assessment 2018 / 19) Author of Paper in response to this report – Tony Gray - Head of Safety, Security and Resilience Craig Newby - Deputy Head of Safety, Security and Resilience Russell Patton – Deputy Chief Operating Officer (Director of EPRR)

Executive Lead: Gary O'Hare, Executive Director of Nursing and Chief Operating Officer (Accountable Emergency Officer)

Paper for Debate, Decision or Information: Information

Key Points to Note: • EPRR responsibilities integrated into Central Safety/Safer Care function of the Trust. • Internal Audit report for 2017/18 indicates good level of assurance for Business Continuity Planning, actions identified included at Appendix B. • NHS England Core Standard Submission received by NHS England and CCG's identifies Substantial Assurance and three minor action points listed at Appendix A. • 1 action point is to nominate a Non-Executive Director of EPRR at the Board of Directors Meeting. • Forward Plan included.

Risks Highlighted to Board: None
Does this affect any Board Assurance Framework/Corporate Risks? No Please state **Yes** or **No** If Yes please outline
Equal Opportunities and Legal and Other Implications: None
Outcome required: Noted for Information, and Decision made on Non-Executive Director for EPRR
Date for completion: N/A
Links to Policies and Strategies: • Emergency Preparedness , Resilience and Response Policy • Incidents Policy • Security Management Policy • Central Alert System Policy

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Emergency Preparedness , Resilience and Response Annual Report 2017 -2018

Caring | Discovering | Growing | Together

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1. Introduction

This report provides an annual update in relation to activity of Emergency Preparedness, Resilience and Response (EPRR) from April 2017 to March 2018. This report also includes the NHS England Core Standards Assessment for 2018/19, which then forms part of forward plan for the Trust's EPRR systems support the Trust in ensuring it is prepared to respond to all events planned and unplanned, in an ever changing environment, and this has been facilitated over the last year with the integration of EPRR agenda into that of the Safety and Security function of the Trust. This is important with the national focus on terror related events and cyber security incidents on the increase. Also of significant note specific to Mental Health Service provision is the learning from the Manchester Arena Terror attack and the Grenfell Fire in London, which indicated the importance of psycho-social follow up for those affected/involved in the incidents. The Trust is well placed and actively involved in local plans to improve and respond to the areas should the need arise.

2. Background

The Health and Social Care Act 2012 requires all NHS organisations to plan for, and respond to a wide range of incidents that could impact on health or patient care. This includes significant incidents or emergencies such as prolonged periods of pressure on services, extreme weather conditions, infectious disease outbreaks or a major transport accident. The programme is referred to as (EPRR).

Core Standards and supporting guidance from NHS England set out the parameters for Trusts to adhere to in relation to Emergency Preparedness. The Trust is also required by the Health and Social Care Act (2008) Regulated Activities Regulations (2010) to have plans in place for dealing with emergencies.

The Civil Contingencies Act 2004 (CCA) provides the framework for emergency preparedness in the UK. Although Mental Health Trusts do not currently have statutory obligations under the CCA, the Department of Health and NHS England require all NHS providers to adhere to the principles of the Act.

3. Governance Arrangements

3.1 Responsible Officers

The Trust has in place an Accountable Emergency Officer, this role is undertaken by the Executive Director of Nursing and Chief Operating Officer. This role is supported by the Deputy Chief Operating Officer in his capacity as Director of EPRR.

Since January 2018, the operational function of EPRR transferred into the Safety Team of the Trust and has been aligned to the full Safety agenda.

The operational functions of EPRR are now carried out by the Head of Safety, Security and Resilience supported by the Deputy Head of Safety, Security and Resilience. These two roles are also the Trust's Accredited Security Professionals and Competent Health & Safety Professionals, which has benefitted the alignment of the EPRR agenda. This also means that the function is no longer carried out by a single operational lead and provides safer more effective cover to the Trust.

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The other benefit of this re-alignment means that the EPRR agenda can be further supported by Safety/Safer Care function of the Trust. This will be explored more fully in the development section.

The Head and Deputy Head of Safety, Security and Resilience have a planned monthly meeting with the Director of EPRR, to bring forward a plan and agree any actions over the following month.

3.2 EPRR Policy

In line with the above changes the Trust's Emergency Preparedness, Resilience and Response Policy – NTW(O)08 has been reviewed, updated and approved in January 2018. This policy was shared with the Care Quality Commission as part of the Trust's recent inspection and no concerns were identified.

3.3 Meetings Arrangements

There was also an opportunity to review the meetings arrangements in the Trust in line with the review and re-alignment of the Locality Care Groups.

The Terms of Reference and membership were reviewed and it was agreed to move to quarterly EPRR meetings across the Trust, reporting into the Trust's Quality and Performance Committee.

The meetings have had a new focus and new agenda, and have been well attended and chaired by either the Executive Director of Nursing and Chief Operating Officer (AEO) or the Deputy Chief Operating Officer (Director of EPRR)

4. External Governance Arrangements

The Trust is required to have attendance at a number of planned external meetings.

4.1 Local Health Resilience Partnership

The Local Health Resilience Partnership (LHRP) is a strategic forum to facilitate health sector preparedness and planning for emergencies. It is jointly chaired by NHS England and a Director of Public Health and meets bi-monthly. The Head of Safety, Security and Resilience as a senior manager and decision maker represents the Trust at the LHRP.

4.2 Health & Social Care Resilience Group

The regional Health and Social Care Resilience Group is a multi-agency practitioner level group, responsible for co-ordinating the development of resilience arrangements, capability and capacity to respond to emergencies and major incidents. The Head of Safety, Security and Resilience represents the Trust on this group.

4.3 Mental Health Business Continuity Forum

This meeting does not form part of the formal approach to EPRR, and is a networking meeting for EPRR/Business Continuity Leads in Mental Health Trust's, both the Head and Deputy Head of Safety, Security and Resilience are members of this meeting.

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5. Incidents Occurring within the Trust

The EPRR meeting receives a quarterly update on both serious infrastructure incidents affecting the Trust as well as all other low level infrastructure incidents which over time may impact on business continuity. The following table gives a breakdown of the Trust activity, acknowledging that the business changed as part of the Locality Care Group creation in October 2017.

There have been 3 serious incidents recorded that potentially or actually impacted on services as below.

Incident Date	Incident Number	Cause 1	Department	Details Of Incident
22/01/2018	289705	IN03 Loss Of Water	Estates Department SNH	Estates staff attending work on Monday morning carried out normal visual and BMS checks. Found Estates Dept. basement plant room flooded and several associated items of plant equipment submerged. The main items effected were main hot water plate heat exchangers, main hot water pumps, cold water boost pump sets and condensate receiver pumps.
13/01/2018	289962	IN03 Loss Of Water	Estates Department SGP	At some point on Saturday 13th January there was a loss of mains water to St Georges Park site. The majority of the site was unaffected due to cold water tank storage. The mains water was restored and therefore the majority of areas were unaffected.
27/02/2018	294720	IN17 Weather Related Incident	Patient Safety SNH	Record of extreme level 3 related weather, which will last for 4 days, involving escalation of emergency / BCP plans, cancellation of non-urgent meetings and travel, and daily sit rep reporting in from services.

All of these incidents were reviewed and lessons shared across the Trust, business continuity plan were used to mitigate any risks.

The last incident was well reported both locally and nationally as the "Beast from the East" weather event and had significant disruption to clinical and operational services, lasting 4 days. Emergency plans were instigated in advance with information being shared and updated through the Trust's Central Alert System. Social Media was used to communicate with patients and carers affected and this was well received.

The Trust is currently reviewing its plans with other Trusts and NHS England should the same extreme weather event occur.

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All Infrastructure Incidents

Description	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total	%
IN01 Loss Of Telecommunications	4	4	0	2	2	1	2	0	2	2	1	3	23	16.20
IN02 Loss Of Electricity	1	2	1	0	1	1	0	0	0	2	0	0	8	5.63
IN03 Loss Of Water	0	0	1	0	0	0	2	0	0	2	0	0	5	3.52
IN04 Server Failure	0	0	0	0	0	0	0	1	0	0	1	0	2	1.41
IN05 IT Network Failure	0	3	1	5	0	4	1	1	0	2	1	2	20	14.08
IN08 Gas Leak	0	0	0	0	0	1	0	0	0	0	0	0	1	0.70
IN09 Failure Of Fixture & Fittings	0	3	0	3	2	2	0	0	2	3	1	3	19	13.38
IN10 Rio Issues	1	1	3	4	1	0	1	0	1	0	0	0	12	8.45
IN11 Flooding	4	1	0	1	1	0	1	3	0	0	0	3	14	9.86
IN12 Loss Of Heating	0	0	0	0	0	0	0	1	4	0	3	2	10	7.04
IN13 Environmental Issue	2	1	3	7	0	1	0	3	1	4	1	0	23	16.20
IN15 Environment Too Hot	1	1	2	0	0	0	0	0	0	0	0	0	4	2.82
IN17 Weather Related Incident	0	0	0	0	0	0	0	0	0	0	1	0	1	0.70
Total	13	16	11	22	7	10	7	9	10	15	9	13	142	100

It can be seen from the table above that infrastructure incidents account for a very small percentage of the 38,500 incidents reported in the Trust last year, however each incident is reviewed in detail to see if the re-occurrence can be prevented. The majority of incidents relate to IT/networks and loss of communications (both landline and mobile phones) and these are reviewed by the infrastructure team. Some of these issues relate to activity out-with of the Trust control due to external outage. Business continuity plans can be seen to be working in these incidents, with plans being escalated to reduce impact on clinical services.

The EPRR Group receives a quarterly report on all incidents including the review of serious incidents, and monitors actions, improvements and any changes to Business Continuity Plans as required.

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6. Incident Co-ordination Centres

NHS England requires all NHS funded organisations to have the ability to establish an Incident Coordination Centre (ICC) to respond to a major incident.

The Trust maintains a centre at St Nicholas Hospital – Conference Meeting Room to provide a strategic response to incidents affecting the whole of the Trust. There are also centres at St Georges Park and Hopewood Park to manage the local response during incidents and provide a point for coordination of any reporting requirements during an incident.

The virtual Skype system was invaluable to co-ordinate the plans and communications in the extreme weather event, with the virtual conversation spanning Sunderland, Newcastle and Northumberland.

Each centre has been assessed to the standards set by NHS England.

Throughout the last year it has been possible to use Incident Coordination Centres virtually with the use of the Trust's Skype technology and surface hubs. This system will develop further throughout the next year, and it has been agreed with NHS England to showcase this approach across the region.

7. Internal Audit

Audit One carried out an internal audit in the last quarter of the financial year and whilst there were a number of actions identified, the Trust received good assurance on the EPRR systems in place.

All outstanding actions will be completed by the 31st December 2018, and the action plan is being managed by the EPRR Group.

8. Exercises

NHS England Core Standards for Emergency Preparedness require NHS Providers to undertake exercises to ensure their readiness for their response to incidents.

The following are the exercises that the Trust has been involved in over the last year:-

Operation Stephenson

Was a live / table top EPRR exercise held in Newcastle on 5th, 6th and 7th of June 2018.

"The scenario of the exercise will be a detonated ID in Newcastle Central Station by two terrorists. One of them killed in the blast and the other apprehended sometime after the event. This will be a mass casualty event with 8 fatalities and 60 casualties. Around 3000+ people will be in the vicinity. Casualties will be taken to Local Acute Trusts and Trauma Centres. Casualty backgrounds vary widely from different parts of the UK / nationalities and include children.
Day 2 and 3 will cover the following areas for mental health services; although this list is not exhaustive.

- *Capacity versus demand*

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- *Resources and potential funding*
- *Referral pathways and documentation*
- *Aid from other agencies*
- *North east wide collaborative approach to mass casualty psycho social response"*

The Trust's involvement in this exercise was from a psycho-social response perspective, supporting those affected as follow up in response to psychiatric response.

Exercise Pelican 2

Exercise Pelican 2 is a no notice in hours exercise to test the Mass Casualty Framework for Cumbria and the North East following its endorsement by the Local Health Resilience Partnerships in October 2017. It follows Exercise Pelican which took place in April 2018, which was an out of hours exercise of the Framework.
All acute trusts in Cumbria and the North East, NHS England Cumbria and North East, Great North Air Ambulance Service, Northern Trauma Network, Critical Care Network, Clinical Commissioning Groups, the providers of mental health services and the ambulance services for Cumbria and the North East are taking part in the exercise.

The Trust's involvement in both Pelican 1 and 2 was of mutual aid to Tees, Esk and Wear Valleys NHS foundation Trust and Cumbria Partnership Foundation Trust which was facilitated in both events. There were minor opportunities for learning for the Trust in both events, one of which was access to a standard Situation Report for Directors on call and clarity around switchboard notifying senior managers of incidents during the day, both of these learning points have been implemented.

All of the feedback and learning is shared with the Trust's EPRR Group.

9. Forward Plan

Bringing all of these developments from the work undertaken to be prepared for the next event is a difficult task, and to manage this a Forward Plan has been created to manage the planned activity and any new learning from other incidents can be added to it throughout the year.

The EPRR Forward Plan is included at Appendix B (it is of note that similar issues have been identified out of separate exercises / assessments).

10. NHS England Core Standards Submission – 2018 /19

NHS England undertakes an annual assurance process against a set of core standards for Emergency Preparedness, Resilience and Response (EPRR).

The assurance process for 2018/19 was received on 6 August 2018 from NHS England, with the self-assessment and statement of compliance returned to NHS England by 24 September 2018. It is a requirement of the assurance process that the statement of compliance is reported to the Board of Directors / Governing Body Meeting.

The sign off process has been agreed as Corporate Decisions Team – Quality, accepting that after the submission date to NHS England the report will be presented to the Trust's Quality and Performance Committee and the Board of Directors meetings in October 2018.

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There are 68 core standards questions (an increase of 16) from previous year of which 54 (an increase of 13) from previous year apply to Mental Health care providers.

Of the 54 Core Standards, there are three standards of partial compliance, these are listed in Appendix A, with the appropriate actions and evidence to prove compliance.

In view of these three areas, the Trust is able to report a Substantial level of compliance. Actions to achieve full compliance with the standards have been added to the EPRR work-plan for 2018/19, to be managed by the Strategic EPRR Group.

The Governance report received by Corporate Decisions Team – Quality and signed off by the Executive Director of Nursing and Chief Operating Officer is included at Appendix A.

The Partial compliance actions will be overseen by the EPRR Group with the exception of nomination of a Non-Executive Director as this is a Board of Directors action, and will be full-filled when this report is submitted.

11. Conclusion

There has been major benefits to the Trust of integrating the Emergency Preparedness, Resilience and Response agenda to the existing safety and Security arrangements of the Trust over the last year, with more effective cover for clinical and operational teams, and an ability to make information more accessible, timely and transparent across the Trust.

This work of integration will continue, along with the development of the information available to all on the Trust Intranet in the Safer Care section.

Other benefits have included a streamlined and specific internal EPRR – Central Alert System, mirroring the existing clinical system in use, to disseminate timely information to clinical and operational teams.

Improvements have also been made to the Trust Policy following reviews by Internal Audit.

The role of EPRR has never had a more high profile national view due to the increase in terrorist risk and the potential for cyber security incidents, however the Trust is well placed with its testing regime and response system to respond and recover, and reflect on any improvements which need to be made to its systems of work.

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Appendix A

Northumberland, Tyne and Wear NHS Foundation Trust

Corporate Decisions Team - Quality Meeting

Meeting Date: Monday 17th September 2018.

Title and Author of Paper: Emergency Preparedness, Resilience and Response (EPRR) Assurances 2018/19 Tony Gray – Head of Safety , Security & Resilience

Executive Lead: Gary O'Hare – Executive Director of Nursing and Chief Operating Officer (Accountable Emergency Officer) Russell Patton – Deputy Chief Operating Officer (Director of EPRR)

Paper for Debate, Decision or Information: Information

Key Points to Note:

- NHS England undertakes an annual assurance process against a set of core standards for Emergency Preparedness, Resilience and Response (EPRR).

- The assurance process for 2018/19 was received on 6 August 2018 from NHS England, with the self-assessment and statement of compliance returned to NHS England by 24 September 2018. It is a requirement of the assurance process that the statement of compliance is reported to the Board of Directors / Governing Body Meeting.

- The sign off process has been agreed as Corporate Decisions Team – Quality, accepting that after the submission date to NHS England the report will be presented to the Trust's Quality and Performance Committee and the Board of Directors meetings in October 2018.

- There are 68 core standards questions (an increase of 16) from previous year of which 54 (an increase of 13) from previous year apply to Mental Health care providers.

- Of the 54 Core Standards, there are three standards of partial compliance, these are listed in Appendix A, with the appropriate actions and evidence to prove compliance.

- In view of these three areas, the Trust is able to report a Substantial level of compliance. Actions to achieve full compliance with the standards have been added to the EPRR work-plan for 2018/19, to be managed by the Strategic EPRR Group.

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Risks Highlighted to Board: None.

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required: Approval of the Statement of Compliance and noting of the action plan to achieve full compliance with the EPRR Core Standards 2018/19.

Link to Policies and Strategies: NTW(O) 08 - Emergency Preparedness, Resilience and Response Policy

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Background

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) set out the minimum EPRR standards which NHS organisations and providers of NHS-funded care must meet. The Core Standards for 2018/19 were received on 6th August 2018 and a self-assessment is required to be undertaken and returned to NHS England by 24 September 2018.

Organisations are expected to state an overall assurance rating in line with the following compliance levels.

Compliance level	Definition
Not compliant	Not compliant with the core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months.
Partially compliant	Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.
Fully compliant	Fully compliant with core standard.

In order to evidence the appropriate compliance level the following percentage scores need to be achieved.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

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It is also a requirement of the assurance process that the statement of compliance is reported to the Board of Directors.

Self-Assessment

There are 68 core standards questions (an increase of 16) from previous year of which 54 (an increase of 13) from previous year apply to Mental Health care providers. The Trust is fully compliant with 40 of these standards.

An action plan is in place for all areas that do not have full compliance, including the governance deep dive and is attached as Appendix A. The Trust's EPRR Group will monitor progress of the actions identified. Any risks that present will be included in the Trust's risk management system.

The strict timescales for completion do not allow for the completed / assurance document to be received by Board of Directors prior to submission, however the sign off procedure so the following assurance process is in place within Northumberland, Tyne & Wear NHS Foundation Trust.

- 17 September 2018 - NHS England Core Standards 2018/19 submission and EPRR Annual report 2017/18 – received for assurance at Corporate Decisions Team – Quality
- 17 October - NHS England Core Standards 2018/19 submission and EPRR Annual report 2017/18 – received at Quality and Performance Committee for assurance.
- 18 October 2018 - NHS England Core Standards 2018/19 submission and EPRR Annual report 2017/18 – received at Trust EPRR meeting for action and management of the work-plan.
- 24 October - NHS England Core Standards 2018/19 submission and EPRR Annual report 2017/18 – received at Board of Directors as part of annual assurance.

Once received by NHS England the following timescales apply to ensure that all NHS Organisation submissions in Cumbria and the North East are included in the national information.

- 24 September 2018 - submission to NHS England.
- 2 October 2018 – NHS England – Moderation Session
- 11 October 2018 – North East - Local Health Resilience Partnership – confirm and challenge.
- 16 October 2018 – Cumbria Local Health Resilience Partnership – confirm and challenge.
- 24 October 2018 Cumbria and North East – NHS England Regional meeting – confirm and challenge
- 31 October 2018 – assurance returns should be made to Regional EPRR teams.
- 31 December 2018 – Regions to have completed confirm and challenge meetings, and submitted their Regional EPRR assurance report using the Regional Return template.
- 28 February 2019 – National EPRR team to have completed confirm and challenge meetings with Regional teams.
- 31 March 2019 - National EPRR assurance reported to the NHS England Board.

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Appendix A - Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2018/19 Action Plan

Section	Core Standard	Action Required	Lead	Timescale	Evidence
Governance	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.	Identify a Non-Executive Director for EPRR	Tony Gray	Oct-18	Discuss with AEO / Chief Executive and agree at Board of Directors Meeting in October 2018
Duty to Risk Assess	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	EPRR policy to be updated to include Risk Management approach and references to Risk Management Policy - NTW (O)33. Trust Risk Management System to be used to record EPRR risks.	Tony Gray	Oct-18	Link to Policy from website. Trust Risk Management System
Co-operation	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	Discussion on appropriate attendance by AEO / Director of EPRR / Director Role	Tony Gray / Gary O'Hare / Russell Patton	Dec-18	Agreed actions and outcome

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Emergency Preparedness, Resilience and Response (EPRR) Assurance 2018-19

STATEMENT OF COMPLIANCE

Northumberland, Tyne and Wear NHS Foundation Trust has undertaken a self-assessment against the NHS England Core Standards for EPRR (v4.0) and EPRR Annual Assurance Guidance (V1.0)

Following self-assessment, and in line with the definitions of compliance stated below, the organisation declares itself as demonstrating the following level of compliance against the 2018-19 standards: **Substantial**

(click on choose an item above and select level)

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

Where areas require further action, this is detailed in the organisations *EPRR Work Plan* and will be reviewed in line with the organisation's governance arrangements.
I confirm that the above level of compliance with the EPRR Core Standards has been or will be confirmed to the organisation's board / governing body.

Signed by the organisation's Accountable Emergency Officer

(Click in cell below and select date) 17/09/2018

Date of board / governing body meeting

(Click in cell below and select date) 13/09/2018

Date signed

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Appendix B

Emergency Preparedness, Resilience and Response

Forward Plan 2018 – 2019

This forward plan is created from the actions identified from the following activity.

- Section 1 - Internal Audit Report – Business Continuity Planning – Audit Reference: NTW 1718/05
- Section 2 - NHS England Core Standards Submission 2018 – 2019
- Section 3 – NHS England – Emergency Planning Exercises / Activity Requirements

Ref	Issue	Priority	Accepted (Y/N)	Management Action	Target Implementation Date	Manager Responsible
1.1	EPRR Risks included in risk register	Low	Y	As reported, the Trust has carried out an EPRR risk assessment as part of Core Standards Submission each year, and previous EPRR lead has not identified any risks to include on the Trust's Risk Register. Upon completion of 18/19 assessment this will be reviewed, and any appropriate risks added.	31 October 2018	Tony Gray, Head of Safety, Security and Resilience.
1.2	Reporting EPRR risks	Low	Y	The Trust has carried out an EPRR risk assessment as part of Core Standards Submission each year, and previous EPRR lead has not identified any risks to include on the Trust's Risk Register. Upon completion of 18/19 assessment this will be reviewed, any appropriate risks added and reported to the EPRR Group.	31 October 2018	Tony Gray, Head of Safety, Security and Resilience.

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Ref	Issue	Priority	Accepted (Y/N)	Management Action	Target Implementation Date	Manager Responsible
1.3	Liaison with utility companies in the event of loss of supply	Low	Y	Site Specific Plans will be created as part of NTW Solutions Limited – Business Continuity Plans with the water, electricity and gas utility companies.	31 December 2018	Tony Gray, Head of Safety, Security and Resilience / NTW Solutions – Head of Estates and Facilities
1.4	Identifying all critical functions, services and events	Medium	Y	The Trust has reviewed its critical activity for the requirements of BCP's. The forward plan will include a review of these and any subsequent BCP's that are required.	31 October 2018	Tony Gray, Head of Safety, Security and Resilience
1.5	Future work programme and planned desk top exercises	Medium	Y	The Trust's Forward Plan will include all testing exercises in line with NHS England Requirements, this will also be updated to include where live incidents have been used to test BCP's.	31 October 2018	Tony Gray, Head of Safety, Security and Resilience.
1.6	Annual Report to Board	Medium	Y	The policy is already amended and there is no requirement for a census. However, the annual report will include work achieved and future work in the forward plan.	31 October 2018	Tony Gray, Head of Safety, Security and Resilience.

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Section	Core Standard	Action Required	Lead	Timescale	Evidence
Governance	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.	Identify a Non-Executive Director for EPRR	Tony Gray	Oct-18	Discuss with AEO / Chief Executive and agree at Board of Directors Meeting in October 2018
Duty to Risk Assess	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	EPRR policy to be updated to include Risk Management approach and references to Risk Management Policy - NTW (O)33. Trust Risk Management System to be used to record EPRR risks.	Tony Gray	Oct-18	Link to Policy from website. Trust Risk Management System
Co-operation	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	Discussion on appropriate attendance by AEO / Director of EPRR / Director Role	Tony Gray / Gary O'Hare / Russell Patton	Dec-18	Agreed actions and outcome

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NHS England Requirements and Emergency Planning Exercises

Event	Timescale	Lead
Exercise Pelican 3	**April 2019**	Tony Gray, Head of Safety, Security and Resilience. Craig Newby Deputy Head of Safety, Security and Resilience.
NHS Core Standards Submission	**September 2019**	Tony Gray, Head of Safety, Security and Resilience. Craig Newby Deputy Head of Safety, Security and Resilience.
EPRR Annual Report	**October 2019**	Tony Gray, Head of Safety, Security and Resilience. Craig Newby Deputy Head of Safety, Security and Resilience.

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24h October 2018

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 6 September 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 all community services has been included within this report.
- Doctors in training figures continue to be reported as below the Trust standard which is due to the August 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 September 2018 of 5.75% is a decrease in comparison to August 2018, which is now confirmed as 5.8% (previously reported as 5.95%). The 12 month rolling average sickness rate has increased to 5.76%.
- NHS contract requirements have underperformed in month six and quarter 2 relating mainly to 7 day follow up and CPA metrics apart from Northumberland, and Newcastle Gateshead CCG.
- The number of follow up contacts conducted within 7 days of discharge has decreased slightly but is still reported above 95%.
- There have been no inappropriate out of area bed days reported in the month.
- All CQUINS have been internally assessed as amber at Quarter 2.
- The service user and carer FFT recommend score has decreased to 86% in September. The average recommend score for Quarter 2 was reported at 89% which remains in line with the national average.
- The data quality report relating to the Specialised Mental Health dataset has been included within this report
- The executive summary on page 1 provides further points to note.

Risks Highlighted: waiting times and sickness.

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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

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NTW Integrated Commissioning & Quality Assurance Report

2018-19 Month 6 (September 2018)

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1. Executive Summary:

- The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF). (page 5).
- At Month 6, the Trust has a year to date surplus of £1.4m which is £1.6m 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 3 (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 6 relate to pay overspends in some areas, slippage on financial delivery plan schemes and reductions in secure services income. 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 20-21
- Northumberland and Newcastle Gateshead fully achieved the contract requirements during month 6 however, there are a number of contract requirements largely relating to 7 day follow up, delayed transfers of care and CPA metrics which were not achieved across other local CCGs and NHS England during the month and quarter. (page 14)
- There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Further information on longest waits to access services has been implemented within this report. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team. (page 19)
- The number of follow up contacts conducted within 7 days of discharge has decreased slightly but is still reported above 95%. (page 11)
- There were no inappropriate out of area bed days reported in September 2018. (page 11)
- All of the CQUIN scheme requirements have been internally forecast as part achieved for Quarter 2. (page 15)
- Reported appraisal rates have increased in the month to 86.1% Trustwide, meeting the Trust standard. (p22)
- The sickness rate has decreased during the month, the provisional in month sickness absence rate for September 2018 is reported at 5.73%, which is a decrease in comparison to August 2018, (now confirmed as 5.8%). The 12 month rolling average sickness rate has slightly increased to 5.76%. August 2018 saw an unusual reduction between the provisional and final reported figure (-0.15%) which is due to late reporting. (p22)

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- Training rates have continued to see most courses above the required standard. There is one course more than 5% below the required standard which is MHA Combined Training (77.0% was 79.1% last month). PMVA Basic Training, Information Governance, Rapid Tranquilisation training and appraisal figures in Corporate Services are areas for improvement. (p 22)
- The service user and carer FFT recommend score has decreased in September to 86% which is below the national average. There was also a reduction in the recommend score in September 2017. (page 25)
- There has been one Mental Health Act reviewer visit during the month to Cheviot. There were actions noted as partly resolved from a previous visit (page 7).
- During month 6 there has been a reduction in the number waiting for treatment within community CYPS. All other services have also seen a decrease in the number waiting over 18 weeks. (page 19)
- Sunderland IAPT service has reported a decrease in those moving to recovery which has been reported at 47.2% for the month (page 29)
- The Model Hospital now includes a compartment looking at mental health services for various community mental health services, sourced from MHSDS data (page 6)
- A learning disabilities data collection is underway consisting of three components:
    - Organisational level data collection
    - Brief staff survey to be completed by representative group of 20 staff members
    - Service user survey to be completed from the perspective of 80 people accessing our services (page 31)

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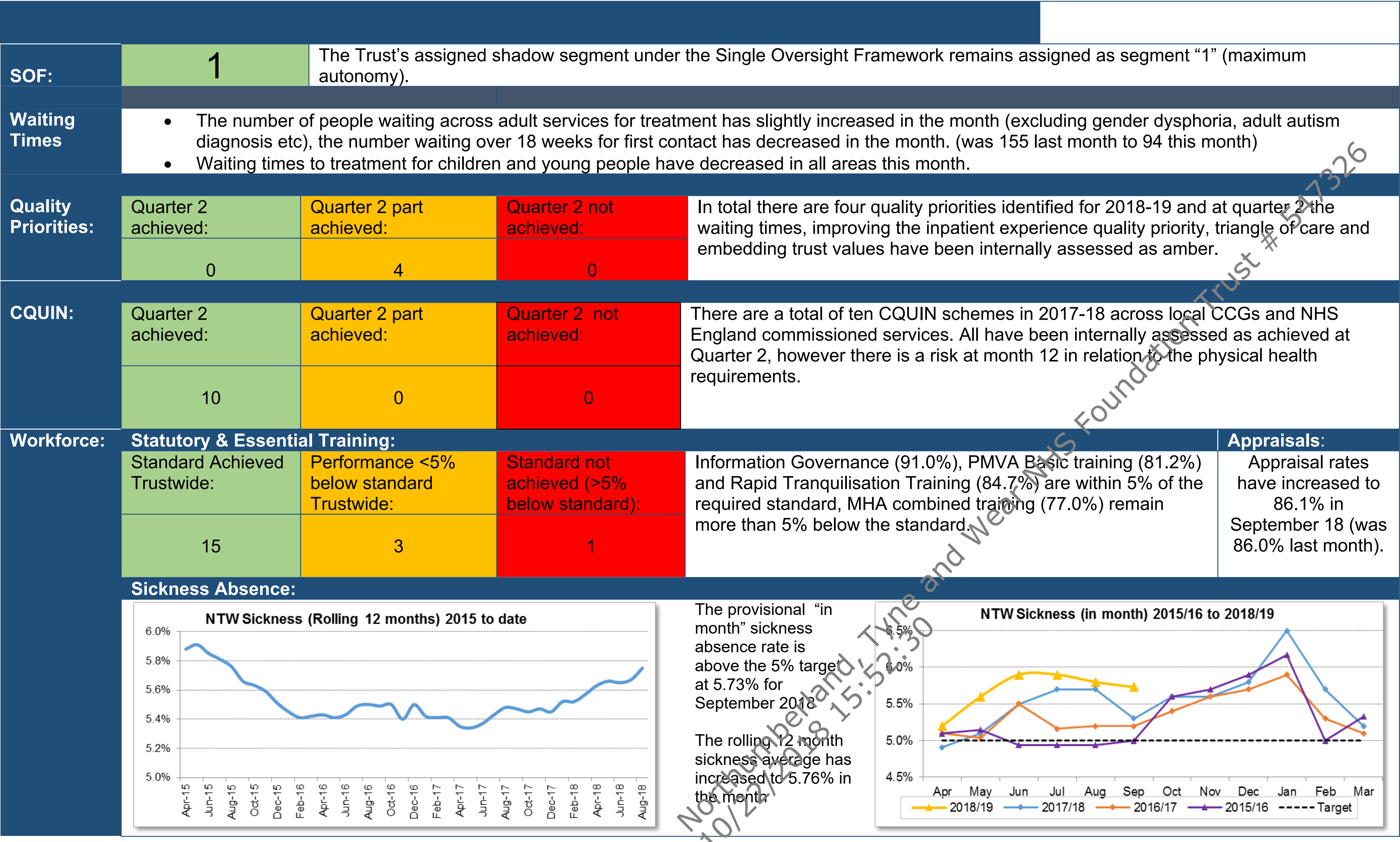

SOF: 1 — The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).

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 155 last month to 94 this month)
- Waiting times to treatment for children and young people have decreased in all areas this month.

Quality Priorities:

Quarter 2 achieved:	Quarter 2 part achieved:	Quarter 2 not achieved:
0	4	0

In total there are four quality priorities identified for 2018-19 and at quarter 2 the waiting times, improving the inpatient experience quality priority, triangle of care and embedding trust values have been internally assessed as amber.

CQUIN:

Quarter 2 achieved:	Quarter 2 part achieved:	Quarter 2 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 assessed as achieved at Quarter 2, 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):
15	3	1

Information Governance (91.0%), PMVA Basic training (81.2%) and Rapid Tranquilisation Training (84.7%) are within 5% of the required standard, MHA combined training (77.0%) remain more than 5% below the standard.

Appraisals: Appraisal rates have increased to 86.1% in September 18 (was 86.0% last month).

Sickness Absence:

The provisional "in month" sickness absence rate is above the 5% target at 5.73% for September 2018.

The rolling 12 month sickness average has increased to 5.76% in the month.

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<table>
<tr><td rowspan="1">Finance:</td><td></td><td colspan="7">At Month 6, the Trust has a year to date surplus of £1.4m which is £1.6m ahead of plan. Pay spend at Month 6 was £126.8m which is slightly (£0.2m) less than plan and includes £3.6m agency spend which is £0.6m below the planned trajectory to hit our agency ceiling of £8.0m but £0.8m 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 3 (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 at Month 6 relate to pay overspends in some areas, slippage on financial delivery plan schemes and reductions in secure services income. Pay costs increased slightly again 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.</td></tr>
<tr><td rowspan="4">Contract Summaries:</td><td>NHS England</td><td>Northumberland CCG</td><td>North Tyneside CCG</td><td>Newcastle / Gateshead CCG</td><td>South Tyneside CCG</td><td>Sunderland CCG</td><td>Durham, Darlington & Tees CCGs</td><td>Cumbria CCG</td></tr>
<tr><td>94%
of metrics achieved in month 6</td><td>100%
of metrics achieved in month 6</td><td>90%
of metrics achieved in month 6</td><td>100%
of metrics achieved in month 6</td><td>90%
of metrics achieved in month 6</td><td>93%
of metrics achieved in month 6</td><td>75%
of metrics achieved in month 6</td><td>62%
of metrics achieved in month 6</td></tr>
<tr><td>94%
of metrics achieved in Quarter 2</td><td>100%
of metrics achieved in Quarter 2</td><td>100%
of metrics achieved in Quarter 2</td><td>100%
of metrics achieved in Quarter 2</td><td>90%
of metrics achieved in Quarter 2</td><td>93%
of metrics achieved in Quarter 2</td><td>75%
of metrics achieved in Quarter 2</td><td>62%
of metrics achieved in Quarter 2</td></tr>
<tr><td colspan="8">The areas of under performance in the quarter continue to relate mainly to CPA metrics and 7 day follow up in line with previous months</td></tr>
</table>

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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	NTW % as per most recently published MHSDS/RTT/EIP/IAPT data	National % from most recently published MHSDS data	Comments. NB those classed as "NEW" were not included in the previous framework	Data Quality Kite Mark Assessment
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	Monthly	UNIFY2 and MHSDS	92%	99%	100%	87.80%	National data includes all NHS providers and is at July 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%*	99.2%	85%	75.90%	Published data is as at July 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	September 2018 Metric 1426	
b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	94%	no data	no data	September 2018 Metric 1427	
c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	98%	no data	no data	September 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)				0	5	645	Published data relates to June 2018. NTW self assessment data relates to September 2018	
Improving Access to Psychological Therapies (IAPT)/talking therapies								
· proportion of people completing treatment who move to recovery	Quarterly	IAPT minimum dataset	50%	47.2%	52.0%	52.3%	NEW metric 1079 published data June 2018	
· waiting time to begin treatment :								
- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.5%	99.0%	89.6%	published data June 2018	
- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	99.0%	published data June 2018	

*NB EIP target has increased to 53% from April 2018

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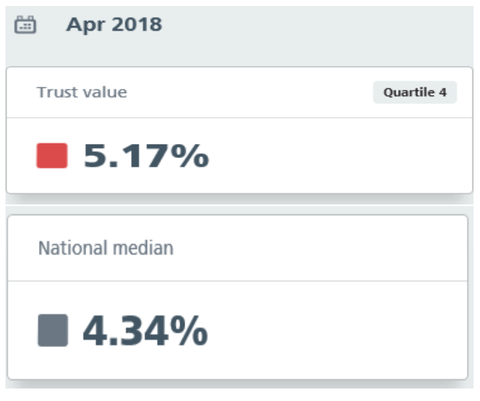
NHS Improvement Single Oversight Framework & Model Hospital Portal

As at October 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.

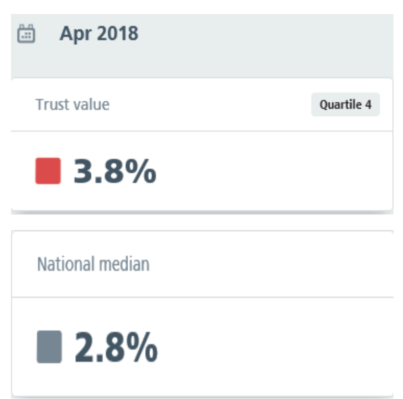
Sickness

The model hospital shows two notifications for the Trust in relation to sickness. The overall staff sickness rate is showing as 5.17%, this is in comparison to the benchmark for sickness which is 4.34% 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 April 2018.

Overall Staff Sickness

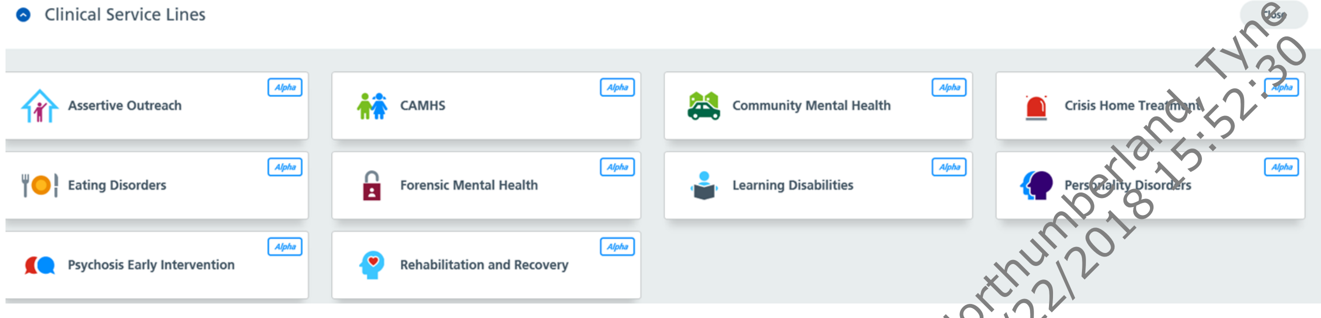


Sickness Absence Rate Allied Health Professionals



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.

There have been some new compartments added to the Model Hospital in relation to clinical service lines, this is currently looking at community data and has the following information:



There are a large number of metrics for each service line which encompass activity and caseload there is another set of metrics relating to productivity which are currently in development.

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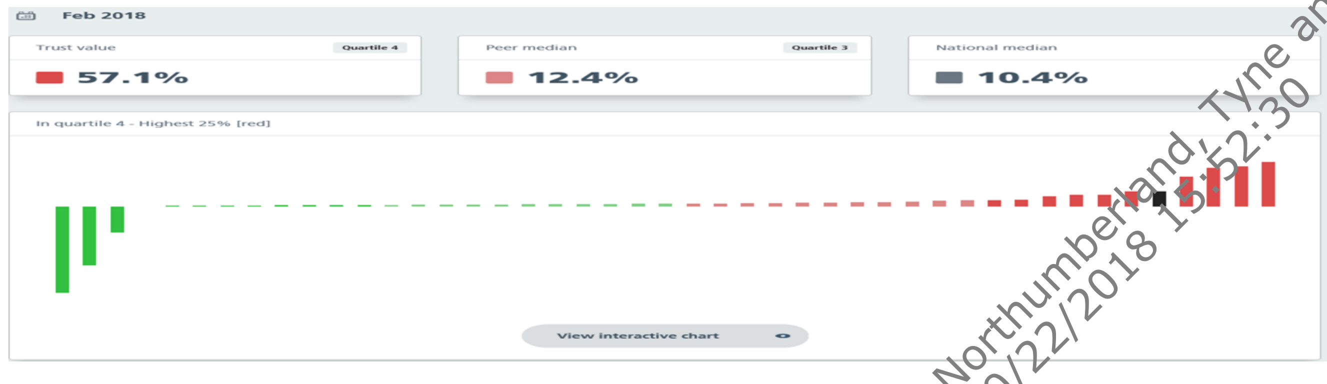
The Trust is showing as an outlier with regard to the following headline metrics

1. **Community mental health – The median number of days between a referral being received and the patient's first contact for Community Mental Health.**

2. **CAMHS – The median number of days between a referral being received and the patient's first contact for CAMHS.**

3. **Eating disorders community services - The percentage of patients on the Eating Disorders caseload who have not yet had a contact.**



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.

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2. Compliance

b) CQC Update September 2018

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:

Cheviot, Northgate Hospital – visited on 20th September 2018

A MHA reviewer made a scheduled unannounced visit to the ward. During the previous visit on 6 September 2016 four actions were identified, one of which remains partially resolved due to the environmental constraints of the ward:

The seclusion room had a low ceiling which allowed patients to access the closed-circuit television camera. Staff said they could manage issues in this area and there were no reported safety issues for patients. The trust was aware of this issue and monitored it.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Derbyshire Healthcare NHS Foundation Trust	May 2018	September 2018	Requires improvement	This trust's overall rating remains the same following re-inspection.	here

CQC Recent News Stories:

Guidance

The CQC are seeking providers' views on the Duty of Candour requirements in terms of:

- What (if any) common issues/themes have been reported to trade associations in relation to Duty of Candour?
- What challenges have providers faced with the Duty of Candour regulation?
- Any comments/views on how we regulate Duty of Candour?
- Specifically, is the guidance for providers we provide clear? Is there anything that we should do to update this?

The deadline for responses is the 12th October 2018.

The CQC are proposing to make some changes to the inspection frameworks for community health services adults and inpatients core services to make them more focused and responsive to the services being delivered. The changes include new and updated sector-specific prompts, as well as the inclusion of relevant professional guidance to support inspectors by providing context on the prompts. The CQC are seeking feedback on their proposals and the deadline for responses is the 8 October 2018.

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Quality improvement in hospital trusts: Sharing learning from trusts on a journey of QI

This report shares learning from acute, community and mental health trusts. The report highlights what these trusts told the CQC about their experiences of using quality improvement.

Other CQC issues:

Peer visits to Cumbria Partnerships NHS Foundation Trust Mental Health services by members of the CQC compliance group, alongside TEWV and Cumbria colleagues have been scheduled during September and October. A well-led review is also due to be scheduled towards the beginning of November.

The King's Fund –Impact of the Care Quality Commission on provider performance

This report summarises findings from the first major evaluation of the CQC's approach to inspecting and rating health and social care providers, which was introduced in 2013. The King's Fund and Alliance Manchester Business School have developed a new framework that outlines eight ways in which regulation can affect provider performance, to help regulators, providers and policy makers understand the impact of regulation. It shows that impact can be produced before, during and after inspection, and through interactions between regulators, providers and other key stakeholders. Their research led to a number of findings:

1) Providers accepted and generally supported the need for quality regulation within the health and care system. They saw the approach introduced by CQC in 2013 as a significant improvement on the system it replaced, which had been widely criticised.
2) We found examples of CQC producing each of the eight types of regulatory impact in our framework, although there was more evidence of some types of impact (e.g., anticipatory impact, where providers make changes in advance of an inspection) than others (e.g., systemic impact, where the regulator effects change beyond individual providers). To maximise the value of its regulatory interaction, CQC, providers and other stakeholders must consider the full range of ways in which inspection and rating can foster improvement.
3) We also found significant differences in the way that impact works across the four sectors that we studied. For example, a provider's improvement capability and the availability of external improvement support were more often present in the acute and mental health sectors than in general practice and adult social care, and we found these were key determinants of impact. This highlights the potential for CQC to develop its model in different ways in each sector, depending on factors such as the size and number of organisations being regulated, their capacity to respond to its recommendations, and the other resources available to support improvement.
4) The relationships between CQC staff and health and social care professionals and managers fundamentally affected the way regulation worked and its impact, and contributed to variation in providers' experiences of inspection. This highlights the importance for CQC of investing in recruitment and training of its staff, to create an inspection workforce with the credibility and skills necessary to foster improvement through close relationships, while maintaining consistency and objectivity. For providers, it emphasises the need to encourage and support their staff to engage in open, improvement-focused discussions with inspection teams.

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5) The inspection model we studied was focused on individual providers. As health and social care provision becomes more integrated, this focus will become less tenable, and place or service-based regulatory approaches that cross organisational and sectoral boundaries will become increasingly important. This highlights the need for important work which is already under way to align the activities of regulators, commissioners and other improvement-focused organisations to gain pace and depth.
6) Our quantitative analyses found inspection and rating had small and mixed effects on key performance indicators in accident and emergency services (A&E), maternity services and general practice prescribing. The effects of regulation in these areas may be difficult to measure with routine data sources, and the impact of CQC is difficult to isolate from other factors affecting provider performance.
7) We found that the Intelligent Monitoring (IM) datasets that CQC used to risk assess provider performance and prioritise inspections had little or no correlation with the subsequent ratings of general practices and of acute trusts. This highlights the limitations of risk-based regulatory models, using routinely reported performance data, in targeting regulatory interventions.
8) Inspection and rating have dominated CQC's regulatory model, consumed most of its available regulatory resources, and may have crowded out some other potential regulatory activities that might be more impactful. Given the range of ways in which CQC can have an impact, our findings suggest that, to yield the maximum positive impact from its available resources, CQC should develop and use regulatory interactions other than comprehensive inspection. It should draw on its intelligence and insight to support providers, foster improvement and prioritise its use of resources.

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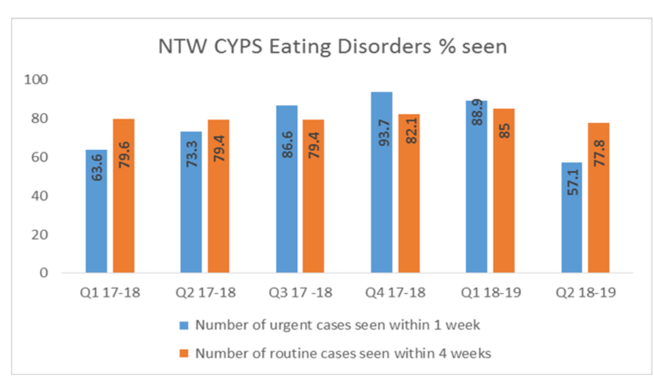
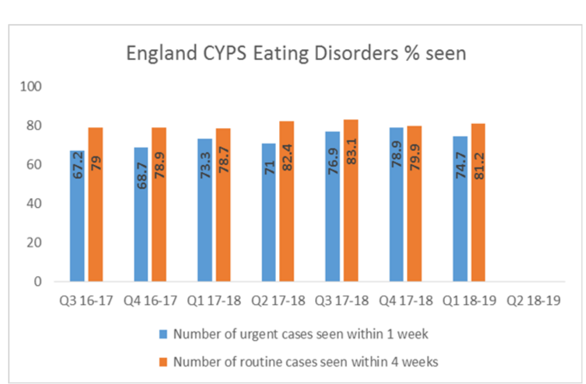
2. Compliance

c) Five Year Forward View for Mental Health

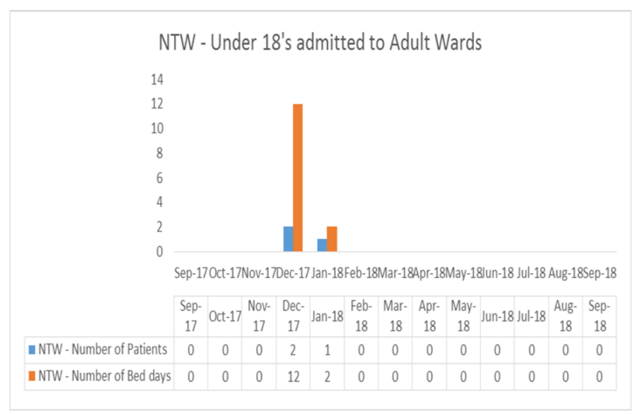
Children and Young People Eating Disorders



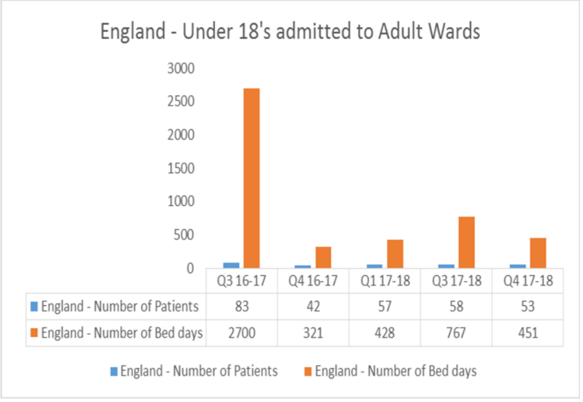


nb - Q2 18/19 - Further data quality checks are ongoing following the introduction of the metric in Q1

Under 18's admitted to an Adult Ward

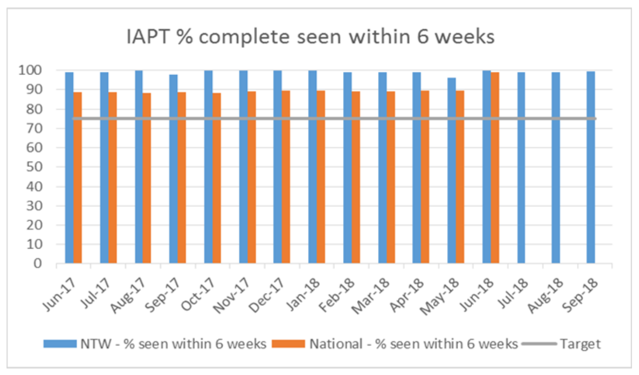


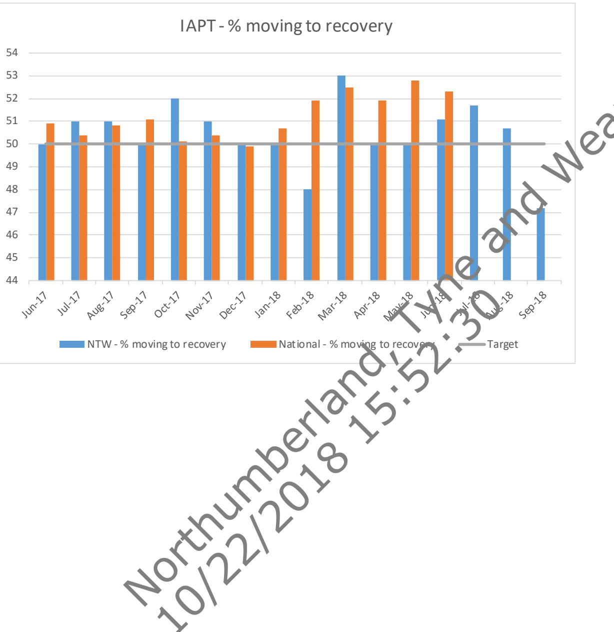
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
NTW - Number of Patients	0	0	0	2	1	0	0	0	0	0	0	0	0
NTW - Number of Bed days	0	0	0	12	2	0	0	0	0	0	0	0	0



	Q3 16-17	Q4 16-17	Q1 17-18	Q3 17-18	Q4 17-18
England - Number of Patients	83	42	57	58	53
England - Number of Bed days	2700	321	428	767	451

Improving Access to Pyschological Therapies (IAPT)





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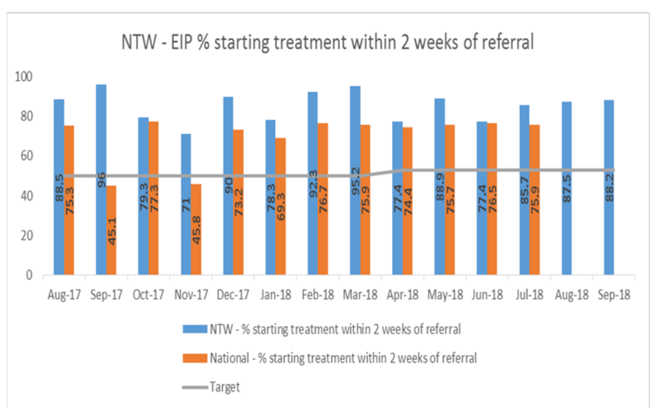
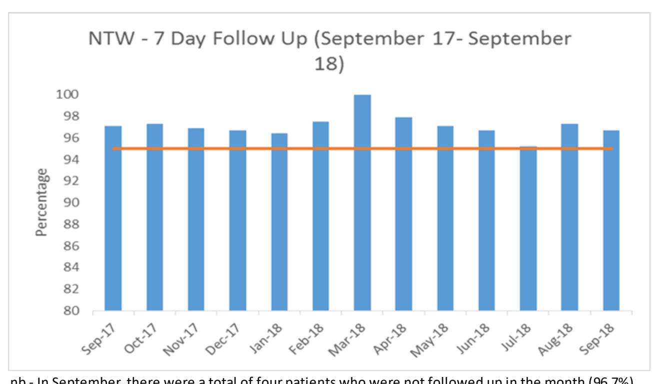
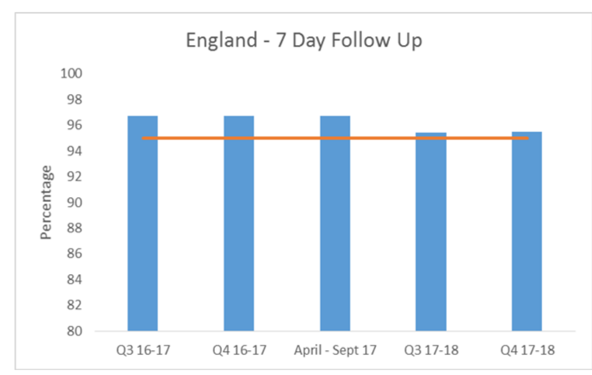
Early Intervention in Psychosis (EIP)



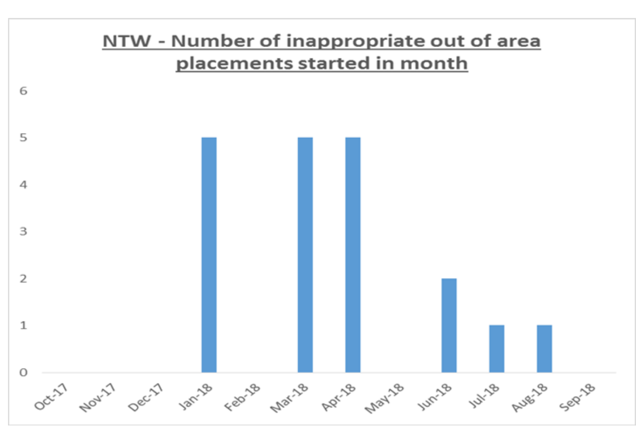
Seven Day Follow Up

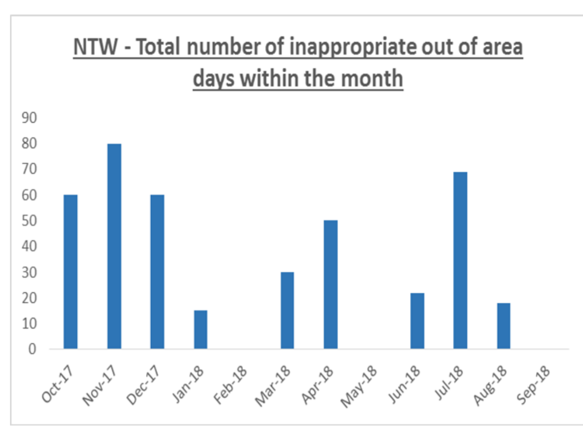




nb - In September there were a total of four patients who were not followed up in the month (96.7%)

Out of Area Placements





Latest NHS England Five Year Forward View CCG dashboards are available here

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2. Compliance

d) Five Year Forward View by Locality Care Group – No update this month

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3. Contract Update September 2018

a) Quality Assurance – achievement of quality standards September 2018

NHS England	Northumberland CCG	North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
1, 6%; 15, 94%	10, 100	10, 100	10, 100%	1, 10%; 9, 90%	1, [PERCENT]; 13, [PERCENTAGE]	2, 25%; 6, 75%	3, 38%; 5, 62%
The contract underperformed in month 6 and Quarter 2 on Crisis and Contingency (1 patient, 99.1%)	All achieved in month 6 and Quarter 2	The contract underperformed in month 6 on delayed transfers of care (11.6%)* but achieved in Quarter 2 overall	All achieved in month 6 and Quarter 2	The contract underperformed in month 6 and Quarter 2 on 7 day follow up (1 patient, 92.9%)	The contract under performed in month 6 and Quarter 2 on IAPT Moving to recovery (47.2%)	The contract under performed in month 6 and Quarter 2 on Crisis & Contingency (3 patients, 91.7%) and CPA review (2 patients, 94.1%)	The contract under performed in month 6 and Quarter 2 Completion of Risk assessment (3 patients, 66.7%), CPA Review (1 patient, 75.0%) and valid ethnicity MHSDS (2 patients, 89.5%)

*Updated internal guidance relating to delayed transfers of care was introduced Trustwide in September 2018 which is expected to result in an increase in the number of delayed beddays reported.

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3. Contract update September 2018

b) CQUIN update September 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**	

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3. Contract update September 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.

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3. Contract update September 2018

d) Mental Health Currency Development Update

Mental Health Currency Development Update																	
Key Metrics	Contract Standard	Internal Standard	Q4 2017-18			Q1 2018-19			Q2 2018-19			Q3 2018-19			Q4 2018-19		
			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%	62.3%						
Current Service Users on CPA			9.4%	9.4%	9.4%	9.4%	9.4%	9.4%	9.3%	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%	89.4%						
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%	84.0%						
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%	83.3%						
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%	94.0%						
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%	92.3%	92.9%	92.2%						
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%	72.6%						
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%	63.1%						
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%	96.7%						

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3. Contracts

e. Commissioner Quality Assurance Visits September 2018

Northumberland CCG are attending a follow-up visit to Ingram Unit on 19th October to complete the team's interviews with patients. There were a few patients who were sleeping on their initial visit.

Newcastle Gateshead CCG will be visiting support services at St Nicholas Hospital on 26th October – Facilities (including Catering, Porters and Domestics); Mental Health Act Office; Pharmacy and IM&T). Each area will give a presentation on the services they provide and how they support front line services to deliver high quality care, along with the challenges they face and how they address those challenges.

A joint Sunderland and South Tyneside CCG visit to the Trust will be taking place on 20 November.

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4. Waiting Times

Waiting Times Summary September 2018		As at 30th Sep 2018:	As at 31st Aug 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:	534	487
	Gender Total Number waiting more than 18 weeks at that date:	394	363
	Gender Total Percentage waiting more than 18 weeks at that date:	73.8%	74.5%
Metric 1742	Adult ADHD Total Number waiting:	509	482
	Adult ADHD Total Number waiting more than 18 weeks at that date:	250	242
	Adult ADHD Total Percentage waiting more than 18 weeks at that date:	49.1%	50.2%
Metric 1740	Adult ASD Diagnosis Total waiting:	789	788
	Adult ASD Diagnosis Total Number waiting more than 18 weeks at that date:	550	545
	Adult ASD Diagnosis Total Percentage waiting more than 18 weeks at that date:	69.7%	69.1%
2. Number of children and young people waiting for treatment by community CYPS services:			
Metric 1455 & 1456	Total Number waiting:	1406	1566
	Total Number waiting more than 18 weeks at that date:	407	455
	Total Percentage waiting more than 18 weeks at that date:	28.9%	29.1%
3. All Other Services:		*Metric 1499 & 1483*	*Metric 1499*
	Total Number waiting:	4573	4633
	Total Number waiting more than 18 weeks at that date:	99	155
	Total Percentage waiting more than 18 weeks at that date:	2.2%	3.3%
4. Services in scope for RTT (referral to treatment) measurement:			
Metric 460 & 479	Total Number waiting:	265	251
	Total Number waiting more than 18 weeks at that date:	*0*	*1*
	Total Percentage waiting more than 18 weeks at that date:	*0.0%*	*0%*
5. Number of service users with no recorded HCP/care co-ordinator or record of CPA status *Metric 11*		2707	2767

Most adult community services and CYPS have seen a reduction in people waiting in the month with the exception of those waiting to access gender dysphoria, adult autism diagnosis and adult ADHD (as expected).

There are now 99 service users waiting more than 18 weeks to access non specialised adult services (waiting first contact), representing a decrease compared with 155 at the end of last month**.**

There has been a 2% decrease (improvement) in the number of service users with no recorded HCP/care co-ordinator or record of CPA status since last month.

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5. Finance Update September 2018

Financial Performance Dashboard

NTW Income & Expenditure

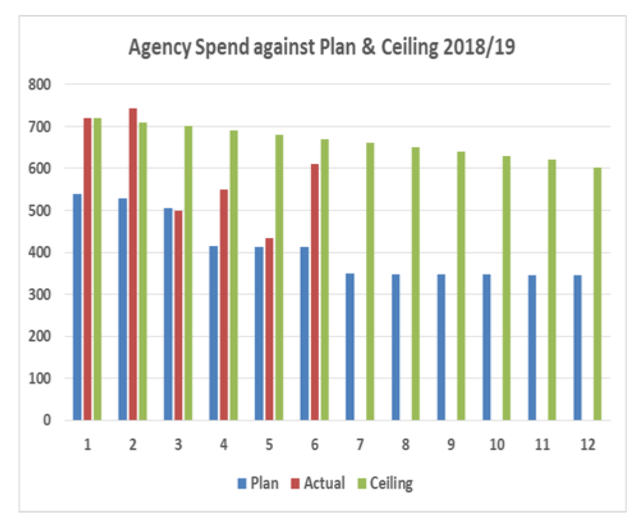
	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	158.7	158.8	(0.1)
Pay	(127.0)	(126.8)	(0.2)
Non Pay	(31.9)	(30.6)	(1.3)
Surplus/(Deficit)	**(0.2)**	**1.4**	**(1.6)**

Control Totals

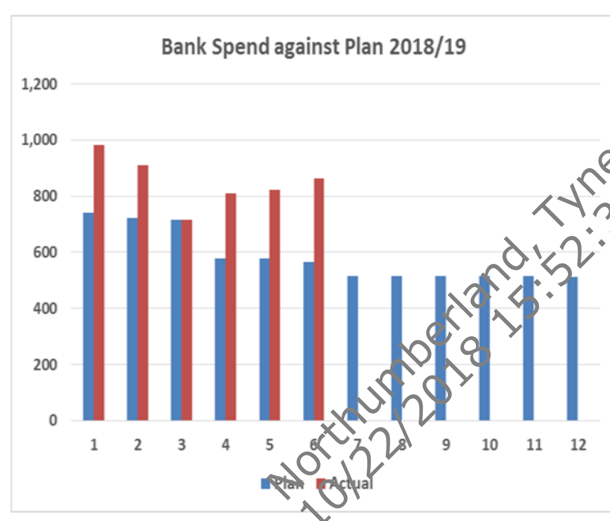
	YTD Plan £m	YTD Actual £m	YTD Variance £m
North	11.3	11.3	0.0
Central	11.9	11.3	0.6
South	14.4	15.1	(0.7)
Central Depts	(37.8)	(36.3)	(1.5)
Surplus/(Deficit)	**(0.2)**	**1.4**	**(1.6)**

Key Indicators	YTD	Plan / Forecast
Risk Rating	3	3
Agency Spend	£3.6m	£6.4m
FDP Delivery	£4.4m	£12.6m
Cash	£18.6m	£19.6m
Capital Spend	£2.8m	£9.5m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £1.4m surplus at Mth6 which is £1.6m 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 3 at Mth6 & the forecast year-end rating is a 3.
- Pay costs increased again this month. However, pay spend needs 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 Mth6 is £3.6m which is £0.6m below the ceiling trajectory but £0.8m above plan.
- Financial Delivery Plan - Savings of £4.4m have been achieved at Mth6 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 – £18.6m at Mth6 which is £2.9m above plan.
- Capital Spend - £2.8m at Mth6 which is £1.9m less than plan.

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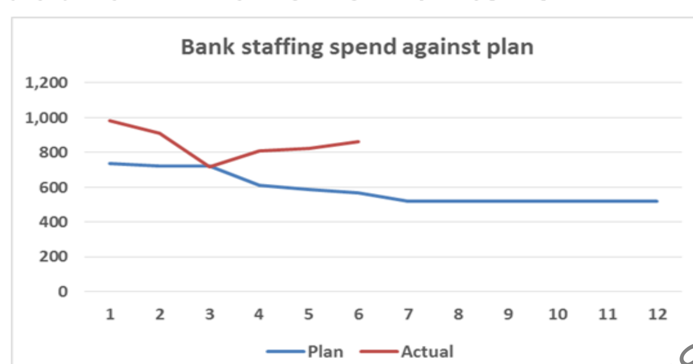
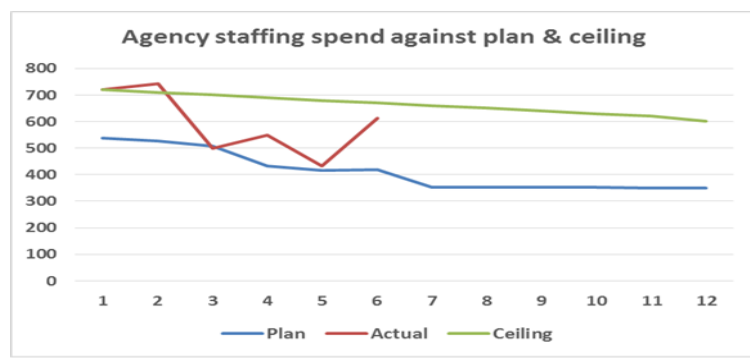
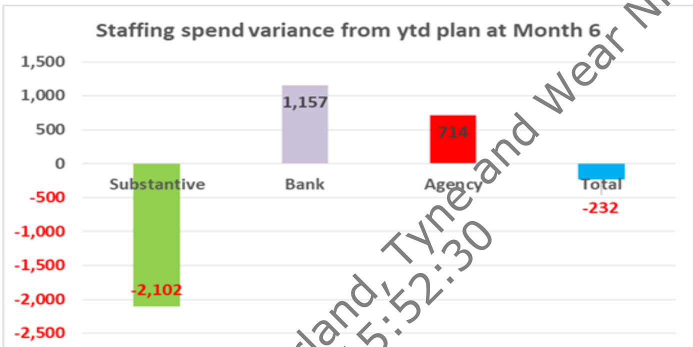
Finance - Staffing Dashboard

Staffing Dashboard – Month 6 2018/19







Staffing costs at month 6 are slightly underspent against plan, adjusted for the pay award. Both Bank and Agency spending were above planned levels in month 6 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 £3.6m which is £0.8m above plan, but £0.6m below the ceiling.

	03/09/2018		10/09/2018		17/09/2018		24/09/2018	
Medical	91	16	91	16	91	16	91	16
Qual Nursing	98	5	84	5	73	5	75	5
Unq Nursing	393		372		409		394	
A&C	86		76		70		88	
	668	**21**	**623**	**21**	**643**	**21**	**648**	**21**

In September the Trust reported an average of 21 price cap breaches (16 medical and 5 qualified nursing). In September 3 medics were paid over the price cap.

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6. Monthly Workforce Update September 2018

Workforce Dashboard

Training and Appraisals	Standard	M6 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%	90.3%	▲	93.1%	90.2%	90.9%	85.9%	67.9%	81.8%	44.8%	97.1%
Health and Safety Training	85%	94.7%	▲	97.2%	95.5%	95.7%	87.2%	75.0%	92.7%	89.7%	96.0%
Moving and Handling Training	85%	94.2%	▼	95.9%	94.7%	94.7%	87.3%	67.9%	96.6%	86.2%	96.2%
Clinical Risk Training	85%	91.1%	▼	89.7%	91.6%	92.7%			83.5%		
Clinical Supervision Training	85%	87.3%	▲	85.0%	88.1%	89.6%			76.9%		
Safeguarding Children Training	85%	87.4%	▼	87.8%	87.4%	87.9%	80.8%	64.3%	87.9%	86.2%	94.9%
Safeguarding Adults Training	85%	91.2%	▼	92.8%	93.0%	91.5%	83.2%	67.9%	90.3%	86.2%	95.5%
Equality and Diversity Introduction	85%	94.0%	▲	96.0%	94.5%	95.1%	87.7%	71.4%	90.8%	93.1%	96.5%
Hand Hygiene Training	85%	92.6%	▲	95.0%	93.2%	94.1%	85.2%	71.4%	90.5%	93.1%	93.3%
Medicines Management Training	85%	87.8%	▼	89.2%	87.1%	87.7%	93.4%		81.8%		
Rapid Tranquilisation Training	85%	84.7%	▼	89.7%	92.1%	91.1%			52.1%		
MHCT Clustering Training	85%	86.7%	▼	88.2%	90.9%	95.4%					
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	77.0%	▼	78.9%	79.5%	79.1%			57.5%		
Seclusion Training (Priority Areas)	85%	92.0%	▼	92.8%	92.3%	89.7%					
Dual Diagnosis Training (80% target)	80%	87.8%	▼	92.8%	90.2%	86.3%			67.7%		
PMVA Basic Training	85%	81.2%	▲	85.7%	87.6%	81.8%			68.0%		
PMVA Breakaway Training	85%	87.9%	▲	90.2%	86.6%	87.0%					
Information Governance Training	95%	91.0%	▲	93.8%	91.3%	92.6%	84.4%	64.3%	83.3%	51.7%	96.5%
Records and Record Keeping Training	85%	97.9%	▲	99.7%	99.0%	98.6%	90.9%	78.6%	99.5%	93.1%	99.2%

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

	Standard	M6 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
Appraisals	85%	86.1%	▲	87.8%	88.1%	87.9%	70.0%				94.0%

Managing Attendance - includes NTW Solutions	Target	M6 position	Trend
In Month sickness (provisional)	<5%	5.73%	▲
Short Term sickness (rolling)		1.51%	
Long Term sickness (rolling)		4.26%	
Average sickness (rolling)	<5%	5.76%	▼

NB - NTW Solutions Sickness absence in the month was 5.37%

NTW Sickness (in month) 2015/16 to 2018/19

6.5% 6.0% 5.5% 5.0% 4.5%

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

2018/19 2017/18 2016/17 2015/16 Target

NTW Sickness (Rolling 12 months) 2015 to date

6.0% 5.8% 5.6% 5.4% 5.2% 5.0%

Apr-15 Jun-15 Aug-15 Oct-15 Dec-15 Feb-16 Apr-16 Jun-16 Aug-16 Oct-16 Dec-16 Feb-17 Apr-17 Jun-17 Aug-17 Oct-17 Dec-17 Feb-18 Apr-18 Jun-18 Aug-18

Best Use of Resources	Target	M6 position	Trend
Agency Spend		£611,278	▲
Admin & Clerical Agency (included in above)		£46,014	▲
Overtime Spend		£161,164	▼
Bank Spend		£862,379	▼

Recruitment, Retention & Reward	Target	M6 position	Trend
Corporate Induction	100%	100.0%	–
Local Induction	100%	98.[illegible]%	▲
Staff Turnover (includes NTW Solutions)	<10%	8.5%	▲
Current Headcount		6290	

*this is a rolling 12 month figure

Behaviours and Attitudes	M6 position
Disciplinaries (new cases since 1/4/18)	146
Grievances (new cases since 1/4/18)	22

* 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.

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 August 2018 in month sickness figure provisionally reported as 5.95% last month, is now confirmed as 5.80% and the graph above has been updated to reflect this. The reduction is due to late notification of returns from sickness absence.

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7. Quality Goals/Quality Priorities/Quality Account Update September 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					This quality priority is partly achieved as further work is required to capture out of locality bed usage within NTW.
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.					This quality priority has been rated amber as there were patients waiting more than 18 weeks at 30 September 2018.
	3	Implement principles of the Triangle of Care					This quality priority is rated amber due to IT and IG issues relating to Getting to know you on RiO
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					This quality priority is rated amber due to slippage against planned activity

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8. Accountability Framework

N.B reflects the revised Accountability Framework for 2018-19 (please see Appendix 2)

		North Locality Care Group				Central Locality Care Group				South Locality Care Group				Comments:
		Q1	Q2 forecast	Q3	Q4	Q1	Q2 forecast	Q3	Q4	Q1	Q2 forecast	Q3	Q4	
	Overall Rating	4	4			4	4			4	4			
Quality Governance	Performance against National Standards:	1	1			1	1			1	1			All standards achieved
Quality Governance	CQC Information:	2	3			1	3			1	3			New "Must do" requirements for CQC have resulted in a drop in rating
Quality Governance	Performance against Contract Quality Standards:	3	3			3	3			3	2			South Locality Care Group - The Group is below target in relation to 7DFU in South Tyneside. Central Locality Care Group - The CYPS DNA requirements and Elements of the CQUINS (i.e. discharge summaries, tobacco, alcohol) will not be achieved in the quarter
Quality Governance	Clinical Quality Metrics:	3	4			4	4			4	4			North Locality Care Group- Rated as 4 due to the failure to meet a number of internal requirements in 3 consecutive quarters. South Locality Care Group -The Group is below target in relation to waiting times, training and CPPP metrics. Central Locality Care Group - This has been rated as a 4 due to the failure to meet the a number of internal requirements
Use of Resources	YTD Contribution	1	1			4	4			1	1			
Use of Resources	Forecast Contribution	4	4			4	4			1	1			
Use of Resources	Agency Spend	4	1			1	1			1	1			

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9. Service User & Carer Experience Monthly Update September 2018

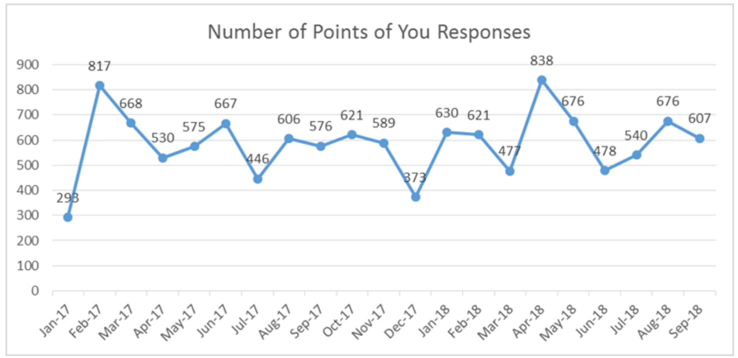
Experience Feedback:

Feedback received in the month – September 2018:

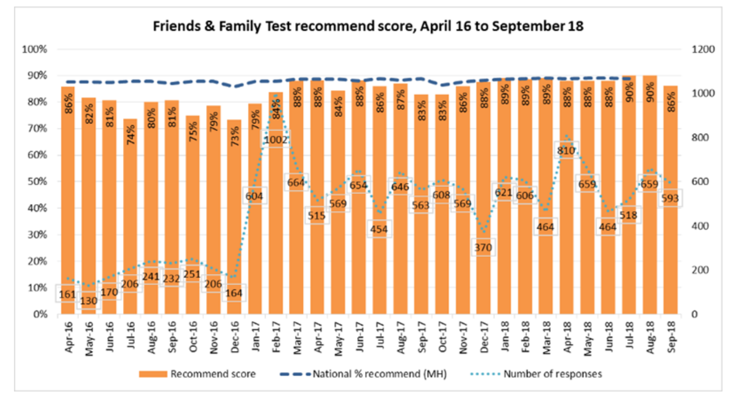
	Responses received September 2018	Results August 2018
Points of You Feedback from Service Users ('Both' option included here)	416	Overall, did we help? Scored: 8.6 out of 10* (8.8 in August)
Points of You Feedback from Carers	191	
Total Points of You responses received	607	FFT Recommend Score**: 86% (90% in August)

* 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 September the number of Points of You responses decreased compared to the previous month of August. The results have decreased with 86% of respondents identifying they would recommend our services to family or friends, which is below the national average of 88%.



Nb 14 of the 607 PoY responses in the month did not answer the FFT question within the survey

In 2017/18 there was also a dip in the results in September

A more detailed update providing a summary of experience feedback received in the quarter is provided separately this month.

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CQC Community Mental Health Survey changes

CQC survey programme strategy 2018 – 2021
Over the next few years, CQC will begin to make some changes to the survey programme. They are starting to explore the potential to move towards mixed-method delivery of questionnaires (using online questionnaires as well as paper-based surveys). They believe that moving in this direction will help them to increase the value and impact of the programme by, for example, allowing them to review the frequency of surveys, potentially increase samples sizes, and increase the range of services that are included within the programme. Experimental pilots will continue to take place alongside surveys to ensure prospective methods maintain data quality and yield their anticipated benefits. They are inviting participants to share ideas and/or discuss aspects of this approach.

Forthcoming pilots
The CQC will be running three pilot interventions alongside the 2018 Inpatient Survey intended to boost response rates. NB NTW are not participating in this survey.

In recent pilots of redesigned questionnaires and covering letters, they had some success in boosting response rates for the Community Mental Health Survey. Specifically, these interventions increased the response rate by 4%. In an attempt to increase the response rate even further, they are running another pilot study alongside the 2018 Community Mental Health Survey. They are testing four interventions: (1) a shorter questionnaire (with about half as many questions as the main survey), (2) an online shorter questionnaire with an SMS invitation, (3) SMS reminders for the paper questionnaire, and (4) a paper questionnaire without a CQC flyer. They will report on the findings of those pilots early next year.

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10. Mental Health Act Dashboard

Mental Health Act Dashboard						
Key Metrics	**April**	**May**	**June**	**July**	**August**	**Sept**
Record of Rights (Detained) Assessed within 7 days of detention start date	93.3%	93.7%	93.5%	92.4%	94.6%	93.2%
Record of Rights (Detained) Revisited in past 3 months (inpatients)	97.4%	96.1%	93.6%	91.6%	94.6%	93.9%
Record of Rights (Detained)Assessed at Section Change within the Period	92.0%	97.4%	92.7%	83.6%	89.0%	84.0%
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%	37.9%
Community CTO Compliance Rights Reviewed in Past 3 months			49.1%	73.5%	78.8%	68.4%
Community CTO Compliance Rights Assessed at start of CTO	70.0%	100.0%	77.8%	70.0%	80.0%	75.0%

Compliance with the provision of rights to detained patients at the point of detention and repeated within 3 months is above 93.2% for September. Compliance in relation to the provision of rights when the section the patient is detained under changes is 84% in August. Compliance with this metric is variable and improvement is needed. 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 Chair of the Local Forms and Review Group is to highlight this to the relevant Associate Directors. 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. Improvement is needed as compliance for September is 68.4%. 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 report 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 September as 37.9%

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. The revised form will go live on 29 October 2018. It is hoped that when completed this will also improve compliance.

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11. Outcomes/Benchmarking/National datasets Update and Other Useful Information

Benchmarking

The final MH and CAMHS 2017 benchmarking reports have been received and are currently under review.

Annual LD benchmarking for 2017/18 is currently at data collection stage. The deadline for submission is Friday 9th November 2018. A good practice event will be held on 5th March 2019 where findings will be presented and project reports will be released in March 2019.

Additional Learning Disabilities data collection programme

In June NHSI published the first 'Learning Disability Improvement Standards for NHS Trusts', intended to help organisations measure the quality of the service they provide to people with learning disabilities, autism or both. In support of this ongoing work there is an additional Learning Disability Improvement Standards national data collection currently being undertaken across all trusts in England.

The data collection consists of three components:

1. Organisational level data collection
2. Brief staff survey to be completed by representative group of 20 staff members
3. Service user survey to be completed from the perspective of 80 people accessing our services

The data collection runs to the end of November 2018.

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12. Improving Access to Psychological Therapies (IAPT)

Listed below are the Sunderland IAPT Outcome Measures for September 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%	2.07%						
Access - Over 65 (% of total service users entering treatment)	TBA	6.06%	5.74%	6.99%	5.32%	6.94%	6.21%						
Access - Specific Anxieties (% of total service users entering treatment)*	TBA	11.38	10.81%	12.11%	13.93%	5.38%	11.55%						
Choice - % answering no	TBA	0%	0%	0%	0.00%	0%	0%						
Choice - % answering partial	TBA	3.25%	2.20%	2.01%	3.40%	0.76%	3.17%						
Choice - % answering yes	TBA	96.75%	97.80%	97.99%	96.60%	99.24%	96.83%						
Employment Outcomes - Moved from Unemployment into Employment or Education	TBA	4	3	2	0	2	3						
Patient Satisfaction (Average Score)	TBA	19.70	19.47	19.66	19.22	19.56	19.16						
Recovery	50% of patients completing treatment	49.80%	50.50%	51.10%	51.70%	50.70%	47.20%						
Reduced Disabilty Improved Wellbeing	TBA	35.02%	30.79%	34.29%	30.21%	30.21%	28.44%						
Reliable Improvement	TBA	70.03%	69.84%	71.34%	70.40%	71.90%	67.40%						
Self Referrals (% of discharges who had self referred)	TBA	74.73%	73.97%	77.46%	79.43%	76.17%	77.98%						
Waiting Times	95% entering treatment within 18 weeks	99.85%	100.00%	100.00%	100%	100%	100%						
Waiting Times	75% entering treatment within 6 weeks	99.23%	99.66%	99.69%	99.20%	99.34%	99.50%						

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13. Data Quality

Specialised Mental Health Data Quality Report

The Trust is required to submit a monthly dataset which relates to Specialist Mental Health Services which fall under the NHS England contract. The data quality report showing the scores for NTW is as below:

The data quality score for NTW increased in August 2018 to 85.6% and work is ongoing to improve this further.

Specialised Mental Health Monthly Data Returns

Summary of Population and Data Quality Scores for Northumberland, Tyne And Wear NHS Foundation Trust

Northumberland, Tyne And Wear NHS Foundation Trust (RX4)

Monthly Total Scores

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Data Population Completeness	82.0%	81.9%	82.4%	85.6%	96.1%							
Data Quality	71.3%	68.9%	67.3%	76.9%	85.6%							

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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.

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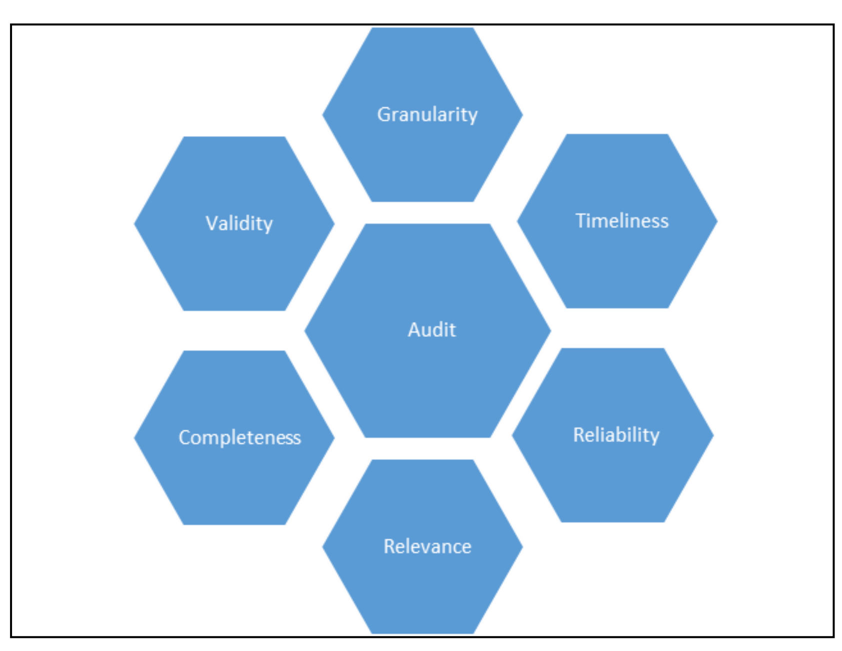
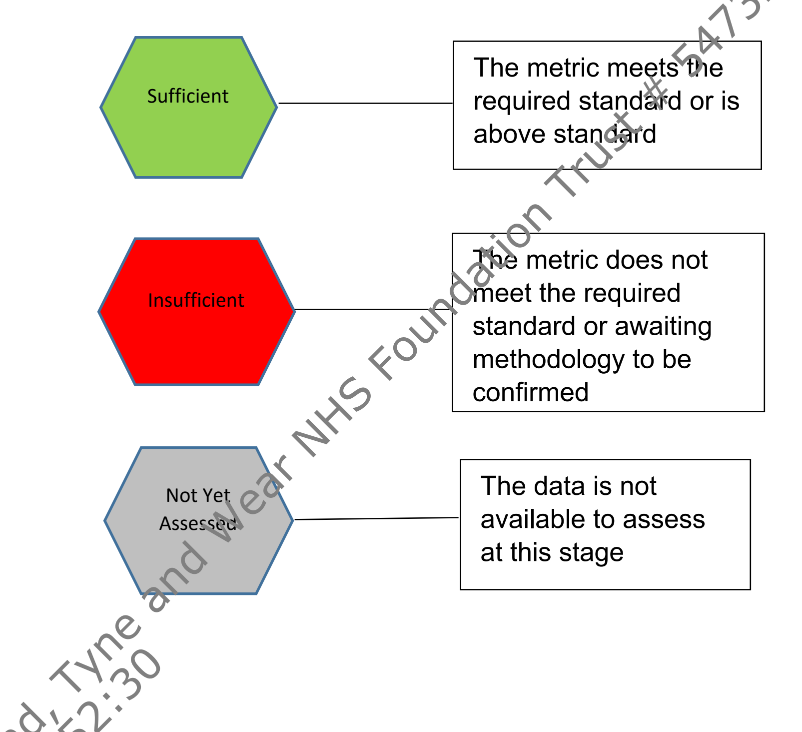
Appendix 1 Data Quality Kite Marks

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

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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

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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

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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

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Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting

Meeting Date: Board of Directors Meeting, 24th October 2018

Title and Author of Paper: Board Assurance Framework and Corporate Risk Register – Natalie Yeowart, Risk Management Lead.

Executive Lead: Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

During the Quarter there has been little movement in the BAF/CRR.

Pg.1 The number of risks held on the BAF/CRR has increased by 1 to 11.

Pg.3 Quality Effectiveness remains the highest risk appetite category on the BAF/CRR.

Pg.3 There are currently 9 risks which have exceeded a risk appetite on the BAF.

Pg.5 Amendments have been made to two risks.

Pg.5 There has been one risk escalated to the BAF in the Quarter, risk ref: SA1.10

Pg.5 No risks have been de-escalated in the Quarter.

Pg.19 There has been one emerging risk identified in the quarter.

Risks Highlighted:
As highlighted in the paper.

Does this affect any Board Assurance Framework/Corporate Risks?
Yes – Report detailing the review of the Board Assurance Framework and Corporate Risk Register.

Equal Opportunities, Legal and Other Implications:
Addressed in Board Assurance Framework and Corporate Risk Register

Outcome Required: To note Board Assurance Framework and Corporate Risk Register and Groups/Corporate Risks.

Link to Policies and Strategies:
Risk Management Strategy and Risk Management Policy

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Board Assurance Framework and Corporate Risk Register

Purpose

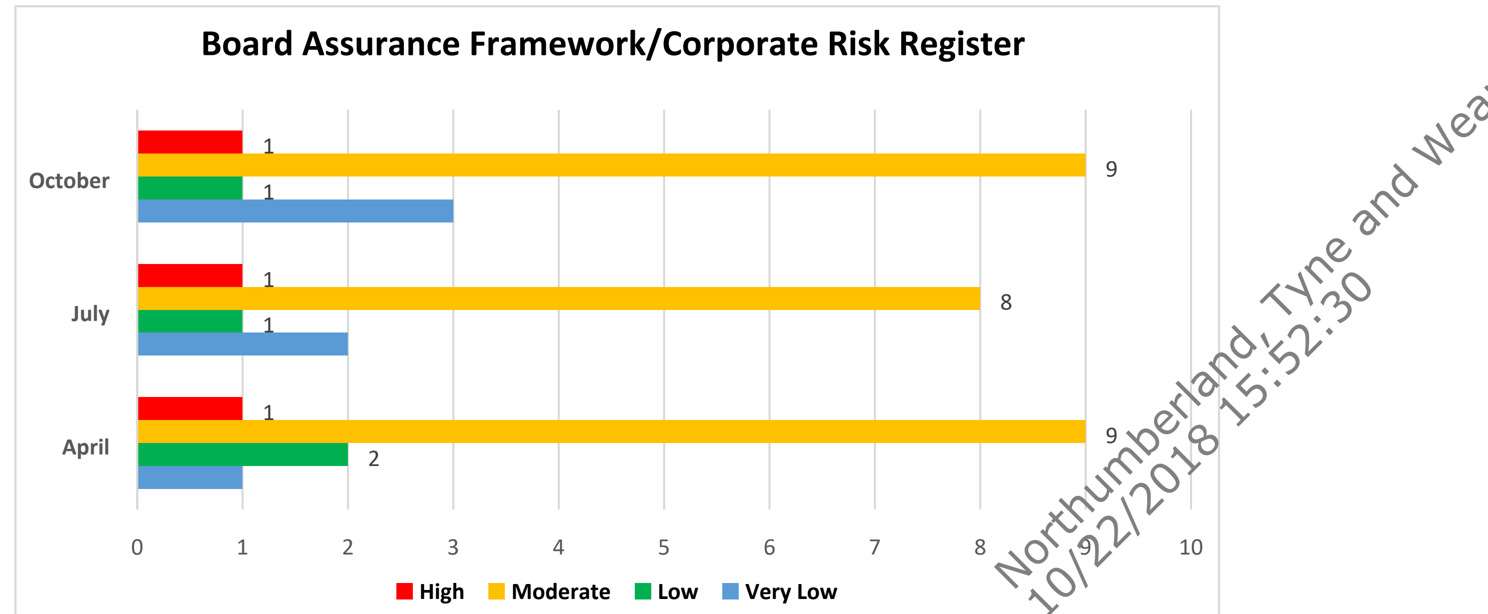
The Northumberland, Tyne & Wear NHS Foundation Trust Board Assurance Framework/Corporate Risk Register identifies the strategic ambitions and key risks facing the organisation in achieving the strategic ambitions.

This paper provides:

- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF/CRR, Locality Group and Corporate Directorate Risk Registers.
- A detailed description of any changes made to the BAF and CRR.
- A detailed description of any BAF/CRR reviewed and agreed risks to close.
- A summary of both the overall number and grade of risks held by each Clinical Group and Executive Corporate Risk Registers on the Safeguard system as at October 2018.

1.0 Board Assurance Framework and Corporate Risk Register

The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework/Corporate Risk Registers as at October 2018. In the quarter the number of risks held on the BAF/CRR has increased by 1 to 11 risks.



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1.1. Risk Appetite

Category	Risk Appetite	Risk Appetite Score
Clinical Innovation	NTW has a **MODERATE** risk appetite for Clinical Innovation that does not compromise quality of care.	**12-16**
Commercial	NTW has a **HIGH** risk appetite for Commercial gain whilst ensuring quality and sustainability for our service users.	**20-25**
Compliance/Regulatory	NTW has a **LOW** risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	**6-10**
Financial/Value for money	NTW has a **MODERATE** risk appetite for financial/VfM which may grow the size of the organisation whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.	**12-16**
Partnerships	NTW has a **HIGH** risk appetite for partnerships which may support and benefit the people we serve.	**20-25**
Reputation	NTW has a **MODERATE** risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	**12-16**
Quality Effectiveness	NTW has a **LOW** risk appetite for risk that may compromise the delivery of outcomes for our service users.	**6-10**
Quality Experience	NTW has a **LOW** risk appetite for risks that may affect the experience of our service users.	**6-10**
Quality Safety	NTW has a **VERY LOW** risk appetite for risks that may compromise safety.	**1-5**
Workforce	NTW has a **MODERATE** risk appetite for actions and decisions taken in relation to workforce.	**12-16**

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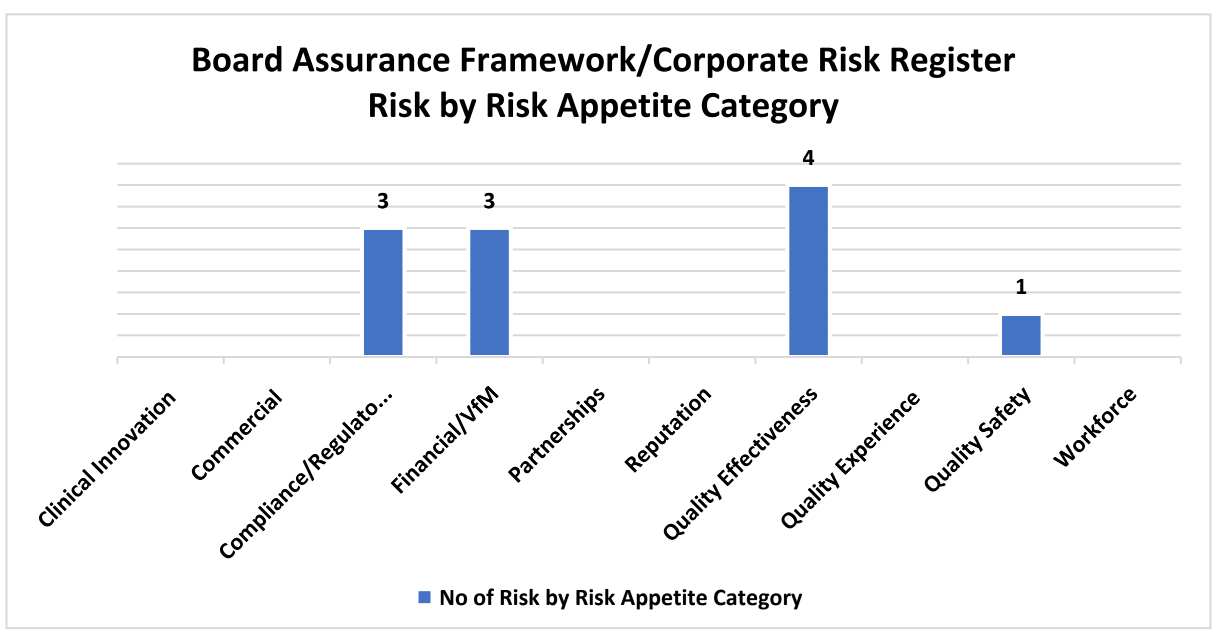
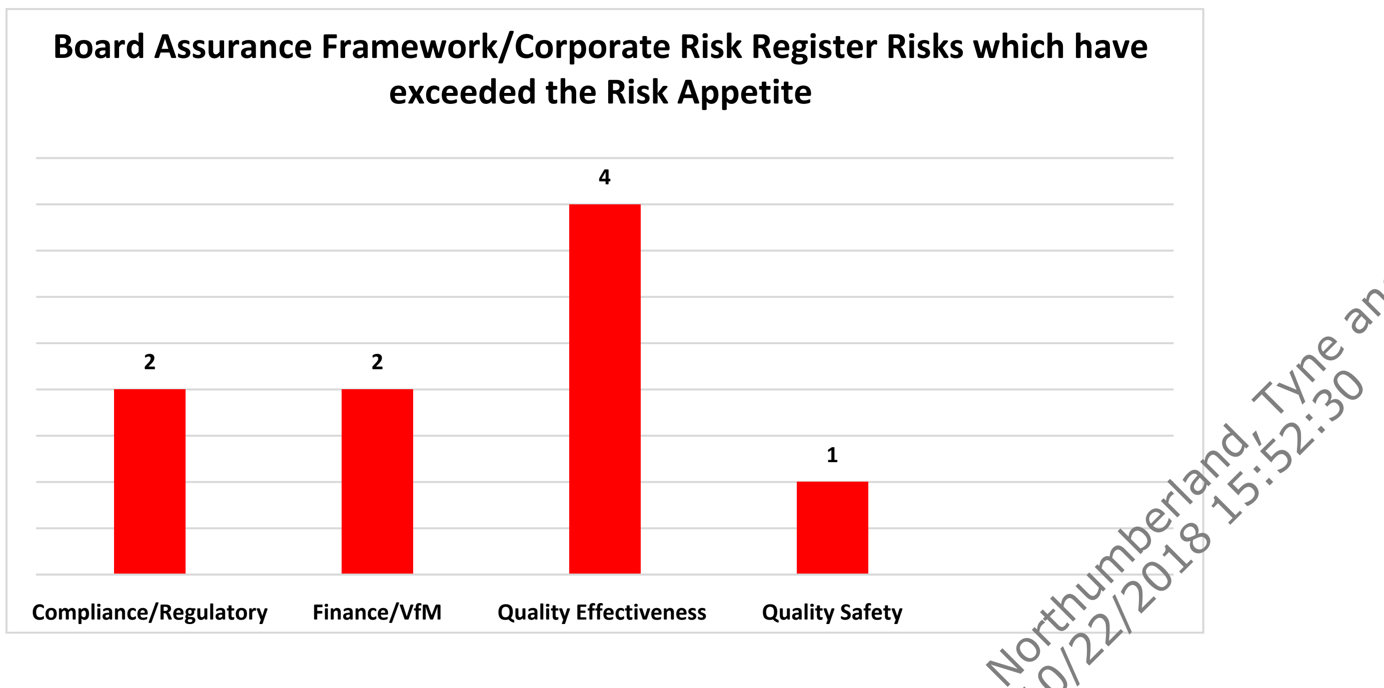
Risk appetite was implemented throughout the Board Assurance Framework/Corporate Risk Register in April 2017. The below table shows risks by risk appetite category. The highest risk appetite category is Quality Effectiveness (4) which is defined as risks that may compromise the delivery of outcomes.



Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 9 risks which have exceeded a risk appetite tolerance.

The table below shows all BAF/CRR risks which have exceeded a risk appetite tolerance.



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A detailed description of each BAF/CRR risk which has exceeded a risk appetite can also be found below. Action plans are in place to ensure these risks are managed effectively.

Risk Reference	Risk description	Risk Appetite	Risk score	Executive Lead
SA1.3	That there are adverse impacts on clinical care due to potential future changes in the clinical pathways through changes in commissioning of Services.	Quality Effectiveness (6-10)	12	Lisa Quinn
SA1.4	The risk that high quality, evidence based and safe services will not be provided if there are difficulties in accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficient sufficiently responsive to demands.	Quality Effectiveness (6-10)	16	Gary O'Hare
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an Organisation.	Compliance/ Regulatory (6-10)	12	Lisa Quinn
SA3.2	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services.	Quality Effectiveness (6-10)	12	John Lawlor
SA4.1	That we have significant loss of income through competition and national policy including the possibility of losing large services and localities.	Finance/VfM (12-16)	20	Lisa Quinn
SA4.2	That we do not manage our resources effectively though failing to deliver required service change and productivity gains included within the Trust FDP	Finance/VfM (12-16)	15	James Duncan/Gary O'Hare
SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	Compliance/ Regulatory (6-10)	12	Rajesh Nadkarni
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Quality Safety (1-5)	10	Gary O'Hare

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Risk Reference	Risk description	Risk Appetite	Risk score	Executive Lead
SA5.9	Inability to recruit the required number of medical staff or provide alternative way of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services.	Quality Effectiveness (6-10)	12	Gary O'Hare

1.2. Amendments

Following review of the BAF/CRR with each lead Executive Director/Directors, the following amendments have been made:

Risk Reference	Risk description	Amendment	Executive Lead
SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	Actions completed.	Rajesh Nadkarni
SA1.4	There are risks that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	Residual risk rating increased from 4x3(12) to 4x4(16).	Gary O'Hare

1.3. Risk Escalations to the BAF/CRR

There has been one risk escalated to the BAF in the Quarter.

Risk Ref	Risk Description	Risk Appetite	Risk Score	Executive Lead
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an Organisation.	Compliance/ Regulatory (6-10)	12	Lisa Quinn

1.4. Risks to be de-escalated.

Following review of the BAF/CRR with each of the Executive Directors there has been no risks de-escalated in the Quarter.

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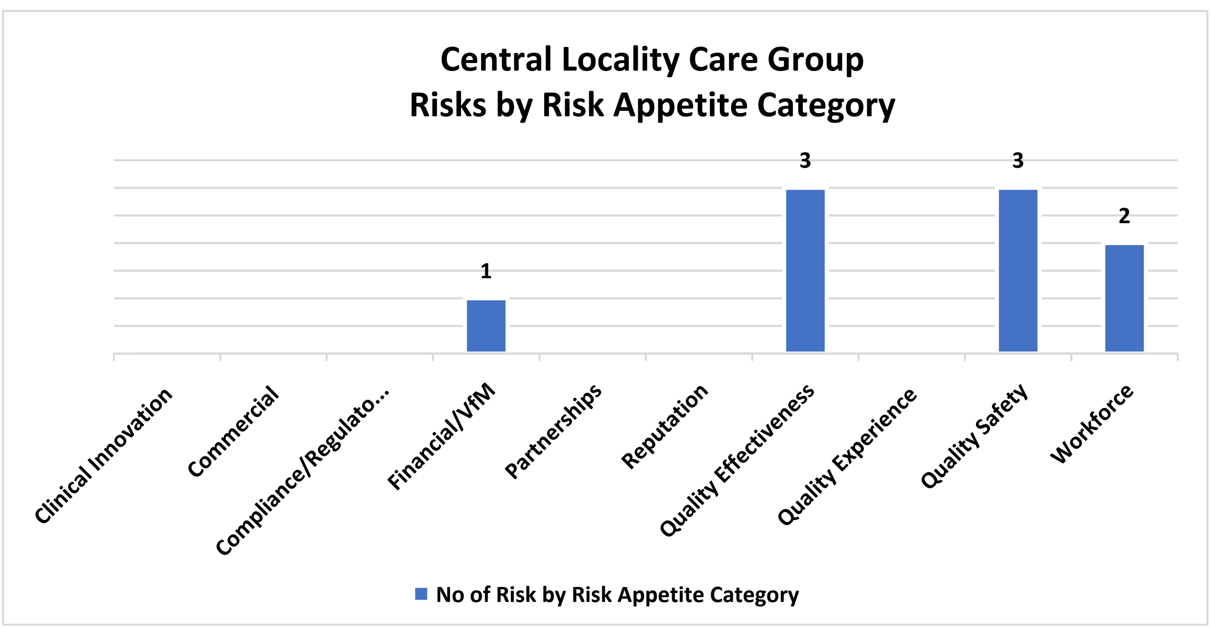
2.0. Clinical Locality Care Groups and Executive Corporate Trust Risk Registers.

The below charts show a summary of the number of risks by risk appetite category held by each Locality Care Group (Group Locality Risk Register) and Executive Corporate risk registers. Central Locality Care Group now hold 9 Group risks, North Locality Care Group hold 8 Group Risks and South Locality Care Group hold 11 Group Risks. Safeguard Web Risk Management and Risk appetite has been fully implemented throughout the group risk registers/executive corporate risk registers and risk continue to be monitored at the CDT Risk Management Sub Group monthly.

2.1 Clinical Groups



Central Locality Care Group as at October 2018 hold 9 risks, 1 risk lower than the risk appetite, 3 risks within the risk appetite and 5 risks which have exceeded the risk appetite. All risks are being managed within the Community Care Group and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1038.v10	Medication pages on RiO are not being kept up to date as per NTW Policy.	Quality Safety (1-5)	16	4	4	Tim Docking
1175.v5	Access and waiting times within community services, increasing level of referrals are being made. Assessments are being completed but through flow of patients is not keeping pace with the number of referrals and so there is an increasing waiting list for treatment.	Quality Effectiveness (6-10)	12	4	3	Tim Docking

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Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1513.v8	Access and waiting times within ADHD/ASD service. Weekly reports indicate that there has been no significant improvement in flow and the waiting lists are not reducing. Discussion regarding capacity and demand with commissioners however no further investment has been made to date.	Quality Effectiveness (6-10)	15	5	3	Tim Docking
1545.v6	Potential ligature risk identified within central locality care group wards during CERA process 2017-2018.	Quality Safety (1-5)	20	5	4	Tim Docking
1087.v13	Clients that do not meet the service spec for the PD Hub are being referred to CMHTs who do not have the relevant training to manage the antisocial personality disorder, psychopathy and risk behaviours client group.	Quality Safety (1-5)	12	4	3	Tim Docking

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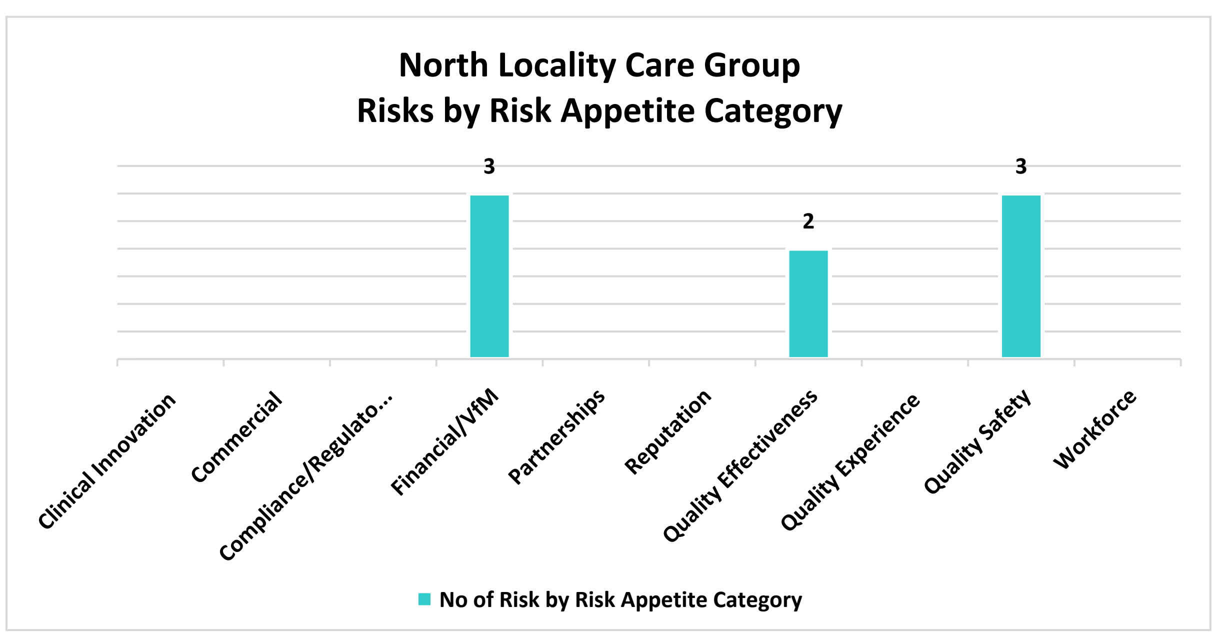

North Locality Care Group as at October 2018 hold 8 risks, 1 risk lower than the risk appetite, 3 risks within the risk appetite and 4 risks which have exceeded the risk appetite. All risks are being managed within the North Locality Care Group and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1176.v20	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Adult Inpatient, North Locality.	Quality Effectiveness (6-10)	16	4	4	Kedar Kale
1293.v8	Access and waiting times- a review of the waiting lists within the North Locality has highlighted that there remains a significant issue from operational, clinical risk and reputational perspective with regard to the two primary issues; 1. Number of people waiting (head count) 2. Duration of wait.	Quality Effectiveness	12	4	3	Russell Patton

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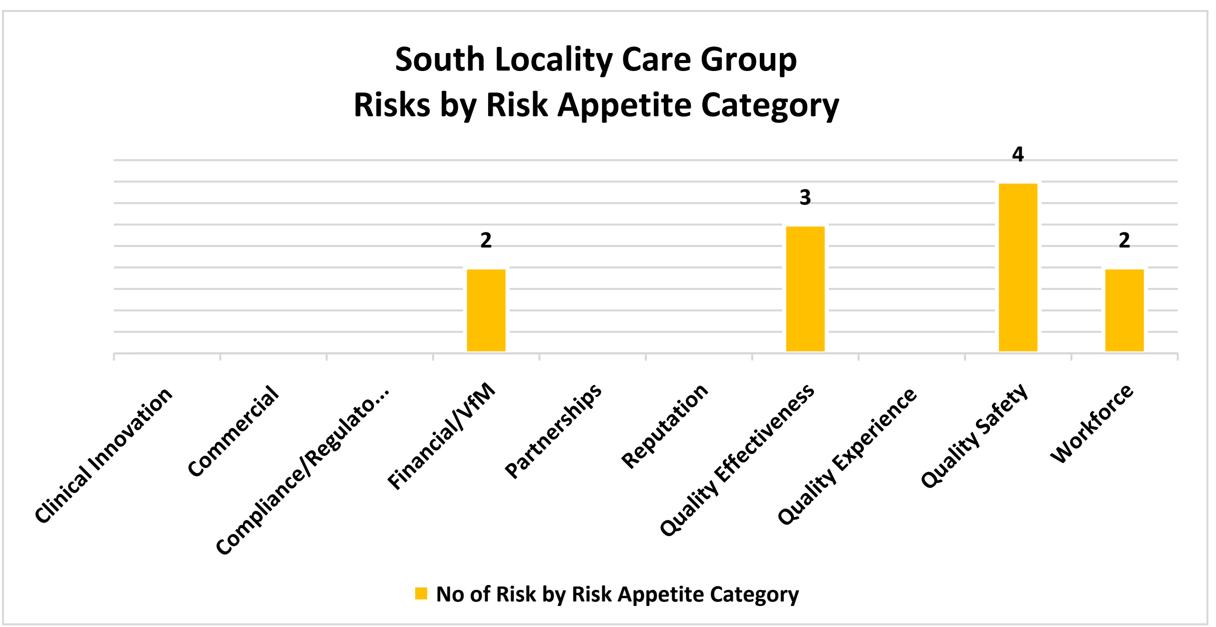
Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1287.v9	Medication pages on RiO are not being kept up to date as per NTW Policy.	Quality Safety (1-5)	16	4	4	Kedar Kale
1291.v9	Internal doors have been identified as a potential ligature risk following incidents within the Trust.	Quality Safety (1-5)	15	5	3	Russell Patton



South Locality Care Group as at October 2018 hold 11 risks, 2 risk lower than the risk appetite, 2 risks within the risk appetite and 7 risks which have exceeded the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1288.v11	Medication pages on RiO are not being kept up to date as per NTW Policy.	Quality Safety (1-5)	16	4	4	Sarah Rushbrooke
1497.v10	Staffing pressures due to vacancies and difficulty recruiting and retaining medical staff within the south locality group.	Workforce (12-16)	20	5	4	Sarah Rushbrooke

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Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1084.v15	The Personality Disorder Hub team are based at Benfield house at Walkergate Park and have been allocated desk space for up to 8 people At present the room is being used by up to 23 members of the team resulting in lack of space and privacy.	Quality Safety (1-5)	6	3	2	Sarah Rushbrooke
857.v13	Internal doors have been identified as a potential ligature risk following incidents across the Trust	Quality Safety (1-5)	10	5	2	Sarah Rushbrooke
1632.v5	Due to weakness in the current self-declaration process there are high numbers of outstanding DBS and self-declarations which could result in failure to comply with internal standards.	Quality Safety (1-5)	12	4	3	Sarah Rushbrooke
1670.v1	Year on Year increasing demand has led to significant numbers of children and young people waiting for treatment.	Quality Effectiveness (6-10)	12	4	3	Sarah Rushbrooke
1160.v3	There are pressures on staffing due to vacancies particularly in CYPS, MH, RGN's WGP which may impact on the quality of service, patient safety and experience.	Quality Effectiveness (6-10)	12	4	3	Sarah Rushbrooke

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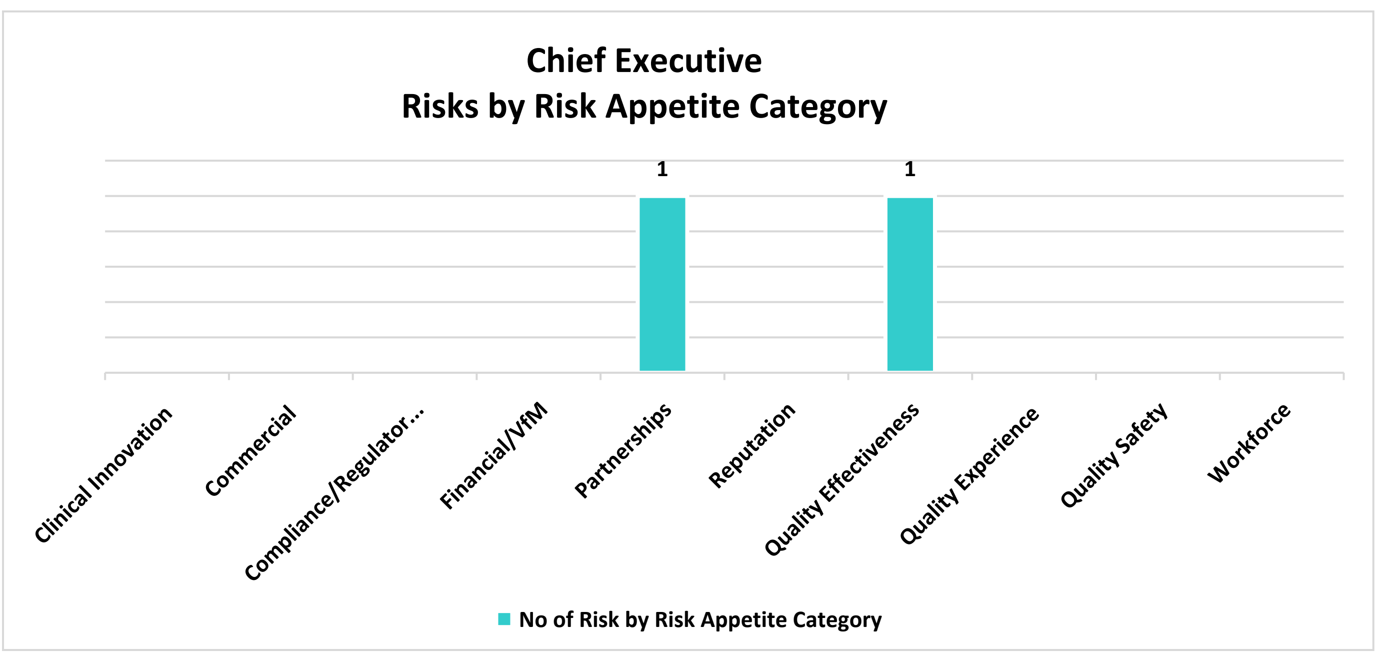
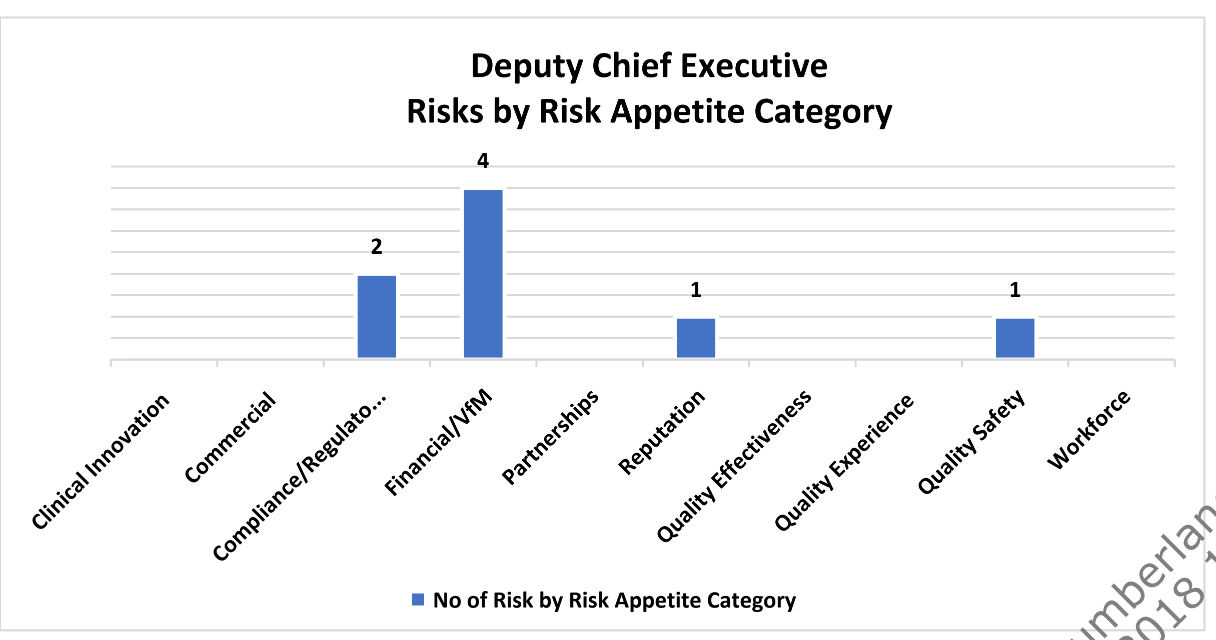
2.2. Executive Corporate.



The Chief Executive as at October 2018 hold 2 risks, both risks are within the risk appetite. No risks have exceeded a risk appetite. All risks are being managed within the Chief Executive's Office and no requests to escalate to BAF/CRR have been received.



The Deputy Chief Executive as at July 2018 holds 8 risks, 2 risk lower than the risk appetite, and 3 risks within the risk appetite and 3 risks which have exceeded a risk appetite. All risks are being managed within the Deputy Chief Executive Directorate and no requests to escalate to BAF/CRR have been received.

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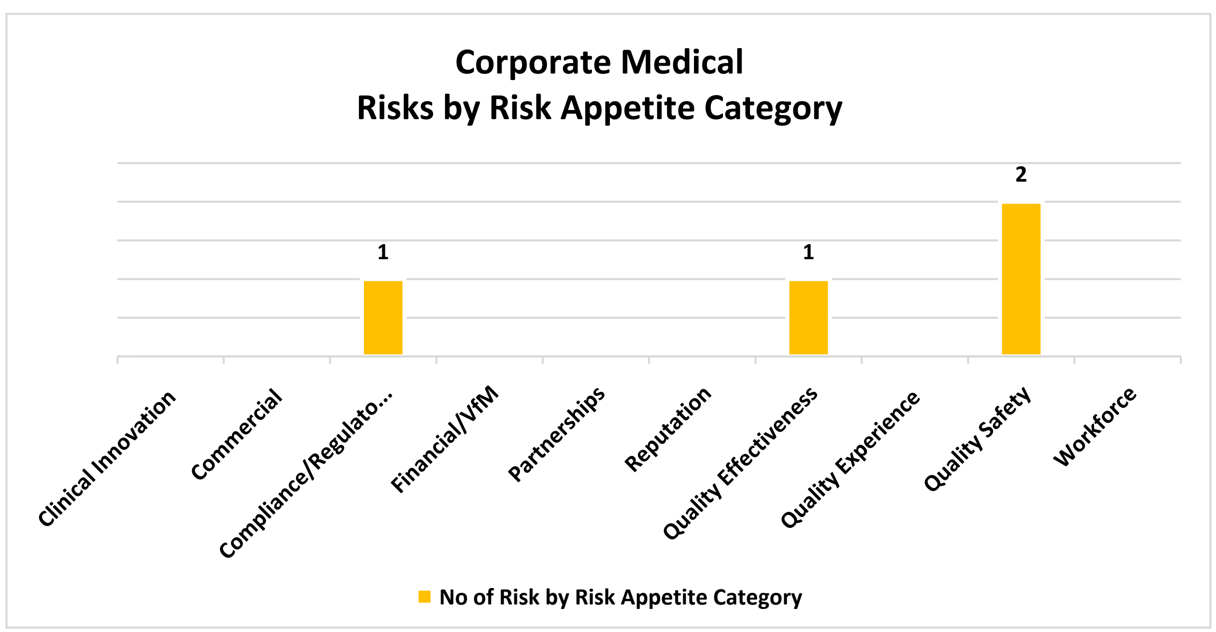
Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1506.v3	That there is lack of investment in backlog maintenance of buildings, leading to health and safety risks and risks of non-compliance with regulatory requirements and not meeting essential accommodation standards.	Quality Safety (1-5)	9	3	3	James Duncan
1440.v1	That the Trust fails to deliver the Financial Delivery Plan saving scheme.	Finance/VfM (12-16)	20	5	4	Chris Cressey
1674.v1	Implementation of the Oracle Cloud Finance System	Compliance/ Regulatory	12	4	3	David Rycroft



The Executive Medical Director as at October 2018 holds 4 risks, 1 risk within the risk appetite and 3 risks which have exceeded a risk appetite. All risks are being managed within the Medical Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1205.v3	Occasional delays seen by CQC in the allocation of SOADs impacting on patient treatment pathways.	Quality Safety (1-5)	9	3	3	Rajesh Nadkarni

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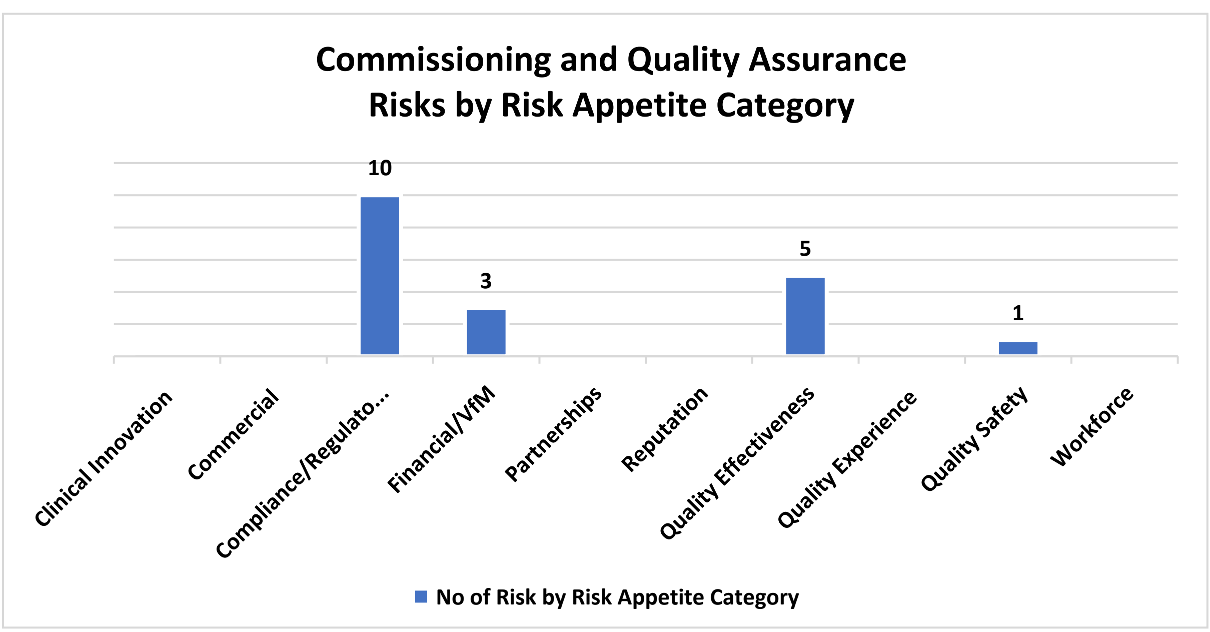
Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1651.v4	The Falsified Medicines Directive is due to come into effect in Feb 19. There is a risk the Trust will not be able to meet these requirements. Meeting the directive will require additional funding for hardware and software as well as support from IT implementation.	Compliance/ Regulatory (6-10)	15	5	3	Tim Donaldson
500.v13	Reliant on paper systems increasing risk of prescribing and admin errors.	Quality Safety (1-5)	9	3	3	Claire Thomas



The Executive Director of Commissioning and Quality Assurance as at October 2018 holds 19 risks, 9 risks within the risk appetite and 10 risks which have exceeded a risk appetite. All risks are being managed within Commissioning and Quality Assurance Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1636.v4	That we do not further develop integrated information systems across partner organisations.	Quality Safety (1-5)	8	4	2	Lisa Quinn
1171.v5	If servelec do not have the ability to meet delivery schedules for upgrades and new functionality this could have a potential impact on the informatics strategy and GDE delivery.	Quality Effectiveness (6-10)	12	4	3	Darren McKenna

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Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1653.v4	GDPR – Data Mapping Non-compliance with GDPR in not having a record or business areas when processing personal data. A number of business areas have not yet completed data mapping.	Compliance/ regulatory (6-10)	12	4	3	Angela Faill
1576.v3	Data leakage risk of Trust Users transferring sensitive information via insecure methods or to untrusted destinations	Compliance/ Regulatory (6-10)	15	5	3	Jon Gair
1172.v9	Increased risk of security threats coupled with increasing type and range of device access to the network linked to technology developments increasing attack vectors and increased sophistication of exploits.	Quality safety (1-5)	12	4	3	Jon Gair
1654.v4	GDPR – Policies: a number of polices are no currently in place yet as the Data protection act 2018 received royal assent on the 23rd May 2018	Compliance/ Regulatory (6-10)	12	4	3	Angela Faill
1655.v3	GDPR - Subject Access Requests: There is a risk of non-compliance with the reduced time frame The volume of requests for access to information (staff and service users) is likely to rise by 25-40% % and there are current pressures on this process	Compliance/ Regulatory (6-10)	12	4	3	Angela Faill
1657.v3	GDPR - Contracts: In the absence of a centralised system it has not been possible to identify / locate all contractual arrangements in place throughout the Trust.	Compliance/ Regulatory (6-10)	12	4	3	Angela Faill

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Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1671.v2	The Veterans TILs contract was awarded to NTW with subcontractors TEWV, Humber NHSFT and Pennine Care NHSFT on 1st April 2017. Activity is far higher than first anticipated and staffing levels cannot cope. A business case is being put to NHSE to increase staffing across all parties in order to meet demand, however there is a risk that the business case is not approved by NHSE and we will be left with no resource to cover the service	Quality Effectiveness (6-10)	12	4	3	Gill Keane
1664.v2	SLAM system fails to work. The system needs updating to the latest version and currently this is not possible as the server does not have capacity to allow the latest update. As a consequence of not being on the latest version of SLAM, the manufacturer will not support the current system. SLAM is a stand alone system which is used to monitor contract activity and income from commissioners	Compliance/ Regulatory	12	4	3	Lesley Willoughby

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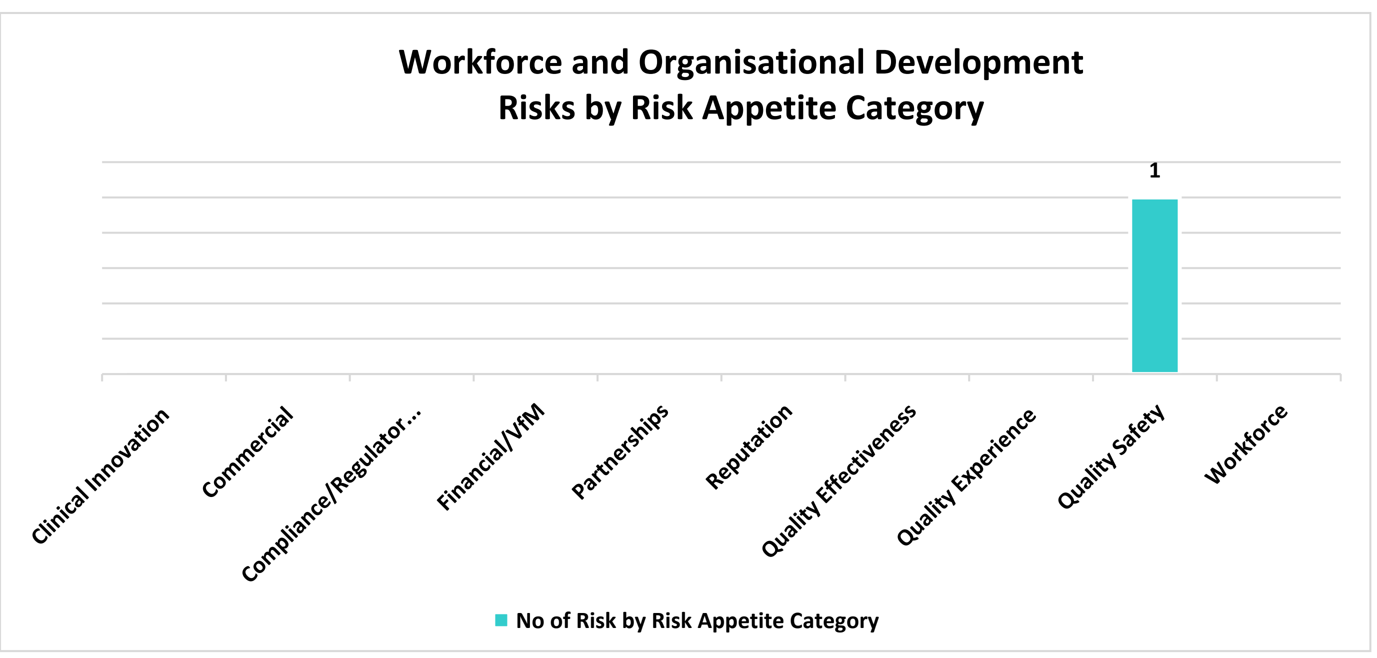

The Executive Director of Workforce and Organisational Development as at October 2018 holds 1 risk which is exceeding a risk appetite. No risks to escalate to the BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1626.v1	Due to weakness in the current self-declaration process there are high numbers of outstanding DBS and self-declarations which could result in failure to comply with internal standards.	Quality Safety (1-5)	12	3	4	Lynne Shaw

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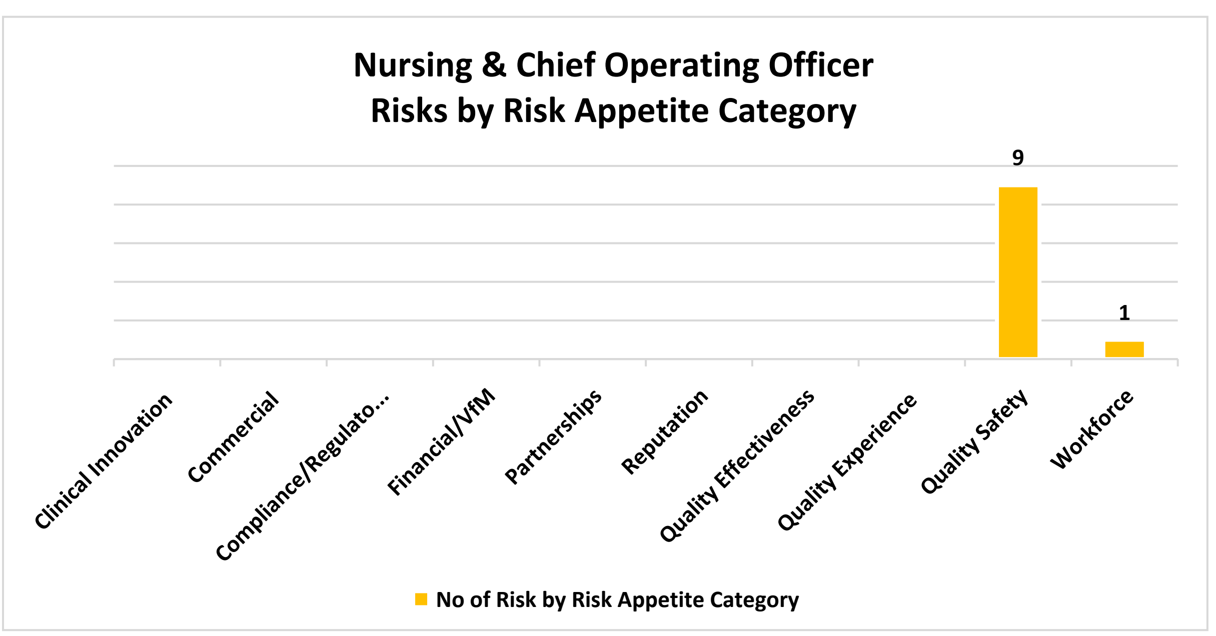

The Nursing & Chief Operating Officer as at October 2018 holds 10 risks, 1 risk lower than the risk appetite, 4 risks within the risk appetite and 5 risks which have exceeded a risk appetite. All risks are being managed within Nursing & Chief Operating Officer Directorate and there has been no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1220.v10	Women of childbearing age are prescribed valproate without appropriate awareness of the risks involved. Risk identified in POMH-UK 15a Bipolar Disorder audit results, baseline assessment of NICE CG192 and MHRA Patient Safety Alert NHS/PSA/RE/2017/002	Quality Safety (6-10)	15	5	3	Gary O'Hare
576.v5	The provision of safe and effective care within inpatient wards on non NTW sites is compromised due to the location of the facilities resulting in little direct control over environmental issues	Quality Safety (1-5)	16	4	4	Gary O'Hare

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Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
628.v8	Risk of fire resulting from service users smoking in contravention of the Trust wide Smoke Free Policy resulting in damage to building and/or loss or life.	Quality Safety (1-5)	10	5	2	Gary O'Hare
1611.v6	Due to increasing demand there is a need for increased numbers of dysphagia Qualified SALTs which could impact on patient safety and our ability to provide specialist care.	Quality Safety (1-5)	15	5	3	Gary O'Hare
1675.v2	Due to a global shortage of Hepatitis B Vaccine in late 2017, there continues to be restrictions on the current supplies of the Hepatitis B Vaccine which is having a direct effect on the Trust's ability to vaccinate Healthcare staff and students resulting in staff being at risk of being exposed to the Hepatitis infection.	Quality Safety (1-5)	12	4	3	Anne Moore

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3. Emerging Risks.

An emerging risk has been identified relating to a 'no Brexit' deal and medication supply. Further discussion is due to take place with the Executive Lead. More information will follow in due course.

4. Recommendation

The Board of Directors are asked to:

- Note the changes and approve the BAF/CRR.
- Note the risks which have exceeded a risk appetite.
- Note any risk escalations.
- Note the summary of risks in the Locality Care Groups/corporate Directorate risk registers.
- Provide any comments of feedback.

Natalie Yeowart
Risk Management Lead
October 2018

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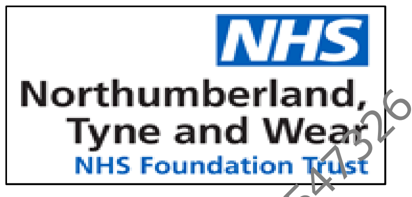

Board Assurance Framework
and
Corporate Risk Register

2018-19

Northumberland, Tyne and Wear NHS Foundation Trust # 547326
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Strategic Ambition: 1
Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
Restrictions on capital funding nationally and lack of flexibility on PFI leading to a failure to meet our aim to achieve first class environments to support care and increasing the risk of harm to patients through continuing use of sub-optimal sub-optimal environments.	Risk on Identification	5	**3**	15	**Moderate**
	Residual Risk (with current controls in place):	5	**3**	15	**Moderate**
	Target Risk (after improved controls):	5	**1**	5	**Very Low**
	Risk Appetite:	**Finance/VfM**			**Within**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (actions to achieve target risk)
1. CEDAR Programme Board Established with key Partners. 2. CEDAR Programme Delivery 3. CERA Programmes 4. Business Case approved for interim solution for WAA and Newcastle/Gateshead. 5. ICS Bid submitted. 6. CEDAR Business Case process in place	1. Minutes of CEDAR Programme Board 1. Feedback/update via Sub Committees/board 2. CEDAR Documents 3. CERA Documents. 4. Business Case Document. 5. ICS Bid Document. 6. Business case cycle for board meetings. 2. NTW 1718 23 Capital Planning	1. Identify next wave of Asset Sales 2. Await ICS Bid outcome - Oct 18

Ref: SA1.2

Review Comments: No change

Executive Lead: Deputy Chief Executive	**Board Sub Committee: RBAC**	**Updated/Review Date: September 2018**

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Strategic Ambition: 1
Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.	Risk on Identification	4	**3**	12	**Moderate**
	Residual Risk (with current controls in place):	4	**3**	12	**Moderate**
	Target Risk (after improved controls):	4	**2**	8	**Low**
	Risk Appetite:	**Quality Effectiveness:**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (Actions to achieve target risk)
1.Integrated Governance Framework. 2.Agreed contracts signed and framework in place. for managing change. 3.Locality Partnerships. 4. Well led action plan complete. 5. All CCG contracts agreed.	1. Independent review of governance-Process Amber/Green rating assessment. 2.Contract monitoring and contract change reporting process to CDT and RBAC. 3. Updates from Locality Partnership meetings. 4. Well led action plan document. 5. Contract documentation.	1. Move towards lead/prime provider models and alliance contracts by April 2019

Ref: SA1.3

Review Comments: No change

Executive Lead: Executive Director of Commissioning & Quality Assurance	**Board Sub Committee: RBAC**	**Updated/Review Date:** September 2018

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Strategic Ambition: 1
Working together with service users and carers we will provide excellent care, supporting people on their journey to wellbeing.

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
There is a risk that high quality, evidence based safe services will not be provide if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	Risk on identification (Feb 2012):	4	**4**	16	**Moderate**
	Residual Risk (with current controls in place):	4	**4**	16	**Moderate**
	Target Risk (after improved controls):	4	1	4	**Very Low**
	Risk Appetite:	**Quality Effectiveness**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (actions to take to achieve target)
1.Integrated Grovernance Framework. 2.Performance review monitoring and reporting incl compliance with standards, indicators,CQINN. 3.Operational and Clinical Policies and Procedures. 4. Annual Quality Account. 5. CQC Compliance Group. 6. Trustwide access and waiting times standard group established. 7. Waiting times dashboard.	1.Independent review of governance against Well-Led Framework January 2016 1/2/4.External Audit of Quality Account 1.Operational Plan 2016/17 reviewed by NHSI. 2.Reports to CDTQ,Q&P and QRG's. 3. Compliance with policies reviewed annually. 5. CQC review rated outstanding. 6. Minutes of access and waiting times standard group. 7. Monitoring of the waiting times dashboard.	1. Monitoring and Delivery of Operational Plan 18/19 2. Delivery of 5 Year Trust Strategy 2017-2022 and supporting strategies. 3. Complete Access and Waiting times Standard Grou Work Plan. 4. Develop approach to access, waiting times, management of DNAs, discharge and patient flow. 4. Internal Audit 18/19 - please see audit plan.

Ref: SA1.4

Review Comments: Residual risk increased from 4x3 to 4x4. Further actions added.

Executive Lead: Executive Director of Nursing and Chief Operating Officer	**Board Sub-Committee: Q&P**	**Reviewed: September 2018**

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Strategic Ambition: 1
Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an Organisation.	Risk on identification (May 2017):	4	**4**	16	**Moderate**
	Residual Risk (with current controls in place):	4	**3**	12	**Moderate**
	Target Risk (after improved controls):	4	**2**	8	**Low**
	Risk Appetite:	**Compliance & Regulatory**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (Actions to achieve target risk)
1. Joint Programme Board	1. Minutes of meetings	1. Ongoing dialogue with Trust Board - Monthly
2. Due Diligence	2. Due Diligence Report	2. Identification of risks and mititgations by Nov-18
3. Exec Leadership	3. Identified Exec Leadership	3. Review of capacity to deliver by November
4. Specific Capacity Identified	4. Identified NTW Team	4. Review of capacity to deliver by Nov 2018
5. Clear Oversight by Trust Board	5. Board Development Sessions	5. NTW Trust Board to consider OBC and appetite to proceed to FBC by Oct/Nov 2018

Ref: SA1.10

Review Comments: New Risk identified September 2018

Executive Lead: Executive Director of Commissioning and Quality Assurance	**Board Sub Committee: RBAC**	**Last Updated/Reviewed: October 2018**

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Strategic Ambition: 3
Working with partners there will be "no health without mental health" and services will be "joined up"

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and Disability Services.	Risk on identification (May 2017):	5	**4**	20	**High**
	Residual Risk (with current controls in place):	4	**3**	12	**Moderate**
	Target Risk (after improved controls):	4	**2**	8	**Low**
	Risk Appetite:	**Quality Effectiveness**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (Actions to achieve target risk)
1. Executive and Group leadership embedded in each CCG/LA area to ensure that MH and disabilities services are sustainable. 2. Leadership of the ICS MH workstream. 3. Involvement in DTDT programme for OP and and acute MH Services. 4. Member of Gateshead care partnership 5. Member of Exec Group for MCP in Sunderland.	1. Successfully influenced service models and across a number of localities. 2. Established close relationships with senior clinicians, managerial leaders across acute trusts and some GP practices. 2/3/4/5. Regular update/monitoring of ICS via Exec/CDT/Board. 2. Papers from MH ICS Workstream.	1. To be the Lead/Prime/Lead Provider for MH and Disabilities across NTW footprint 2. Finalise the plan for STP MH Workstream 3. To deliver the NCM Business Case. 4. System leadership arrangements to be agreed.

Ref: SA3.2

Review Comments: No Change

Executive Lead: Chief Executive	**Board Sub Committee: Board**	**Last Updated/Reviewed: September 2018**

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Strategic Ambition 4
The Trusts Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we have significant loss of income through competition, choice and national policy,including the possibility of losing large services & localities.	Risk on identification May 2009):	4	**4**	16	**Moderate**
	Residual Risk (with current controls in place):	5	**4**	20	**High**
	Target Risk (after improved controls):	5	**2**	10	**Low**
	Risk Appetite:	**Finance/VfM**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (actions to take to achieve target)
1. Agreed contracts in place and process for variations for managing change. 2. Locality Partnerships 3. New Models of Care for CAMHS Tier 4. 4. Business Case and Tender Process 5. Achievement of contractual standards.	1. NTW1617 27 Agreements - Substantial Assurances with no issues of note. 1. NTW 1718 22 Commissioning income Monitoring - Substantial Assurance 2/3 Quarterly partnership meetings minutes. 4. NTW1617 36 Responding to Tenders - Substantial Assurance 5. Monitored via Commissioning Report Monthly.	1. Internal project structure for future Forensic services and specialist childrens services 2. Central locality to develop proposals for future or forensic services. 3. Seek agreement of Recovery programme with Northumberland CCG. 4. Small areas of non compliance with Quality standards being monitored with action in place.

Ref: SA4.1

Review Comments: No Change

Executive Lead: Executive Director of Commissioning and Quality Assurance	**Board Sub-Committee: RBAC**	**Updated/Review Date: September 2018**

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Strategic Ambition: 4
The Trusts Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not manage our resources effectively through failing to deliver required service change and productivity gains included within the Trust FDP	Risk on Identification	5	3	15	Moderate
	Residual Risk (with current controls in place):	5	3	15	Moderate
	Target Risk (after improved controls):	5	2	10	Low
	Risk Appetite:	**Financial/VfM**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1. Integrated Governance Framework 2. Financial Strategy/FDP 3. Financial and Operational Policy and proceedure. 4. Quality Goals and Quality Account 5. Accountability Framework 6. Quarterly review of financial delivery.	1/2/6 Annual Governance statement/ quality account/annual accounts. 2. Operational Plan 18/19 agreed by NHSI. 3. Policy and PGN. 4. External Audit of Quality Account. 5. Accountability Framework Reports 2. NTW1617 20 Quality Impact of FDP 6. Quartely review of Financial deliver at RBAC 3. NTW1718 26 - Payroll Expenditure 3. NTW 1718 39 Cashier	1. Programme Approach to delivery and reporting. 2. Capacity to support internal change. 3. Delivery of workforce plan. 4. Delivery of creating capacity to care workstreams. 5. Internal Audit - please see internal audit plan

Ref: SA4.2

Review Comments: No change

Executive Lead: Deputy Chief Executive/Executive Director of Nursing and Chief Operating Officer	**Board Sub Committee: RBAC**	**Updated/Review Date: September 2018**

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Strategic Ambition: 5
The Trust will be a centre of excellence for Mental Health and Disability.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not meet compliance & Quality Standards	Risk on Identification	5	**3**	15	**Moderate**
	Residual Risk (with current controls in place):	5	**3**	15	**Moderate**
	Target Risk (after improved controls):	5	**1**	5	**Very Low**
	Risk Appetite:	**Compliance/Regulatory:**			**Within**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1. Integrated Governance Framework. 2.Trust Policies and Procedures. 3.Compliance with NICE Guidance. 4.CQC Compliance Group-review of compliance and Action Plans. 5.Performance Review/Integrated Commissioning and Assurance reports. 6. Accountability Framework meetings 7. Regulatory framework of CQC and NHSI. 8. Agreement of Quality Priorities	1.Independent review of governance 1/3/4/5.Reports/Updates to Board sub Committees. 2. Compliance with policies reviewed annually 2/3/4.CQC MHA visits and completed actions 3. NTW1718 13 NICE - Good Assurance 6. Accountability Framework document 7. NTW1718 09 CQC Process Substantial Assurance 8. Monitoried via reports/updates	1. Well led action plans complete however Alnwood actions are ongoing. Review quartely 2. Internal Audit 18/19 - please see audit plan 3. Clinical Audit 18/19 - Please see audit Plan

Ref: SA5.1

Review Comments: No Change

Executive Lead: Executive Director Commissioning & Quality Assurance	**Board Sub Committee: Q&P**	**Updated/Review Date: July 2018**

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Strategic Ambition 5
The Trust will be a centre of excellence for Mental Health and Disability.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not meet statutory and legal requirements in relation to Mental Health Legislation	Risk on Identification	4	3	12	Moderate
	Residual Risk (with current controls in place):	4	3	12	Moderate
	Target Risk (after improved controls):	4	2	8	Low
	Risk Appetite:	**Compliance/Regulatory:**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1.Integrated Governance Framework. 2.Trust Policies and Procedures relating to relevant Acts and practice. 3.Decision Making Framework. 4.Review of CQC MHA Reports and monitoring of Action plans. 5.Performance Review/Integrated Performance Report and Action Plans. 6. Mental Health Legislation Committee. 7. Process for 135/136 legislation with external stakeholders.	1.Independent review of governance 2. Compliance with policy/training requirement 2. NTW1617 33 MHA Section 17 Good level of assurance 2. NTW 1718 42 MHA Statutory functions Good level of assurance 3. Decision making framework document 1/4/5.Reports to Board and sub Committees NTW1718 09 CQC Process Substantial Assurance. 6. Minutes of Mental Health Legislation Committee. 7. 135/136 action plan complete.	1. IA 1415/NTW/30: MHA Patients Rights Complete management actions identified in limited assurance audit & re-audit April 18 2. CQC MHL Reviewer visit themes/issues to be reviewed - Jan 18 3. Improvement review of MHA Training 75.50% 4. Internal Audit 18/19 - Please see audit plan 5. Clinical Audit 18/19 - Please see audit plan 6. CQC/MHL reviewer session to be delivered at learning and development meeting - Oct 18

Ref: SA5.2

Review Comments: Actions complete

Executive Lead: Executive Medical Director	**Board Sub Committee: MHL Group**	**Updated/Review Date: Sept 2018**

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Strategic Ambition: 5
The Trust will be a centre of excellence for Mental Health and Disability.

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Risk on Identification	5	**3**	15	**Moderate**
	Residual Risk (with current controls in place):	5	**2**	10	**Low**
	Target Risk (after improved controls):	4	**2**	8	**Low**
	Risk Appetite:	**Quality Safety:**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk 2016/17)**
1.Integrated Governance Framework. 2.Trust Policies and Procedures. 3.Reporting and monitoring of complaints, litigation,incidents etc. 4.National Reports on Quality and Safety. 5.Health and Safety Inspections. 6.Trust Programme of Service and PLACE visits. 7.CQC Compliance Group. 8.Quality Goals and Accounts.	1. Annual review of Governance Framework. 2. Policy Monitoring Framework including Auditable standards, KPI and Annual review. 3.Safety Report to Board Sub Committee and Board. 3/4/7/9.Performance reports to Q and P 5/6/7.Health and Safety,PLACE,service visit and CQC Action Plans. 2. NTW1617 32 Risk Management - Substantial Assurance with remedial actions to take 8.External Audit of Quality Account 4. NTW1718 05 Continuity Planning	1. IA NTW/1718/44: Medical Devices Complete management actions identified in reasonable assurance audit 2. Outcome and completion of Deciding Together. April 2018 3. Internal Audits 2018/2019 - Please see audit plan. 4. Clinical Audit 18/19 - please see audit plan 5. Delivery of Older Persons Interim Plan.

Ref: SA5.5

Review Comments: No change.

Executive Lead: Executive Director of Nursing and Chief Operating Officer	**Board Sub Committee: Q&P**	**Updated/Review Date: September 2018**

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Strategic Ambition: 5
The Trust will be a centre of excellence for Mental Health and Disability.

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services.	Risk on identification (April 2018):	4	4	16	Moderate
	Residual Risk (with current controls in place):	4	3	12	Moderate
	Target Risk (after improved controls):	4	2	8	Low
	Risk Appetite:	**Quality Effectiveness**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (Actions to achieve target risk)
1. Workforce Strategy 2. RPIW Medical Recruitment 3. NTW International recruitment competency process. 4. OPEL Framework 5. MDT Collegiate Leadership Team in place	1. Delivery of worforce strategy 2. RPIW Medical Recruitment outcomes papers 3. NTW Recruitment competency documents. 4. OPEL Framework Documents. 5. MDT leadership advice and support available	1. Complete international recruitment campaign. Quartely updates. 2. Implementation of Medical Induction Programme 2018 - quarterly updates. 3. Streamlining of recruitment process.

Ref: SA5.9

Comments: No Change

Executive Lead: Executive Director of Nursing and Chief Operating Officer	**Board Sub Committee: Q&P**	**Last Updated/Reviewed: September 2018**

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Internal Audit Plan						
Review Area	2018/19					
	Q1	Q2	Q3	Q4	BAF/CRR Ref	Final Issue Date
Head of Audit Opinion				•		
Assurance Framework				•		
Leadership, Management and Governance (WELL-LED)		•				
Complaints and claims		•				
Research and Development			•			
Third Party Assurance				•		
Risk Management				•		
IM&T Governance, Controls & Strategy (incl.GDE)			•		SA1.7	
GDPR	•				SA1.7	
Network Continous Testing - Server Operational Management		•		•	SA1.7	
Penetration Test			•		SA1.7	
Desktop management: Windows 10 deployment		•			SA1.7	
TAeR System - IT General Controls			•		SA1.7	
IAPTUS System - IT General Controls			•		SA1.7	
UK CRIS Research System	•				SA1.7	
TRAC System - NTW Solutions system		•			SA1.7	
IT Security Incident Management			•		SA1.7	
Information Governance Toolkit				•	SA1.7	
Premises Assurance Model		•			SA5.5	
NHS Improvement Single Oversight Framework - Finance/UoR				•	SA5.5	
Security Management	•				SA5.5	
Patient Experience		•			SA5.1	
Performance Management and Reporting		•				
Quality Account				•	SA1.4	
Waste Management	•					
Fire Safety	•					
Organisational Culture			•			

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Review Area	2018/19					
	Q1	Q2	Q3	Q4	BAF/CRR Ref	Final Issue Date
Joint Working Arrangements				●		
Capital Procurement			●			
Salary Overpayments		●			SA4.2	
Procurement (Rolling Programme)		●			SA4.2	
Key Financial Systems			●		SA4.2	
Cashiering Services	●				SA4.2	
Patient Monies and belongings	●				SA4.2	
Non-Pay PAYE		●			SA4.2	
Losses and Special Payments		●			SA4.2	
Charitable Funds	●				SA4.2	
Recruitment and Selection (inc DBS)				●	SA1.4	
Time and Attendance			●			
Medical Revalidation	●					
Medical Job Planning	●					
Professional Registration				●		
Occupational Health Service		●				
Staff Appraisal				●		
Skills and Training			●			
Monitoring of Absence				●		
Local Level Clinical Audit Process				●		
Mortality Reporting			●		SA5.1	
Incident Mangement (excl. Serious Incidents)		●				
Mental Health Act Rolling Programme (patient rights/CTO)	●			●	SA5.2	
Medical Devices			●		SA5.5	
Medicine Management	●					
Medicine Management EPMA				●		
Health and Safety			●			
Domestic Homecide	●					

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Clinical Audit Plan						
Review Area	2018/19					
	Q1	Q2	Q3	Q4	BAF/CRR Ref	Final Issue Date
Clinical Supervision			●		SA5.5	
Nutrition			●			
Seclusion		●			SA5.1	
Care Coordination (North)		●			SA5.1	
Care Coordination (Central)			●		SA5.1	
Care Coordination (South)				●	SA5.1	
Clustering			●		SA5.1	
POMH - UK National Audit: Assessement of the side effects of Depot Antipsychotics and Physical Health Monitoring				●	SA5.1	
Medication Summaries and Discharge Letters	●				SA5.1	
Domestic Homicide Investigation action plan		●				
Mental Health Act Patient Rights	●				SA5.2	
Mental Health Act CTO			●		SA5.2	

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date:	24th October 2018

Title and Author of Paper:	Quarterly Visit Feedback Themes July 2018 to September 2018 Johanne Wiseman, PA to Executive Director of Nursing and Chief Operating Officer, and Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

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

Paper for Debate, Decision or Information:	Information

Key Points to Note:

To provide an update to the Board of Directors on visit reports that have been received from Senior Managers for the period July to September 2018, including any outstanding visits not included in the previous update. A list of all areas visited is available at appendix 1 and copies of individual reports are available by contacting Johanne Wiseman, PA to Gary O'Hare.

Key themes and issues arising from the visits include:

- Using non-recurrent funding from Commissioners improvements were made to the environment for the service users in the community CBU. The lounge is homely decorated with wallpaper and comfy couches which are separate from the activity room. The reminiscence room provides many opportunities for remembrance and stimuli. The gardens have been made safe for external activities and the raised flower beds are beautiful. The décor and murals throughout the hospital are warm and welcoming and the consulting rooms are now fully furnished and appropriate for meeting with patients and carers.

- The CYPS team remain in service improvement and has been for all its six year history. Service improvement efforts over the years, both internal and recently external, have failed to bring about improvement and sometimes make matters worse.

- Morale is low, and workloads risk burnout to key staff. Waiting times are up to 40+ weeks, and complaints are increasing and adding to the pressure of work.

- The physical state is that of a Victorian acute hospital and is ill-suited for a modern CYPS service.

- The ward is a purpose built facility designed to meet the needs of older people presenting with organic presentations. Its layout has been the subject of many accolades over the last couple of years and it is evident that the building design and layout contribute positively to patient care delivery.

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- It was evident that the small number of Older Peoples wards on the Monkwearmouth site work in a collaborative way to ensure the most effective and efficient use of staff: two issues formed the basis of discussion – (1) the lack of a dedicated carers hub on the site; (2) implications of receiving patients out of pathway. There was a lengthy discussion on these issues and some positive suggestions were debated.

- Environmentally there was one issue with items being stored on the floor in the treatment room, however this was acknowledged and a solution will be sought. In addition there is a plan in place for the scanning and disposal of historical records following discussions with the IG team.

- There is a clear vision of what needs to be done in terms of development over the coming months.

- Very energised and enthusiastic discussion about the history of the service linked to the NSF for Older People and current SLA. Very timely response to referrals and ability to maintain contact with patient along care pathway to address their ongoing needs.

- Discussed the impact of this service and its strong locality links with other services on the use of inpatient beds provided by NTW.

- Very impressive integration of functions, including Police; good use of technology; simple point of contact for everyone.

- Dedicated and knowledgeable staff.

- Very impressive facilities; excellent expert staff; a real sense of treatment and care for the individual.

- A dedication to recovery in the most difficult of circumstances.

- Spoke to one service user who was very complementary about the way in which he was being cared for and supported.

- Good levels of team communication and team work; a very cohesive welcoming team which act as strong advocates for their service user and care group.

- Areas to be improved include accommodation, due to the size of the team, however discussion are ongoing with regard to the move of one service. Whilst the team work co-operatively with GPs in primary care, there are still some issues with regards to prescribing in secondary care. A request has been made for specific patients or practices to be identified with the Group so that this can be addressed with the individual practice.

- Passionate group of staff, many of whom have worked in Crisis services for year and loved the clinical and service model nature of their work.

- True focus on a multidisciplinary approach to the meeting the complexities and risks of patients and well integrated safety standards which include regular multidisciplinary team meetings to assess and manage risk.

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- Staff were keen to convey that the range of needs and complexities has significantly changed over the years within the context of a reducing bed base to admit patients.

- A real learning environment where placements are valued by medical, nursing and pharmacy trainees.

- I was greatly impressed by the degree of passion, commitment and strength of multi-disciplinary team working observed during my visit which included my being involved in the 8.00am handover between night and day shift and the following multi-disciplinary team meeting. All team members from different disciplines actively contributed to decisions in relation to individual care and treatment.

- There was evidence of excellent collaboration with other Trust services, other Trusts, and other agencies. There was also evidence of good collaboration with other Crisis Teams for example the previous day the Northumberland Team had 5 pending assessments therefore Newcastle supported 1 of these assessment on their behalf

- This is a high volume, high activity service provided 24/7 over 365 days per year and I was struck by the age range and complexity of current cases and pressure of referrals. The case mix included older individuals and those with autism spectrum disorder, in addition to the full spectrum of mental health disorders.

- The team provide triage, crisis assessment and treatment, and home based treatment, and the skills and resources in the team are clearly used very flexibly to ensure responsiveness to clinical demand and changing priorities.

- There is robust clinical leadership which is easily accessible to the team and within the team meeting the leader provided challenge and scrutiny in relation to standards of care and treatment, risk and assessment, collaboration and interface with other agencies and services including safeguarding.

- This was an extremely positive visit where some very good practice was observed in a strong highly committed team.

- A truly integrated multidisciplinary team with an impressive level of skills and competencies in dealing with people presenting with psychotic symptoms, risk assessment and management, recovery and employment.

- The team are to be commended for the way in which they manage complexity, risk and recovery from a multidisciplinary perspective whilst managing the demand and waiting lists.

- Key areas identified included lack of physical space to carry out therapeutic activities involving sessional psychological work; difficulties in easily accessing rooms for physical health monitoring; medical time being stretched due to having only one adult consultant psychiatrist; and a lack of office space for consultant psychiatrists.

- An enthusiastic and dynamic team with established links within the locality and clinical pathways across NTW.

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- The introduction of Access Standard has been a real driver for change, which has ensured all first episodes of psychosis (whether identified in primary care, through the crisis team, or inpatient services) are referred quickly to the EIP hub.

- Impressed by how the small, specialist team covering such a large geographical area have managed to transition so well to the new service model. A business case proposal to bridge the gap between the previously commissioned service and the new service was discussed.

- Interesting to learn about the service and complexities of the wide range of service users who reside on the ward.

- Despite being a relatively new substantive ward manager I was very impressed with the leadership on the ward, and subsequent in-depth conversations about how sickness is managed, JDRs, and training, all of which met their respective KPIs.

- Discussed communication generally and engagement around the potential move of the ward. Staff are aware and there has been a mixed reaction to this, mainly due to the travel distance for some. The Associate Director is kept informed of developments and has been very supportive.

- The environment is very light, bright and welcoming, and there are a lot of colourful wall displays, most of which have been co-produced with service users.

- The day service is for people with moderate to severe eating disorders and currently has a four month wait. There are 50 half day sessions across the week which include therapeutic groups, individual psychological therapy, occupational therapy and support to prepare food and eat it together with other service users.

- Met with three service users with all three praising the service and the staff, saying it had helped them a great deal.

- The multidisciplinary team is warm, robust, and resilient and values co-location. There is a very strong multidisciplinary working and psychological principles are well embedded.

- Referral criteria for Positive Behaviour Support (PBS) are broad and an initial consultation and formulation are always provided. A detailed functional analysis, formulation and behaviour support plan are provided for clients who are appropriate for PBS. The clients seen have changed over recent years, many more people see now have been abused or victims of sexual exploitation or modern day slavery. The negative impact of drugs, alcohol and social media are also significant factors.

- The waiting area and consulting rooms were bright and welcoming, and whilst the building is well situated for service user access there are a number of environmental issues and an alternative is being considered.

- Whilst it was clear that facilities across Ferndene were excellent, most impressive was the wide range of activities available during the school holidays, some of the artwork was first class and final preparations were being undertaken for the scarecrow competition.

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- Generally there have been some supply issues due to the location of Ferndene, but turnover is relatively constant as many of those who work there live nearby. Central recruitment has not always been very successful so a more targeted approach is favoured.

- Interesting visit with two very positive managers who both stated that these are the best jobs they have had in their whole careers.

- The environment was pleasant and has fairly recently been refurbished. There is plenty of breakout space / consultation rooms but it was reported that when all community staff are present the open plan team area is very noisy, however if available staff move into the meeting rooms to complete necessary telephone calls and paperwork.

- Sickness absence is currently a problem across both teams, and both managers said they rely heavily on workforce staff to support them, and were very complimentary about the support they receive.

- Discussed succession planning and some of the planned and / or ongoing work, e.g. aspiring AD programme, collective leadership programmes, masterclasses, talent management model.

- The reception I received was very welcoming but we discussed the amount of literature available in the reception area and perhaps making this at a calmer, more therapeutic space.

- We discussed the level of trauma and dissociation within the presentations of patient's and the impact this can have on the therapists. Senior staff are very aware of the need to support therapists and avoid voracious trauma.

- The lack of an 8b post & the resulting senior leadership gap impacts on clinical expertise to provide sufficient development of trauma skills and sustain the levels of supervision within the team. This would then support the Clinical Lead to promote the service at a national and international level alongside developing robust outcomes and research possibilities.

Risks Highlighted to Board : None

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

Equal Opportunities, Legal and Other Implications: None

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

Link to Policies and Strategies: Staff and patient engagement

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APPENDIX 1

Name of Service	Date	Senior Manager
Access Service, Hopewood Park	20th April 2018	Ken Jarrold
Walkergate Park Hospital	26th April 2018	Ken Jarrold
Newcastle Crisis Team, Ravenswood Clinic	21st June 2018	Rajesh Nadkarni
Roker Ward, Monkwearmouth	2nd July 2018	Russell Patton
Grange Day Hospital	5th July 2018	Sarah Rushbrooke
South of Tyne CYPS	9th July 2018	Joe McDonald
Gender Dysphoria Service, Walkergate Park	17th July 2018	Jonathan Richardson
Gateshead Crisis and Home Treatments	18th July 2018	David Muir
Community Response & Rehabilitation Team, CAV	24th July 2018	Jane Carlile
Early Intervention in Psychosis Team, Newcastle and North Tyneside	1st August 2018	Rajesh Nadkarni
Bede Ward, St Nicholas Hospital	1st August 2018	Lynne Shaw
Eating Disorders Day Service	9th August 2018	Esther Cohen-Tovee
Crisis Response & Home Treatment Team, St George's Park	15th August 2018	Vida Morris
Early Intervention in Psychosis Hub, Monkwearmouth Hospital	15th August 2018	Lisa Quinn
Community Team Learning Disability, Benton House	21st August 2018	Esther Cohen-Tovee
PD Hub, Walkergate Park	23rd August 2018	Jane Carlile
Community Forensic Personality Disorder Team, St Nicholas Hospital	24th August 2018	Lisa Quinn
Ferndene	30th August 2018	Lynne Shaw and Russell Patton
CMHT (Adults and Older People), Anderson Court, Berwick	7th September 2018	Lynne Shaw

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: Wednesday 24 October 2018

Title and Author of Paper: The First tier Tribunal (Health, Education and Social Care Chamber) Report on the Practice, Procedure and Operation of the Mental Health Tribunal in the NHS and NTW Foundation Trust
Lorna Turney Mental Health Legislation Manager

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

This paper was produced after a request from the Mental Health Legislation Committee (MHLC) to review the practice of Tribunals in NTW NHS Foundation Trust. Over the period of June 2017 to December 2017 a review of Tribunal decisions was undertaken. This highlighted that

- Tribunal decisions were primarily patient focused
- Information contained in the decisions was only relevant to the patient
- The layout of the Tribunal decision was very clear, easy to follow and the reasons in how they came to their decision was very concise and could be easily understood by the patient
- If a patient had been discharged by the Tribunal the reasons where relevant to the team.

The purpose of this paper was to continue this learning and review the experience of NTW when dealing with Mental Health Tribunals, to assess the potential for improvement in NTW practices and to understand the proposals for the reform of the Tribunal system and what that may mean for NTW.

This paper examines the Tribunals purpose, function and powers and how the Tribunal works in practice. This paper reviews the possible reform of the Tribunal and future challenges.

Due to the recent high profile cases in the media it has been highlighted by the Tribunal the importance of the Practice Direction on the content of reports. It is imperative that the Practice Direction is followed to ensure all relevant and vital information is in the report. If the Practice Direction is not met the Tribunal could make a decision based on incomplete information. The trust devised report templates following the Practice Direction in 2013 which have been very well received by the Tribunal.

The following themes and learning points from the collation of this report and the review of the Tribunal consultation are:

- The Mental Health Legislation team has adopted a similar style and format for the decision record for Hospital Managers hearings
- A practice guidance note is being developed to ensure that when a patient transfers between NHS and private organisations all relevant information is shared with the receiving hospital.

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- The report templates used for writing a Tribunal report are to developed further so the template can be accessed by RIO reducing the need for completion of demographic information
- Prepare for possible changes in the conduct of a Tribunal following the consultation

Risks Highlighted to Board: No risk identified.

Does this affect any Board Assurance Framework/Corporate Risks?
No

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required: Learning and development paper for information on the current working and operations of the mental Health Tribunal Process

Link to Policies and Strategies: Mental Health Act Policy NTW(C)55

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The First-tier Tribunal

(Health, Education and Social Care Chamber)

Report on the Practice, Procedure and Operation of the Mental Health Tribunal in the NHS and NTW Foundation Trust

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1 Summary

1.1 The purpose of this paper is to review the experience of NTW when dealing with Mental Health Tribunals, to assess the potential for improvement in NTW practices and to understand the proposals for the reform of the Tribunal system and what that may mean for NTW.

1.2 A review, over the period June 2017 to December 2017, of Tribunal decisions made where NTW was involved highlighted that:

(i) Decisions were primarily patient focused

(ii) Information contained in the decisions was only relevant to the patient

(iii) The exception to this was if a patient had been discharged and in these circumstances the decision was more relevant to the clinical team. The professionals are sent a copy of the Tribunal decision for their review.

(iv) The layout of the Tribunal decision was very clear, easy to follow and the reasons in how they came to their decision was very concise and could be easily understood by the patient

(v) No criticism of NTW was noted

1.3 Her Majesty's Court and Tribunal Service (HMCTS) have undertaken a consultation with regard to changes for the Tribunal process, which have been debated within the NTW Mental Health Legislation Steering Group.

1.4. The following themes and learning points arising from the research to produce this report and the review of the Tribunal consultation are:

(i) The Mental Health Legislation (MHL) team has adopted a similar style and format for the decision record for Hospital Managers hearings.

(ii) A practice guidance note is to be developed to ensure that when a patient transfers between NHS and private organisations all relevant information is shared with the receiving hospital.

(iii) The report templates used for writing a Tribunal report are to put on to Rio so the report is electronic.

(vi) There is a need to prepare for the possible changes in the conduct of a Tribunal following the consultation.

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(vii) Comments of good practice from the North East Liaison Judge on the report template and content of reports.

2 The First-tier Tribunal and the Upper Tribunal (Mental Health)

2.1 Mental health legislation is designed to protect against arbitrary detention, it gives the authority to detain and treat without consent if it is in the person's best interests or to protect others.[1] Additionally human rights law in relation to the right to liberty and the right to physical integrity have a significant impact on mental health law.[2]

2.2 A new Tribunal system was introduced in 2008 by the Mental Health Act 2007(as amended) and the Tribunals Courts and Enforcement Act (TECA) 2007.

2.3 The First-tier Tribunal (Mental Health) is the patients safeguard for those subject to the Mental Health Act (MHA) 1983. It allows a patient to seek an independent review of the lawfulness of their detention, guardianship or Community Treatment Order (CTO). The Tribunals function is to review the legal justification for the patients continued detention, guardianship or CTO at the time of the hearing, assessing whether the statutory criteria justifying of compulsory powers have been met.[3] The Tribunal does not review other people's decision to detain patients or to make them subject to other forms of compulsory measures under the MHA 1983.

2.4 The Tribunal should be conducted in accordance with the principles of natural justice that the patient has got a right to be heard and the proceedings should be fair.

2.5 The Tribunal has the power to discharge patients from detention, CTO and guardianship. [4] They can also recommend leave of absence; transfer to another hospital or into guardianship and reconvene if the recommendations have not been

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[1] Phil Fennel, *The New Law* (Jordan Publishing Limited 2007) para 1.6.
[2] Philip Fennell, Penny Letts and Jonathan Wilson, *Mental Health Tribunals, Law, Policy and Practice* (Law Society 2013) para 1.1.
[3] Philip Fennell, Penny Letts and Jonathan Wilson, *Mental Health Tribunals, Law, Policy and Practice* (Law Society 2013) para 2.3.1.
[4] Mental Health Act 1983, section 72(1) and section 73(1).

complied with.[5] If the Tribunal conditionally discharges a patient subject to restrictions they have the power to make conditions that the patient must comply with.[6]

2.6 There are Tribunal Procedure Rules set by the Tribunal Procedure Committee (TPC) governing the practice and procedure to be followed in the Tribunal and Upper Tribunal. [7] The overriding objective of the rules is to enable to Tribunal to deal with cases fairly and justly. This includes avoiding unnecessary formality and allowing flexibility in the proceedings, allowing parties[8] to fully participate and avoiding delay so far as compatible.[9] Parties are required to assist the Tribunal in achieving the overriding objective and cooperate with the Tribunal. [10]

2.7 The Upper Tribunal has the same powers, rights, privileges and authority as a High Court.[11] The First- tier Tribunal can refer their cases to the Upper Tribunal for review.

2.8 Patients have the right to be represented by someone (legally qualified or not) or present their own case to the Tribunal. It is important for those on a CTO have assistance in making application and prepare them for a Tribunal due to them not having daily contact with professionals. If the patient decides not to be represented and they do not wish to be present or the patient lacks the capacity to make this decision, the Tribunal can appoint a legal representative if it would be in the patient's best interests.

2.9 A patient's case can come to a Tribunal through the following routes: [12]

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[5] Mental Health Act 1983, section 72(3)(a)(b).
[6] Mental Health Act 1983, section 73(4)(b).
[7] Philip Fennell, Penny Letts and Jonathan Wilson, *Mental Health Tribunals, Law, Policy and Practice* (Law Society 2013) para 2.5.1.
[8] A 'party' means a patient, the responsible authority, Secretary of State for Justice (if a restricted patient), Secretary of State for Health, or any other person who makes an application
[9] Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008, S.I.2008/2699, rule 2(2)(b)(c)(e).
[10] Philip Fennell, Penny Letts and Jonathan Wilson, *Mental Health Tribunals, Law, Policy and Practice* (Law Society 2013) para 2.5.1.
[11] Tribunals Courts and Enforcement Act 2007, Section 25.
[12] Sarah Johnstone, Sophy Miles and Dr Claire Royston, *Mental Tribunal Handbook* (LAG Education and Service Trust Limited 2015) para 5.8.

- An application by the patient or nearest relative[13]
- References by Secretary of State concerning Part 2 patients [14]
- Duty of the Hospital Managers to refer cases to the Tribunal [15]
- References by the Secretary of State concerning restricted patients[16]

2.10 It should be noted that Article 5(4) of the European Convention on Human Rights entitles everyone who is deprived of their liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if detention is not lawful. For the MHA 1983 to comply with Article 5(4) patients must access to a court. [17]

3 NTW and the role of the Mental Health Legislation team

3.1 The MHA 1983 requires Hospital Managers to ensure that patients either detained or those subject to a CTO understand information about the MHA 1983 and how it applies to them, this responsibility is delegated to the nursing staff. Patients must be informed of their rights to appeal to the Tribunal. If a patient wishes to appeal, the MHL team will be notified and will forward an application to the relevant person for the patient to complete and sign or the solicitor of the patient may inform the MHL team that they have logged an appeal with the Tribunal.

3.2 The Hospital Managers must also refer the cases of certain patients who have not appealed to the Tribunal. The referral process protects patients who lack the ability to apply to the Tribunal.[18]

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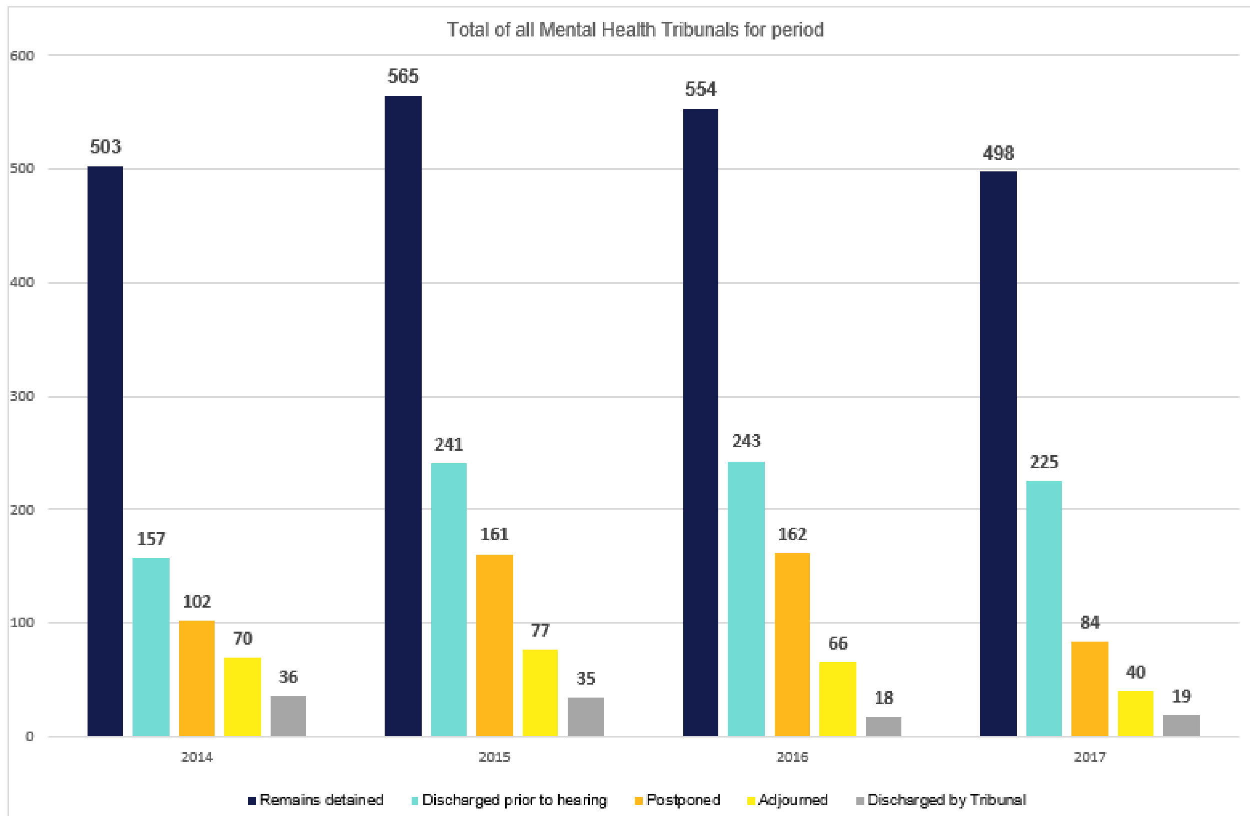
[13] Mental Health Act 1983, section 67 and section 70.
[14] Mental Health Act 1983, section 67.
[15] Mental Health Act 1983, section 68.
[16] Mental Health Act 1983, section 71.
[17] For full text of when patients can appeal and when they are referred see appendix 1
[18] Richard Jones, *Mental Health Act Manual* (18edn, Sweet & Maxwell 2015) para 1-881.

3.3 The MHL team has the responsibility of ensuring that when a person appeals or their case is referred to the Tribunal, a hearing is arranged and take places on the date and time specified. [19]

3.4 Tribunal activity



3.5 The increase in 2015 could have been due to the increase in detentions following the ruling in the *Cheshire West & Cheshire Council v P*[20]case. It then returns to the pre 2015 position which may in part be due to the closure of beds within NTW NHS Foundation Trust. However nationally there is a rise in the number applications made to the Tribunal service.

3.6 The panel member's first impression of the patient will come from the statements and reports that the professionals are required to complete. Rule 32 of the HESC 2008

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[19] For full text of the process of arranging a hearing see appendix 2
[20] *Cheshire West & Cheshire Council v P* [2014] UKSC 19, [2014] MHLO 16

Rules, require that certain statements and reports must be sent and delivered to the Tribunal within a specified time.

3.7 The responsible clinician, nurse on the ward (if applicable) and CPN/care coordinator/social worker are required to submit a report for the Tribunal. These reports provide the Tribunal with the history and up to date clinical information. There are three main types of reports:

- Statements of information from the responsible authority
- Reports: These reports include the responsible clinicians report, nursing report (inpatients only) and social circumstances reports
- Statements from the Ministry of Justice (restricted cases only)

3.8 The requirements for these documents are set out in a Practice Direction. This Practice Direction has the full force of the law, is legally binding and sets out the requirements and time limits for the various reports. It is in no one's interests for a hearing to be adjourned due to reports being received late by the Tribunal or the lack of critical information or the information not being up to date. It is imperative that the Tribunal can make a decision on the day of the hearing.

3.9 The statement and reports must be submitted to the Tribunal by the responsible authority within 3 weeks of the application or referral. However, for section 2 cases the panel will be given a copy of the reports, a statement of information and a copy of the section papers on the day of the hearing. This is due to the hearing taking place within 7 days of the application.

3.10 The Tribunal has the power to issue directions for addendum reports if there has been a significant period of time from when the Tribunal received the reports to the date of the hearing. The Tribunal has the power to order remedies, sanctions and costs if a report is late or does not meet the requirements of the Practice Direction.

3.11 In 2013 NTW devised templates for the reports to ensure all the relevant information would be captured to ensure compliance with the Practice Direction. The trust has the following templates to support staff when completing a report:

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- Inpatients over 18 years of age
- Inpatients under 18 years of age
- CTO patients
- Conditionally discharged patients
- Non-disclosure report
- Addendum report

3.12 In July 2017 the Tribunal service created report templates to ensure that all mental health trusts were capturing all the relevant information. The North East Liaison Judge commented on the quality of our reports and asked the trust to continue using their templates and not the Tribunals.

3.13 The trusts Practice Guidance Note ensures that clinicians comply with the Practice Direction and use the template that is provided. This will ensure that all relevant information and history of the patient is in the report, which will allow the Tribunal to have the vital information that they require to make the right decision.

3.14 The importance of ensuring all relevant information is in reports and the sharing of information was highlighted nationally in the high profile cases of John Worboys and the murder of Kamil Ahmad. If the report writers do not have the information they are legally bound to obtain it.

3.15 The Practice Direction is even more significant when patients are transferred between NHS and private organisations. The sharing of information is vital when a patient is transferred so that the detaining hospital can provide the Tribunal with all of the historical and clinical evidence that is required. If the Tribunal make a decision based on incomplete information there is a potential that this could lead to endangering the patient and the public.

3.16 The MHL administrator is responsible for requesting reports and for the submission of reports to the Tribunal. The MHL administrator ensures reports are received on time by the professionals by writing to the relevant professionals to inform them of an

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application or referral and requests the relevant reports within 21 days of the date of application/referral.

3.17 In 2012 an internal audit of Tribunal reports was carried out. The main objective was to review if there are robust arrangements in place to ensure Tribunal reports are submitted to the MHL team within the specified timeframe. It was concluded that generally there is ‘a sound system of control to meet the statutory requirements of the Tribunal’[21] however, it was noted that even though the MHL administrator has informed the professional and set a deadline, this is not always met and the reports are received outside late. To ensure the trust meet the 21-day deadline it was agreed that the MHL department would change its process and prompt the professionals 10 days before the due date then again 3 days prior, rather than just 2 days prior. Since this change in practice compliance has improved considerably, if a report is received late it is escalated and report appropriately.

4 The hearing

4.1 Where possible the Tribunal will accept the invitation of Hospital Managers to hold its judicial hearings in the hospital rather than requiring the attendance of the parties and witnesses at Her Majesty’s Courts and Tribunal Service (HMCTS). This minimises the inconvenience to the patient and professionals travelling and to save the Hospital Managers to arrange secure transport for the patient. For a hearing to take place at the detaining hospital the Tribunal has set minimum requirements, the trust carries out a yearly internal audit of the Tribunals rooms to ensure the minimum standards are met.

4.2 On the day of the hearing if there is a MHL office on the hospital site the MHL administrator will meet the panel and take them to the room. The panel will have the assistance of a clerk who will deal with any issues or concerns the panel have. At the hearing there is a sitting plan and the hearing is conducted in a certain way.

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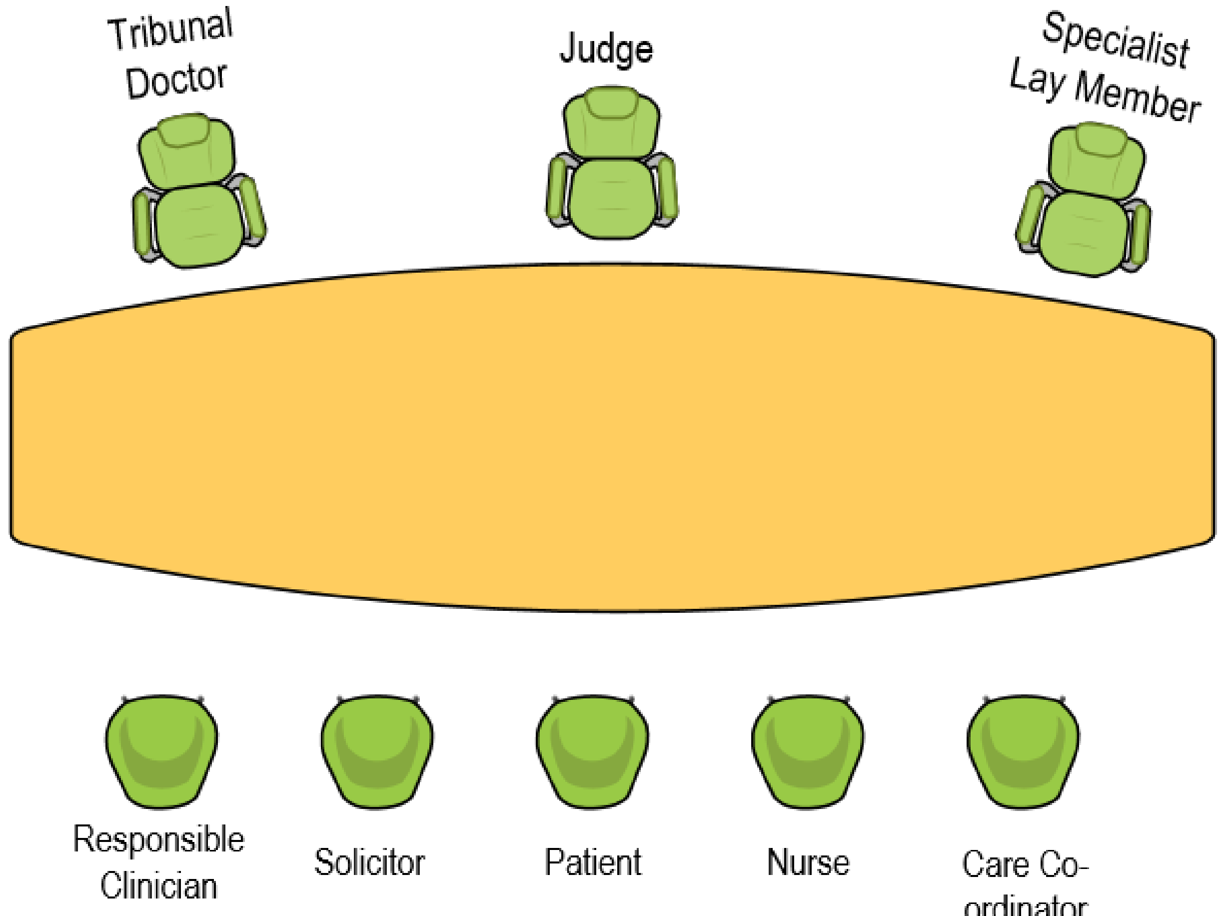
[21] Northumberland Tyne and Wear NHS Foundation Trust, final audit report, 1213/NTW/24: Mental Health Act Tribunal Reports, 3



4.3 The hearing will start with the Judge introducing everyone and explains the format of the hearing. The Judge will confirm that the panel and representative have the same reports, then if a pre hearing examination took place the Judge will discuss the findings. The Judge will ask the representative if their client would like to speak first, then the members of the panel will one by one put their questions to the RC the ward nurse and the care coordinator/CPN/social worker. The patient is not allowed interrupt the professionals or the panel when they are talking.

4.4 When the panel have asked all of their questions they will ask the representative if they would like to add anything. The professionals and patient will then leave the room and the panel will carry out their deliberations. Once a decision is made they will invite the professionals and patient back into the room to announce their decision, they do not

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give their reasons for their decision. They inform the patient that they will receive the decision within 7 days. The hearing is then closed.

4.5 The Tribunal has the power to discharge, continue detention, make recommendations or adjourn the hearing if more information is essential, or other witnesses are required due to the complexity of the case. When the Tribunals decision is that the patient should remain subject to the MHA 1983 they can also make recommendations.

4.6 Reflecting on the conduct of a Tribunal hearing, Practice Direction and the layout of the Tribunal decisions changes have been implemented to continue this good practice within hospital manager's hearings. Following the review of Tribunal decisions the trust are currently piloting a new interview record, which is the document the Hospital Managers use to record their reasons for continued detention or discharge. When submitting a report for a Hospital Managers hearing the professionals use the same template that is used for the Tribunal, to ensure relevant information is captured.

5 Continuous improvement and learning

5.1 The trust is currently devising a PGN to ensure that when a patient transfers between NHS and private organisations all relevant information is shared with the receiving hospital.

5.2 The report templates will be electronic on Rio which would allow the professionals to input the information electronically. This will allow Rio to populate some of the data which the report requires and will prevent the professionals having to scan the document onto Rio which will save valuable time.

5.3 Work has commenced between the MHL team and the Rio team to make the authority report electronic on Rio, this will save the MHL administrator's time as Rio will populate this information.

5.4 Following the review of Tribunal decisions a new interview record for panel member's hearings was developed and is currently being piloted.

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5.5 Links to the First Tier Tribunal Salaried Judge remain good with regular exchanges of good practice.

5.6 The Tribunal will be monitored by the Mental Health Legislation Steering Group (MHLSG) where the original paper of the Report on the Practice, Procedure and Operation of the Mental Health Tribunal in the NHS and NTW Foundation Trust will be a living document to be updated to capture changes and used as a training tool.

6 Proposals of reform for the Tribunal

6.1 In March 2018 the Tribunal carried out a consultation on their proposals to abolish the pre- hearing examination (PHE) and introduce paper based hearing for all referrals.

6.2 The medical member of the Tribunal panel can examine the patient prior to the hearing to form an opinion of the patient's mental condition. [22]This process is known as the PHE. Currently a PHE will only take place for those patients on section 2 of the MHA 1983 unless the patient objects. In other cases, the medical member will only conduct an examination if the following apply:

- The Tribunal service have been informed in writing not less than 14 days prior to the hearing that the patient's wishes for an examination take place
- The Tribunal directs that an examination takes place[23]

6.3 TPC propose to abolish the preliminary examination of the patient altogether. The PHE benefits the patient as it enables:

- The patient to meet the Tribunal doctor in private and prior to the hearing which can reduce the stress and anxiety of a hearing
- The patient to have the opportunity to ask questions about the hearing and for the Tribunal Doctor to establish their wishes and wants from the hearing.

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[22] Tribunal Procedure (First-tier Tribunal) (Health Education, Social Care Chamber) Rules 2008, Rule 34.
[23] Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008, S.I.2008/2699, rule 34.

6.4 Currently the Tribunal can only dispose of a case without a hearing when it is automatic referral for those subject to a CTO[24]and the patient has positively consented to their case being decided without a hearing.[25]

6.5 The proposal is to have paper based hearings for referrals[26]in certain circumstances. A Tribunal will automatically be a paper based hearing, unless:

- A hearing is requested by either party
- The patient is under 18
- The referral is made under section 67[27] or section71[28] of the MHA 1983

6.6 The Tribunal will have the power to direct a hearing when necessary, this will provide a strong safeguard for those patients that lack the capacity to decide whether or not to ask for a hearing and where a hearing is required for a fair and just disposal of a case. Paper based hearings would increase efficiency within the Tribunal and allow a number of cases to be considered on the same day making a more productive use of judges and other members of the Tribunal and reducing the cost of each case.[29]

6.7 There are concerns that paper hearings will not give the patient the opportunity for a fair and just hearing. The benefits of a hearing are:

- The inquisitorial nature of a Tribunal allows the medical and legal criteria to be tested thoroughly to ensure the patient is protected against unnecessary detention.

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[24] Mental Health Act 1983, section 68(2) and 68(6).
[25] Tribunal Procedure Committee, 'Consultation on Proposed Amendments to the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008 (SI 2008/2699)' (June 2011) > http://www.mentalhealthlaw.co.uk/media/MHT_Rule_35_consultation_June_2011.pdf > accessed 28 February 2018
[26] Mental Health Act 1983, section 68.
[27] Mental Health Act 1983, section 67 References to Tribunals by the Secretary of State concerning part 2 patients.
[28] Mental Health Act 1983, section 71 References to the Tribunal by the Secretary of State concerning restricted patients.
[29] Tribunal Procedure Committee, 'Consultation on Proposed Amendments to the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008 (SI 2008/2699)' (June 2011) > http://www.mentalhealthlaw.co.uk/media/MHT_Rule_35_consultation_June_2011.pdf > accessed 28 February 2018, para 2.9

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An oral hearing allows the Tribunal panel to ask questions to all parties and draw information from the patient. [30]

- A hearing allows the evidence to be tested thoroughly; questions put forward by the Tribunal panel often display a different view of what was written in the reports, revealing gaps and inconsistencies.[31]
- A hearing benefits the panel by enabling them to meet the patient and hear direct evidence from them.
- Tribunals can be used as a therapeutic tool where the patient can release anxieties or frustration about their situation.
- A Tribunal could satisfy the patients need for information or give clarity in certain matters. [32]
- Tribunals allow better communication between patients and their care team. [33]
- A Tribunal provides an opportunity for a therapeutic outcome. [34]

6.8 The trust responded to the proposals on the 12 June.

7 Future challenges for the Tribunal

7.1 The number of people detained nationally under the MHA 1983 is continuing to increase every year. In 2015/16, 63,600 people were detained compared to 43,400 in 2005/06 an increase of 47%. [35]The rising number of people being detained each year

[30] Robert Thomas, 'Oral and paper Tribunal Appeals and the Online Future' (The UK Administrative Justice Institute January 2017) < https://ukaji.org/2017/01/31/oral-and-paper-tribunal-appeals-and-the-online-future/> accessed 31 March 2018, 2.

[31] Tribunal Procedure Committee, 'Response to Consultation on Proposed Amendments to the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chambers) Rules 2008 (SI 2008/2699)' (February 2012) < http://www.mentalhealthlaw.co.uk/media/Tribunal-Procedure-Committee-HESC-Rules-Consultation-Reply.pdf> accessed 28 February 2018.

[32] Jill Peay, *Tribunals on Trial* (Oxford University Press 1989) 223.

[33] Nuwan Galappathie, Rajendra Harsh and others 'Patients Awareness of the Mental Health Tribunal and Capacity to make Requests' (2013) 37 363-366 The Psychiatrist < http://pb.rcpsych.org/content/37/11/363 > accessed 29 October 2016, 365.

[34] Elizabeth Perkins, 'Mental Health Review Tribunals' (2000) cited in Katey Thom and Ivana Nakarada-Kordic,'Mental Health Review Tribunals in Action: A Systematic Review of the Empirical Literature' (May 2013) 21 (1) 112-126 < http://dx.doi.org/10.1080/13218719.2013.790004 > accessed 25 November 2017, 120.

[35] Professor Nicola Glover- Thomas, 'Mental Health Tribunals: Examining Current Practice, Rising Caseloads and Future Reforms' (February 2018) < https://ukaji.org/2018/02/08/mental-health-tribunals-examining-current-practice-rising-caseloads-and-next-steps/> accessed 3 March 2018, 10.

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impacts greatly on Tribunal caseloads and places pressure on the Tribunal System. [36] The number of applications received by the Tribunal has increased from 21,849 in 2007/08 to 32,101 in 2014/15; this was increase of just over 52%.[37] The increase in Tribunals caseload is a consequence of the increase in detentions. [38] With the increase of Tribunal hearings, the cost of sittings will increase.[39]

7.2 Those detained on a section 2 of the MHA 1983 gave rise to the excessively substantial number of applications to the Tribunal, amounting to nearly 30% of applications received by the Tribunal. [40] The increase in the over use of a section 2 of the MHA 1983 could be due to the difficulty in obtaining a bed in hospital as an informal patient.[41]

7.3 This places enormous pressure on the Tribunal service, due to section 2 cases having to be listed within 7 days of when the application is received by the Tribunal.[42] The Tribunal must give all parties at least 3 days' notice of a hearing. To comply with these rules there is normally just one or two days to list a hearing. [43] This pressure then filters to the panel members to be available at very short notice. It is becoming very difficult for the Tribunal service to ensure there is adequate number of judges, medical members and specialist lay members to be able to convene as full panel on a set day

[36] Professor Nicola Glover- Thomas, 'Mental Health Tribunals: Examining Current Practice, Rising Caseloads and Future Reforms' (February 2018) < https://ukaji.org/2018/02/08/mental-health-tribunals-examining-current-practice-rising-caseloads-and-next-steps/> accessed 3 March 2018, 8.
[37] Senior President of Tribunals, 'Annual Report'(2016) > file:///C:/Users/user/Documents/Project/The-Senior-President-of-Tribunals-Annual-Report-2016-final-1.pdf > accessed 31 March 2018, 63.
[38] Professor Nicola Glover- Thomas, 'Mental Health Tribunals: Examining Current Practice, Rising Caseloads and Future Reforms' (February 2018) < https://ukaji.org/2018/02/08/mental-health-tribunals-examining-current-practice-rising-caseloads-and-next-steps/> accessed 3 March 2018, 8.
[39] Professor Nicola Glover- Thomas, 'Mental Health Tribunals: Examining Current Practice, Rising Caseloads and Future Reforms' (February 2018) < https://ukaji.org/2018/02/08/mental-health-tribunals-examining-current-practice-rising-caseloads-and-next-steps/> accessed 3 March 2018, 32.
[40]Professor Nicola Glover- Thomas, 'Mental Health Tribunals: Examining Current Practice, Rising Caseloads and Future Reforms' (February 2018) < https://ukaji.org/2018/02/08/mental-health-tribunals-examining-current-practice-rising-caseloads-and-next-steps/> accessed 3 March 2018, 8.
[41] Senior President of Tribunals, 'Annual Report' (2016)> file:///C:/Users/user/Documents/Project/The-Senior-President-of-Tribunals-Annual-Report-2016-final-1.pdf > accessed 31 March 2018, 43.
[42] Tribunal Procedure (First-tier Tribunal) (Health Education, Social Care Chamber) Rules 2008, Rule 37(1).
[43] Tribunal Procedure (First-tier Tribunal) (Health Education, Social Care Chamber) Rules 2008, Rule 37(4) (a).

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anywhere in England. [44] This has been evident within the trust, when section 2 hearings have been postponed by the Tribunal due to no panel being available and the hearing being rescheduled.

7.4 The cost of Tribunals to the trust would be considerable further investigations would be required to get an exact figure.

7.5 In September 2016 the Government issued a consultation document[45] setting the vision for the future of Her Majesty's Courts and Tribunal Service (HMCTS). It is envisaged the justice system will be faster, easier to use and better value for the tax payer.[46] One of the proposals was panel composition in Tribunals, where the panel would consist of one single member, with non-legal members only involved on a case by case basis. The Government decided not to proceed with the proposal of the default position of one panel member; instead the Senior President of Tribunals will decide if to allow a panel to consist of one, two or three members for the Tribunal to determine cases justly and fairly. [47]

8 Review of the Mental Health Act 1983

8.1 In October 2017 the Government announced a review of the Mental Health Act 1983, in how it is used and how it can be improved in practice. The review is to understand the reasons for:

- Rising rates in detentions
- Racial disparities

[44] Senior President of Tribunals, 'Annual Report' (2017)> file:///C:/Users/user/Documents/Project/The-Senior-President-of-Tribunals-Annual-Report-2017-2.pdf> accessed 31 March 2018, 44.

[45] Ministry of Justice,' Transforming our Justice System by the Lord Chancellor, the Lord Chief Justice and the Senior President of Tribunals' (September 2016) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/553261/joint-vision-statement.pdf > accessed 8 October 2017.

[46] Ministry of Justice,' Transforming our Justice System summary of reforms and consultation' (September 2016) < file:///C:/Users/user/Downloads/Transforming-our-justice-system-summary-of-reforms-and-consultation.pdf > accessed 8 October 2017, 19.

[47] Ministry of Justice, 'Transforming our Justice System: Assisted Digital Strategy, Automatic online Conviction and Statutory Standard Penalty, and Panel Composition in Tribunals Government Response' (February 2017) < https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/590391/transforming-our-justice-system-government-response.pdf > accessed 5 May 2018, 28.

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- Processes that are out of step with modern mental health care system[48]

8.2 The interim report[49]has identified concerns within the Tribunal such as:

- Patients not always aware of their right to a Tribunal
- Confusion about which court a person without capacity should apply to
- The extent of the Tribunal powers
- The current demand on Tribunals

8.3 This report highlighted that the patient can only apply once to the Tribunal in each period of detention. The review will consider if the duration of each period of detention is too long or if the patient should have more opportunities to appeal.[50]

8.4 The Law Society has suggested recommendations to assist the advisory panel in reviewing the MHA 1983. The Law Society recommend that automatic referrals to the Tribunal should be at the end of every period of detention. They suggest that legislative reform is needed following the decision in *MH v UK*[51] to resolve the lack of safeguards for those patients who lack the capacity to challenge their detention. Those that have capacity should be able to decide to not have a Tribunal or choose not to attend. [52] Any reforms or changes to the mental health legislation will be managed an operationalised either by the MHLC steering group or a further sub group set up for that purpose.

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[48] Department of Health and Social Care, 'The Independent Review of the Mental Health Act: Interim report (May 2018) < https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/703919/The_independent_Mental_Health_Act_review__interim_report_01_05_2018.pdf > accessed 5 May 2018.

[49] Department of Health and Social Care, 'The Independent Review of the Mental Health Act: Interim report (May 2018) < https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/703919/The_independent_Mental_Health_Act_review__interim_report_01_05_2018.pdf > accessed 5 May 2018, 30.

[50] Department of Health and Social Care, 'The Independent Review of the Mental Health Act: Interim report (May 2018) < https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/703919/The_independent_Mental_Health_Act_review__interim_report_01_05_2018.pdf > accessed 5 May 2018, 30.

[51] *MH v United Kingdom* (app No 11577/06(2013) ECHR 1008.

[52] Law society, 'Mental Health Act 1983 Independent Review Call for Evidence Law Society response (January 2018) <file:///C:/Users/user/Documents/Project/law-society-evidence-mental-health-act-review-jan-2018.pdf > accessed 29 April 2018, 4.

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9 Conclusion

9.1 The trusts Non-Executive Directors requested that the trust review the operations and practice of the Tribunal within NTW and if there was any learning from the outcomes or the process of Tribunals. Having reviewed 6 months of Tribunal decisions it was clear that there were different styles of writing from the judges. However the layout of the reasons were well scripted and rehearsed, making it clear and easily readable the reasons for continue detention or discharge. Given the findings the Tribunal decisions, a standard format was developed for PM decisions and these are currently in use. There was little other learning from the Tribunal process or decisions. However, they will remain under review and the MHL team will actively pursue changes that lead to good practice.

9.2 The Tribunal has had many criticisms; however, it has adopted changes to try and ensure it is fair and accessible to all patients. It has been demonstrated that the Tribunal is accessible to all patients, however when a patient lacks the necessary capacity to appeal they are reliant on another person to initiate proceedings. There is evidence to suggest that the safeguards within the MHA 1983 could be strengthened for those that lack capacity to appeal. It is the responsibility of the professionals and hospital managers to ensure those that lack capacity to initiate an appeal their rights under article 5(4) are acted on.

9.3 The outcome of the Tribunal proposals will be very interesting due to the concerns they raise as they appear to weaken the patients' rights and protection. If the changes are implemented it will impact on the practice of Tribunals within the trust. It will be important the changes are communicated effectively and mechanisms are in place to ensure that when it is in the patients best interests a hearing does take place. The Tribunal is the main safeguard for the patient, it is important for Tribunal to review its practices to ensure a fair and justly outcome for vulnerable people

9.4 The recommendations made following the review of the MHA 1983 seem to strengthen the patients safeguard by shortening the duration of detention and introducing automatic review at the point of every renewal.

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Appendix 1 Applications and referrals to the Tribunal

If	The patient can appeal once during
A patient is subject to a section 2	The first 14 days of detention
A patient is subject to a section 3	In each period of detention
A patient is subject to a transfer direction (restricted)	The period of 6 months starting with the day the order was made the subsequent 6 months and each subsequent 12 month period
A patient is subject to a transfer direction (unrestricted)	The 6 months starting with the day on which the direction was made
A patient is subject to a hospital order (restricted)	The period between the end of the six months starting with the day the order is made and the end of the 12 months from that day and each subsequent 12 period of detention
A patient is subject to a hospital order (unrestricted)	The period between the end of the six months starting with the day the order is made and the end of the 12 months from that day and each subsequent 12 period of detention
A patients restrictions lapse or are lifted	Six months starting on the day the restriction direction or limitation direction ceased to have effect
A patient who is conditionally discharged	The period between the end of the 12 months starting with the day of the conditional discharge and the end of two years from that date and each subsequent 2 year period.
A patient who has been conditionally discharged	The period between the end of the 6 months starting with the day of their arrival to hospital

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then recalled back to hospital	and the end of that 12 month period and each subsequent period.
A patient is subject to a CTO	The period of 6 months starting with the day of the CTO then in each period of detention

Hospital Managers duty to refer patients' cases to the Tribunal at the 6 month point

Patient	**Unless an application or reference has already been made a reference must be made**
Section 2 patient when their section is extended under section 29 because of an application to displace the nearest relative	Six months from the date of section unless a reference has already been made
Section 3 patient	If originally on a section 2 then 6 months from that date of detention otherwise 6 months from the date of detention under section 3
CTO patient (Part 2)	If originally on a section 2 then 6 months from that date of detention otherwise 6 months from the date of detention under section 3

Hospital Managers duty to refer certain patients' cases to the Tribunal if it has been 3 years (or one year) since their last Tribunal

Patient	**Hospital Managers must refer patients' cases to the Tribunal if**
Patients 18 or over	3 years has passed without the patients case being considered by the Tribunal
Patients under 18	1 year has passed without the patients case being considered by the Tribunal

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If the patient was previously a restricted patient	3 year or one year runs from the date on which the restrictions ended or were lifted

The Hospital Managers must refer a patient's case to the Tribunal if their CTO is revoked; this must be done as soon as possible after the CTO is revoked.

The Secretary of State must refer the case of restricted patient to the Tribunal if 3 years has passed without the patient's case being considered by the Tribunal. They must also refer the case of a patient who was conditionally discharged and then recalled back to hospital.

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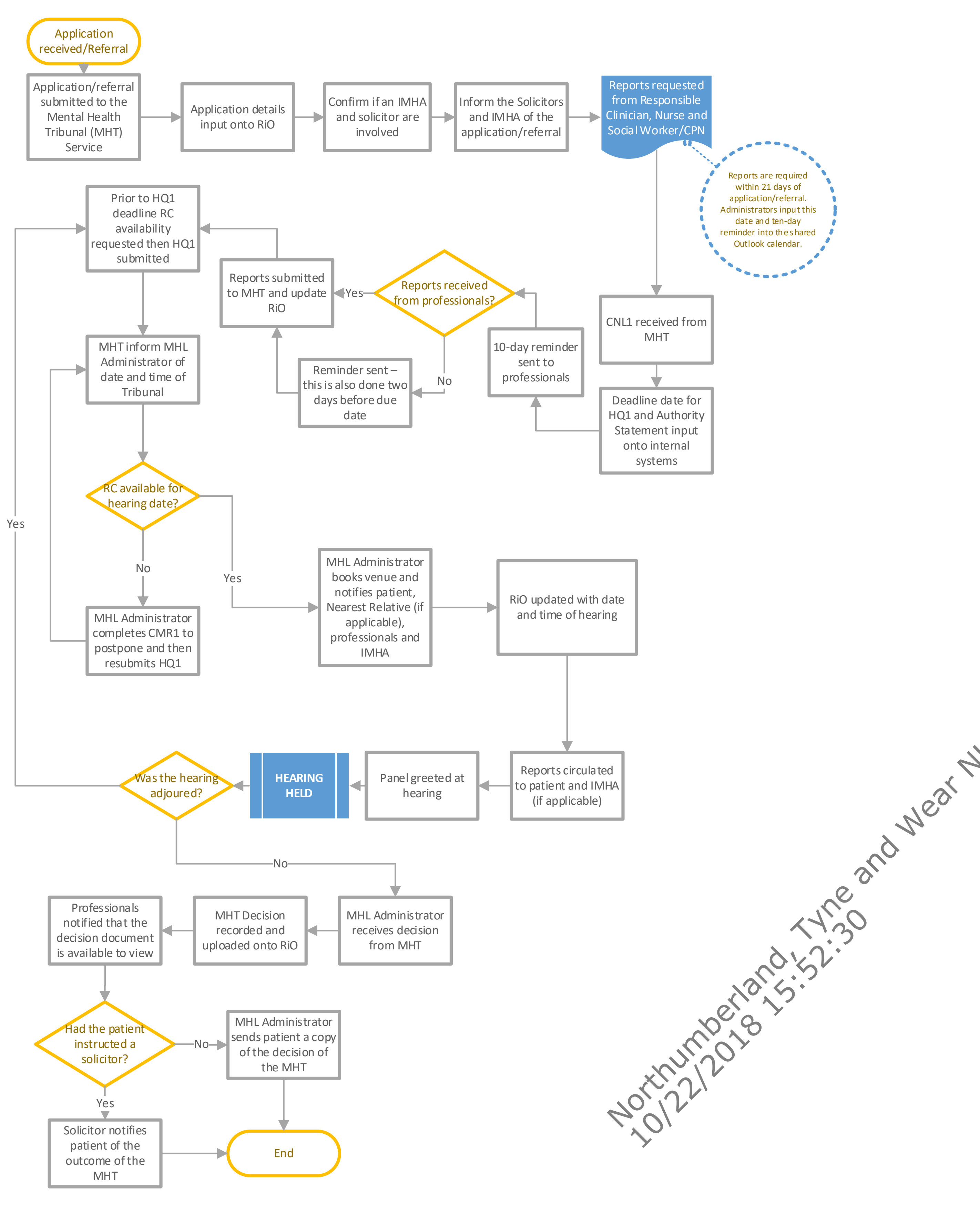
Appendix 2



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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th October 2018

Title and Author of Paper: All Together Better Alliance Executive, Briefing Paper and Terms of Reference Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

Paper for Debate, Decision or Information: Decision

Key Points to Note:

The purpose of this report is to:

- Provide all stakeholders with an update of progress on the establishment of the All Together Better Alliance to achieve an integrated Out of Hospital Health and Care Model as described in the CCG Prospectus,
- Seek formal support for the recommendations, including the new ATBA Terms of Reference (appendix 1) which are to be approved at the ATBA Executive Group first meeting in October 2018, with final ratification by Sunderland CCG Governing Body in November 2018.

Risks Highlighted to Board: None

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required: To approve the All Together Better Alliance Executive Group, Terms of Reference

Link to Policies and Strategies: N/A

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All Together Better Alliance Executive

Briefing Paper

September 2018

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1. Background and Vision

1.1. In February 2018 NHS Sunderland CCG made the decision to secure a multi-specialty community provider (MCP) collaboration business model, via an alliance approach, supported initially through a compact for collaboration and subsequently by an alliance executive, with alliance principles being incorporated into each contract commissioned by the CCG.

1.2 The aim is to have an effective alliance in place by April 2019 to achieve the outcomes in the CCG's Prospectus which was published in final form on 23 February 2018[1]. It is intended that the alliance approach will focus on "*person centred proactive and coordinated care which will support appropriate use of health and care services, will improve patient and carer experience and outcomes, ensuring people will live longer with better quality of life*".

1.3 Since March 2018 the MCP Shadow Board has been overseeing the development of the alliance approach, whilst undertaking engagement with wider stakeholders throughout the process. The Board has proposed that the alliance be formally known as the All Together Better Alliance (ATBA).

2. Purpose of report

2.1 The purpose of this report is to:

- Provide all stakeholders with an update of progress on the establishment of the All Together Better Alliance to achieve an integrated Out of Hospital Health and Care Model as described in the CCG Prospectus,

- Seek formal support for the recommendations, including the new ATBA Terms of Reference (appendix 1) which are to be approved at the ATBA Executive Group first meeting in October 2018, with final ratification by Sunderland CCG Governing Body in November 2018.

3. All Together Better Alliance Arrangements

Development of Alliance Arrangements

3.1 The development and implementation of the alliance arrangements is taking a phased approach over three key stages:

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[1] http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/03/Final-Prospectus-23.2.18-2.pdf

Stage 1
April to June 2018
Engagement and agreement to Collaborate

Stage 2
July to March 2019
Alliance arrangements in place
MCP Commissioning Strategy in place

Stage 3
April 2019 Onwards
Implementation
Review
Monitoring

3.2 Following the CCG Governing Body decision to secure the MCP using an alliance approach a Shadow Board made up of the founding partners of the All Together Better has provided the input and ideas on the development of the alliance model for Sunderland. The membership includes representation from Sunderland CCG, Sunderland City Council, City Hospitals Sunderland Foundation Trust, South Tyneside Foundation Trust, Northumberland Tyne and Wear Foundation Trust, and the Sunderland General Practice Alliance.

3.3 The proposals for the alliance model have been informed by the engagement of support and advice from Ward Hadaway (legal firm) to ensure the proposals met with CCG key statutory duties in relation to adhering with legislation (e.g. procurement law).

3.4 In support of the proposals, the CCG has undertaken significant engagement work with the marketplace, including with contracted and non-contracted providers in order to gain opinion on the proposals. The views received are overwhelmingly supportive of the approach, influencing and shaping the proposed governance of the All Together Better Alliance. Current providers have been asked to sign a Compact for Collaboration which is in addition to their existing contracts[2] . A summary of the June engagement event is available from NHS Sunderland CCG[3].

3.5 Following the engagement event the MCP Shadow Board members developed outline proposals for the All Together Better Alliance. The proposals commit providers into the alliance way of working,

- supporting collaboration between all stakeholders, not just those on the executive group;
- ensure clinical leadership all levels,
- with quality and safety at the heart of transformation,
- whilst delivering sustainability.

3.6 The outline proposals were accepted by the CCG governing body on the 24th July 2018[4], including the recommendations to:

[2] http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/07/MCP-Alliance-Compact-Final-29.6.18.pdf
[3] http://www.sunderlandccg.nhs.uk/get-involved/multi-specialty-community-provider-mcp-model/engagement-activity/
[4] http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/07/Agenda-and-papers-24-July-2018-1.pdf

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- Develop the alliance arrangements including the programme approach,
- Implement new executive group structure, including new system roles for a GP Chair and Managing Director
- Development of a Scheme of Delegation
- Development of a local assurance process

Overview of the All Together Better Alliance Model

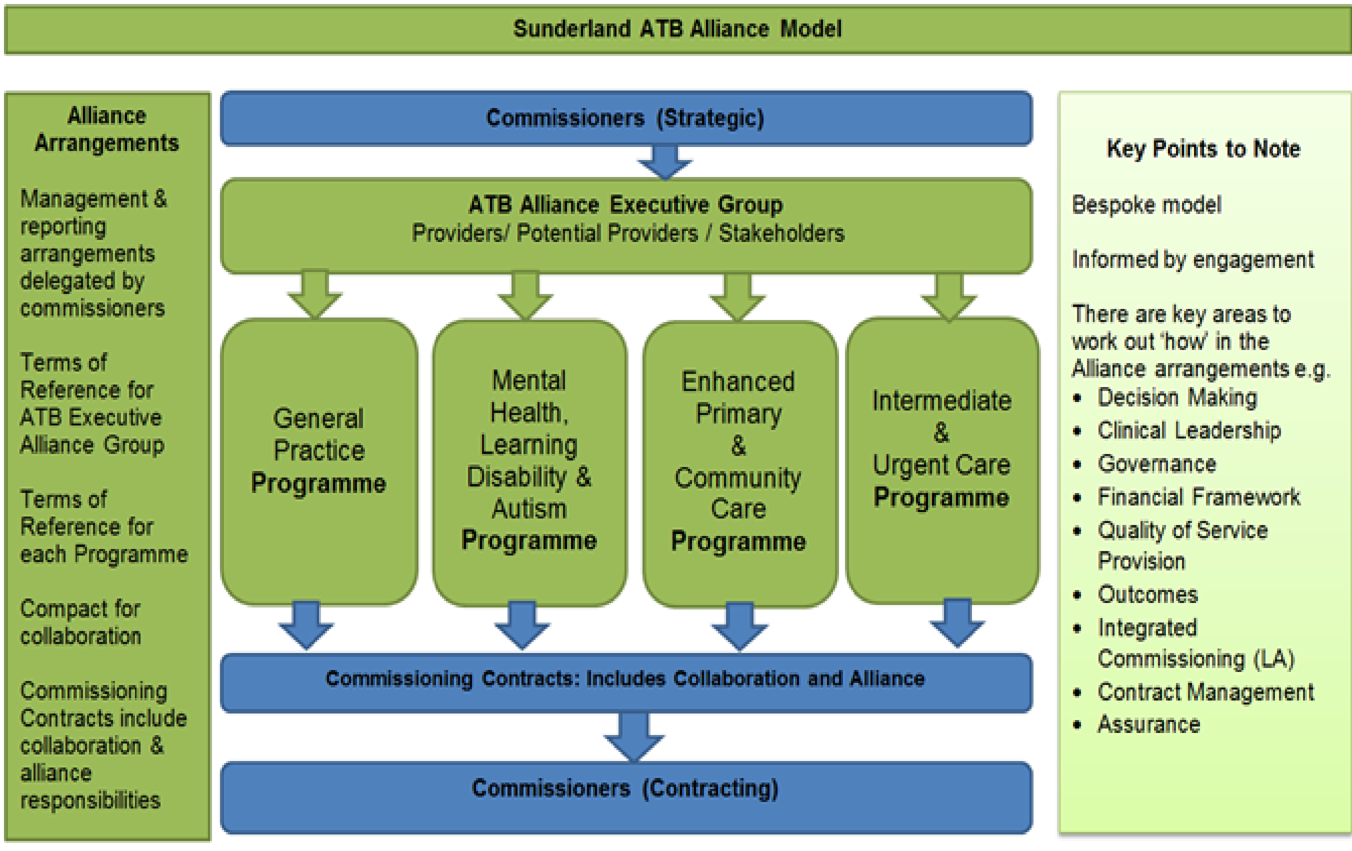

Diagram 1 – Sunderland All Together Better Alliance Model.

3.7 Diagram one describes the 'bespoke' All Together Better Alliance model co-produced by the board as a result of engagement with stakeholders, and advice from Ward Hadaway. The shadow board is committed to work closely with stakeholders to ensure that the overall model is achievable and efficient, enabling adaptations and adjustments as and when necessary.

3.8 Key features of the Alliance Model

- Organisations in a system acting and behaving as though they are one, while maintaining statutory and contractual responsibilities of individual organisations – both Commissioners and Providers
- Build collaborative leadership around redesigning care tailored to the needs of the health of the population of Sunderland, irrespective of existing institutional arrangements. A new approach creating a new

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system of care delivery backed up by a new financial and business model.

- Formalised by alliance principles and governance arrangements being included in all commissioning contracts and the formation of an All Together Better Alliance Executive Group which will have an important and key role and a number of responsibilities to the CCG and existing, future and potential providers.
- Collaborative and proactive management of resources
- Delivers, by collaboration, recommendation and agreement, any changes to models of care and integration

3.9 This approach will redefine the relationship between commissioner and provider with the ultimate aim of:

- Improving the quality of care for local people.
- Improving health outcomes and wellbeing for local people.
- Improving the sustainability of the local health and care system.

3.10 The scope of services included within the remit of the alliance can be summarised as all Out of Hospital Services including Mental Health, Learning disabilities, Autism, Urgent care, Intermediate Care, Urgent Care, Enhanced primary and Community care and General Practice (see MCP Prospectus for full scope and detail).

Commissioning and Contracts

3.11 The CCG will retain all statutory accountability including its key statutory responsibility to commission health services for Sunderland. In order to describe 'how' those services within the scope of the alliance, will be commissioned the CCG is developing an ATBA Commissioning Strategy. Stakeholders have been supportive of the draft proposals which describe alignment of the scope to a programme approach (see diagram 1). The commissioning strategy will be underpinned by risk based decision making on how best to procure services, rather than adopting a one size fits all approach. It is the intention to include alliance and collaboration principles and requirements in each new contract as it is tendered placed or awarded.

All Together Better Alliance Executive Group

3.12 The ATBA Executive Group has been established as an independent alliance to undertake and be principally responsible for the overall integrated delivery, performance outcomes and overall oversight of the services. It will be a formally constituted group with responsibility;

- to lead the strategic development of the alliance,
- to oversee transformation programmes,
- at all times ensuring engagement and transparency in decision making.

3.13 Its terms of reference describe its principle functions and authority, containing information on how the group will be organised, what it is trying to achieve, the leadership and the membership. Ward Hadaway has provided legal guidance to ensure risks are managed appropriately and that the terms of reference

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reflect the design principles within the prospectus and support joint working across the system.

3.14 As the alliance needs to provide clear assurance to the CCG governing body, it will work within a jointly agreed scheme of delegation. A working draft scheme of delegation, based on the terms of reference, is under development to support effective timely decision making. The scheme will be shared with stakeholders at a later date.

3.15 Stakeholders are formally requested to approve the ATBA Executive Group to approve the Terms of Reference) at its first meeting in October 2018, with final ratification by Sunderland CCG Governing Body in November 2018

Programmes

3.16 The scope of services has been organised into four programmes acting as the implementation and delivery mechanism for the ATBA Executive Group. The executive is responsible for establishing, resourcing and facilitating each programme. Each programme's objectives include the oversight of service delivery, transformation, outcomes, and financial efficiencies. The programmes will be expected to give recommendations and dissenting views to the executive group so that the executive can assess them all on an impartial system wide basis.

3.17 Programmes' will have a lead Senior Responsible Owner (SRO) and Senior Responsible clinician (SRC) who will be a member of the executive group, ensuring governance and clinical leadership at every level. Initially SROs and SRCs will come from the founding partners of the shadow board, but as the model matures it is expected that a process for 'appointment' of SROs and SRCs will be agreed.

3.18 Membership of the programmes will be inclusive and bound by terms of reference (to be developed) supporting integration, transformation and collaboration, whilst like the executive group, ensuring engagement and transparency in developing recommendations for decision making, (within the scheme of delegation).

4. Key next steps

4.1 The aim is to have the first meeting of the ATBA Executive Group by the end of October 2018. Its first task will be to approve its Terms of Reference and submit to the CCG Governing body for formal ratification in November 2018.

4.2 Stakeholders formally receiving this report should provide written feedback (e.g. minutes for consideration by the shadow board members for inclusion in the final report to the CCG Governing Body).

4.3 Following approval of the terms of reference by the CCG Governing Body it is the intention to finalise the scheme of delegation to support effective and timely decision making.

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4.4 The shadow board is continuing to meet to oversee the full implementation plan for the alliance so that the aim of having the alliance in place by April 2019 is achieved. A dedicated business resource of staff is actively working with the shadow board on the implementation of the alliance proposals. Progression on the appointment of other key posts, the Chair and Managing Director is being taken forward by senior leaders.

5. Risks and Issues

5.1 A comprehensive risk register is maintained as part of the governance of this work programme. The following key risks are identified as pertinent to this paper and form a sub set of the overall risk register;

- There is a risk that leadership and governance will not be agreed by all partners of MCP Alliance Shadow Board due to different expectations of the role and functions of the MCP Alliance. With a result that the All Together Better Alliance will not be formed.
- There is a risk that sign off of alliance arrangements (e.g. ToR) is delayed due to the complex decision making/sign off process.
- There is a risk that the local health economy plans including closer working between Sunderland and South Tyneside will disrupt the establishment of the Sunderland ATBA resulting in the Alliance not being established by April'19

6. Assurance process

6.1 The following is offered by way of assurances for the risks identified;

- Decision making/sign off process have been mapped from all of the All Together Better Alliance Shadow Board member organisations in preparation for "alliance arrangement" sign off
- There are a number of senior ATBA shadow board members part of the LHE work programme who have oversight of the LHE plans which may impact on the Sunderland All Together Better Alliance

7. Recommendations

7.1 Stakeholders are requested to receive this report and support the following recommendations;

- Note the progress on the establishment of the All Together Better Alliance to achieve an integrated Out of Hospital Health and Care Model as described in the CCG Prospectus,
- Provide written formal support and feedback on the new ATBA Executive Group Terms of Reference,
- Note that the terms of reference will be approved at the ATBA Executive Group first meeting in October 2018, with final ratification by Sunderland CCG Governing Body in November 2018,

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- Note the intention to finalise the scheme of delegation, based on the terms of reference to support effective and timely decision making.
- The ATBA Executive Group to continue to implement the proposals for alliance model.

8. Additional Information

8.1 Additional Information in relation to the development of the All Together Better Alliance can be found below.

- Final CCG prospectus:
http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/03/Final-Prospectus-23.2.18-2.pdf

- Compact for Collaboration
http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/07/MCP-Alliance-Compact-Final-29.6.18.pdf

- Market Engagement Report – June 2018
http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/07/SCCG-MCP-Alliance-Enagement-Event-Report-5.6.18-Final.pdf

- CCG Governing Body Report – July 2018
http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/07/Agenda-and-papers-24-July-2018-1.pdf

Author: Penny Davison, Senior Commissioning Manager on behalf of the Sunderland All Together Better Alliance

Date authored: 27th September 2018

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All Together Better Alliance

Executive Group

Terms of Reference

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1. **Background and Vision**

1.1. In February 2018 Sunderland CCG "the CCG" made a decision to secure a multi-specialty community provider collaboration business model, via an alliance approach, supported initially through a compact for collaboration and subsequently by an alliance executive, with alliance principles being incorporated into each contract commissioned by the CCG.

1.2. The alliance approach will be utilised to achieve the outcomes in the CCG's Multi-Specialty Community Provider Prospectus which was published in final form on 23 February 2018. http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/03/Final-Prospectus-23.2.18-2.pdf ("the MCP Prospectus").

1.3. It is intended that the alliance approach will focus on person centered proactive and coordinated care which will support appropriate use of health and care services, will improve patient and carer experience and outcomes, ensuring people will live longer with better quality of life.

2. **Sunderland All together Better Alliance Model**

2.1. The key features of the Sunderland All together Better Alliance Model will be:

- Organisations working together in a system acting and behaving as though they are one, whilst maintaining statutory and contractual responsibilities of individual organisations – both Commissioners and Providers.
- Build collaborative leadership around redesigning care tailored to the needs of the health of the population of Sunderland, irrespective of existing institutional arrangements. A new approach creating a new system of care delivery backed up by a new financial and business model.
- Formalised by alliance principles and governance arrangements being included in all commissioning contracts and the formation of an All Together Better Alliance Executive Group which will have an important and key role and a number of responsibilities to the CCG and existing, future and potential providers.
- Collaborative and pro-active management of resources.
- Delivering, by collaboration, recommendation and agreement, any changes to models of care and integration.

2.2. This approach will redefine the relationship between commissioner and provider with the ultimate aim of:

- Improving the quality of care for local people.
- Improving health outcomes and wellbeing for local people.
- Improving the sustainability of the local health and care system.

2.3. The Sunderland All Together Better Alliance Model is underpinned by the collection, creation and provision of information both within the Alliance and to the CCG. A schedule of reports detailed in these Terms of Reference is attached at Appendix 1.

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PRINCIPLE FUNCTIONS

3. **General**

3.1. The All Together Better Alliance Executive Group has been established as an independent alliance to undertake and be principally responsible for overall integrated delivery, performance, outcomes and system-wide overview of:

3.1.1. general practice; and

3.1.2. mental health, learning disability and autism services;

3.1.3. enhanced primary and community care services;

3.1.4. intermediate and urgent care services to all in Sunderland "the Services";

For the avoidance of doubt the principal responsibilities detailed in 3.1 above are not to be construed as replacing the co-commissioning contracting and governance arrangements in place between NHS England, the CCG and General Practice.

3.2. The All Together Better Alliance Executive Group may adopt whichever approach it deems appropriate to achieve the Principle Functions.

4. **Compliance**

4.1. The All Together Better Alliance Executive Group will, in undertaking its functions, ensure that it and all of the representatives and members of it act in a manner which is consistent with and in compliance with the law, applicable guidance, direction, determination, consents, CCG and all other relevant policies, the CCG discharging its statutory duties and other functions, in accordance with Good Industry Practice and NHS requirements.

5. **System Transformation**

5.1. The All Together Better Alliance Executive Group will be consistent with the CCG's strategic objectives (as applying from time to time):

5.1.1. Establish, resource then facilitate four programmes within which all providers, potential providers, CCG representation and interested third parties can appropriately engage, discuss and recommend the best way of delivering, contracting, co-ordinating, ensuring performance of the healthcare services commissioned by the CCG in respect of the relevant programme;

5.1.2. consider the recommendations and dissenting views from each programme and assess all of them on an impartial, system wide basis (which for the avoidance of doubt includes in hospital care and prevention) to ensure best care, optimum performance of services and best use of resources, funds and budget before either making a decision where entitled to do so under the [Scheme of Delegation] or passing considered recommendations and dissenting views to Sunderland Clinical Commissioning Group ("the CCG") in good time to ensure that the CCG's Commissioning programme and strategy can be achieved; and

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5.1.3. source, co-ordinate and provide informed feedback and suggestions to the CCG on (without limitation) service models, care pathways and improved ways of working.

6. Transition

6.1. The All Together Better Alliance Executive Group will:

6.1.1. ensure transition to the Alliance Model is managed effectively, efficiently and safely;

6.1.2. ensure the transition to the Alliance Model is delivered in accordance with the transition plan agreed with the CCG;

6.1.3. provide assurance that risks are understood and managed (including provider sustainability) effectively;

6.1.4. ensure that the safety of patients and service users is never compromised by the introduction, roll out and delivery of the All Together Better Alliance; and

6.1.5. ensure the financial sustainability of the out of hospital system is optimised during and after transition.

7. Finance

7.1. The All Together Better Alliance Executive Group will introduce improved ways of working, monitoring and provide overall management of the Services commissioned by the CCG to ensure that they are delivered within the overall annual and recurrent budget agreed with the CCG.

8. Performance

8.1. The All Together Better Alliance Executive Group will:

8.1.1. introduce improved ways of working, monitoring and providing overall management to ensure that the Services are delivered to the standards and other requirements detailed in the commissioning contracts entered into by the CCG with all relevant providers;

8.1.2. consider on a monthly, quarterly and annual basis performance of the Services against the MCP prospectus required outcomes ; and

8.1.3. ensure transparency for each and all of the services including in respect of performance of the Services and the financial/budget position for each.

9. Operations

9.1. The All Together Better Alliance Executive Group will:

Operational Monitoring

9.1.1. ensure appropriate and comprehensive monitoring of performance of the Services against each commissioning contract's requirements and provide overall performance report(s) as agreed with the CCG.

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Service Performance

For the avoidance of doubt:

9.1.2. Service providers will report to the All Together Better Alliance Executive Group rather than CCG to enable above reporting, save in respect of General Practice which will be subject to existing co-commissioning arrangements by, amongst others NHS England and the CCG.

Financial Performance

9.1.3. monitor financial performance to ensure the services are delivered in accordance with the Financial Framework; and

9.1.4. provide financial reports (in a format agreed with the CCG) to the CCG each month;

Quality and Safety Performance

9.1.5. ensure appropriate and comprehensive monitoring of the quality and safety of all of the services to ensure that the services meet all contractual and other requirements in respect of quality and safety; and

9.1.6. provide quality reports encompassing; patient safety (incorporating safeguarding), clinical effectiveness and patient experience (in a format agreed with the CCG) to the CCG in respect of the same each month;

Policies and Procedures

9.1.7. ensure that CCG and all other applicable policies and procedures relating to the Services are complied with, and where updated, to circulate such updates to all providers, members, potential providers and interested parties forthwith;

9.1.8. ensure comprehensive patient and stakeholder engagement, share appropriate information with patients and service users, staff, the public and wider community to ensure that they are fully aware, engaged and involved with the provision of services in Sunderland at least quarterly;

9.1.9. manage the resources delegated or appointed to the All Together Better Alliance Executive Group in the optimum and most efficient and effective way to ensure that all of the Principle Functions are achieved.

9.1.10. provide overall co-ordination and system wide management, addressing shortfalls, issues arising and all matters arising to ensure continuous and full provision of the Services at all times;

9.1.11. ensure the collaboration and constructive working of all providers in accordance with the Compact for Collaboration and Alliance Principles contained in each provider's commissioning contract with the CCG;

9.1.12. resolve disputes between providers as appropriate;

9.1.13. provide an annual review of Services provision (in a format agreed with the CCG);

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9.1.14. save in respect of General Practice which will be subject to contract management, amongst others NHS England and CQC, ensure that quarterly audits are undertaken and that spot checks are also undertaken regularly;

9.1.15. ensure that delivery of the Services complies with Good Industry Practice;

9.1.16. facilitate an environment and working arrangements which enable providers to work more closely together in order to ensure greater standardisation of approach, IT and systems in the delivery of the Services resulting in improved outcomes;

9.1.17. facilitate and ensure sharing of data to enable harmonisation where appropriate a standardised approach;

9.1.18. monitor, manage and optimise the best methodology for delivery of all of the Services and provide support to assist providers in delivering/achieving commissioning contract outcomes.

10. Monitoring - MCP Prospectus and Reporting Summary

10.1. The All Together Better Alliance Executive Group will:

10.1.1. comprehensively, regularly and thoroughly monitor to ensure that the MCP Prospectus outcomes are achieved and that all of the Principle Functions are also achieved;

10.1.2. provide regular (at least quarterly) feedback by way of report to the CCG on progress and achievements;

10.1.3. collection and provision of all information necessary to enable the CCG and one another to submit accurate, complete and timely reports as required by DHSC, NHSI/NHSE or other relevant bodies [including Integrated Care Partnership and Health and Well Being Boards].

11. Transformation

11.1. The All Together Better Alliance Executive Group will:

11.1.1. encourage innovation in the delivery of the Services to the benefit of the CCG all members and potential members of the All Together Better Alliance and Service users;

11.1.2. undertake comprehensive reviews to establish new methods of working which will enhance and improve the Services, and achieve financial efficiency; and

11.1.3. review and plan on an ongoing basis to ensure optimum performance of the Services.

12. Leadership

12.1. The All Together Better Alliance Executive Group will:

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12.1.1. provide excellent and visible leadership and day to day management;

12.1.2. provide direction and commitment to achieving, managing and sharing resources; and

12.1.3. represent the interests of all providers, potential providers and relevant third parties.

13. **Clinical Leadership**

13.1 The All Together Better Alliance Executive Group will provide strong clinical strategic and operational leadership at all levels of the alliance.

14. **Performance of delegated functions of CCG**

14.1. The All Together Better Alliance Executive Group will:

14.1.1. properly and fully perform all of the functions of the CCG which have been delegated to it in accordance with the Scheme of Delegation.

15. **Effectiveness of the Alliance Executive Group**

15.1. The All Together Better Alliance Executive Group will report in an agreed format on the effectiveness of its own performance and achievement of the Principle Function:

16. **Membership**

16.1. The All Together Better Alliance Executive Group will:

16.1.1. consider proposals to admit new members, representatives and other third parties, and act fairly and transparently in agreeing new members in accordance with the Alliance Principles and the process and procedures agreed by the members acting fairly, reasonably, proportionately and in a timely manner.

17. **Governance Structure**

17.1. The All Together Better Alliance Executive Group will:

17.1.1. to avoid doubt, not make decisions on any matters which fall within the statutory functions of the CCG , the Council or any of the members;

17.2. The diagram below provides a high level demonstration of roles, contracting arrangements, responsibilities and interrelationships between the CCG, the All Together Better Alliance and relevant third parties in diagrammatic form. There is an emerging governance structure for the local health economy and a development of a Transforming Health and Care System Board which may need to be taken in account.

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Alliance Arrangements

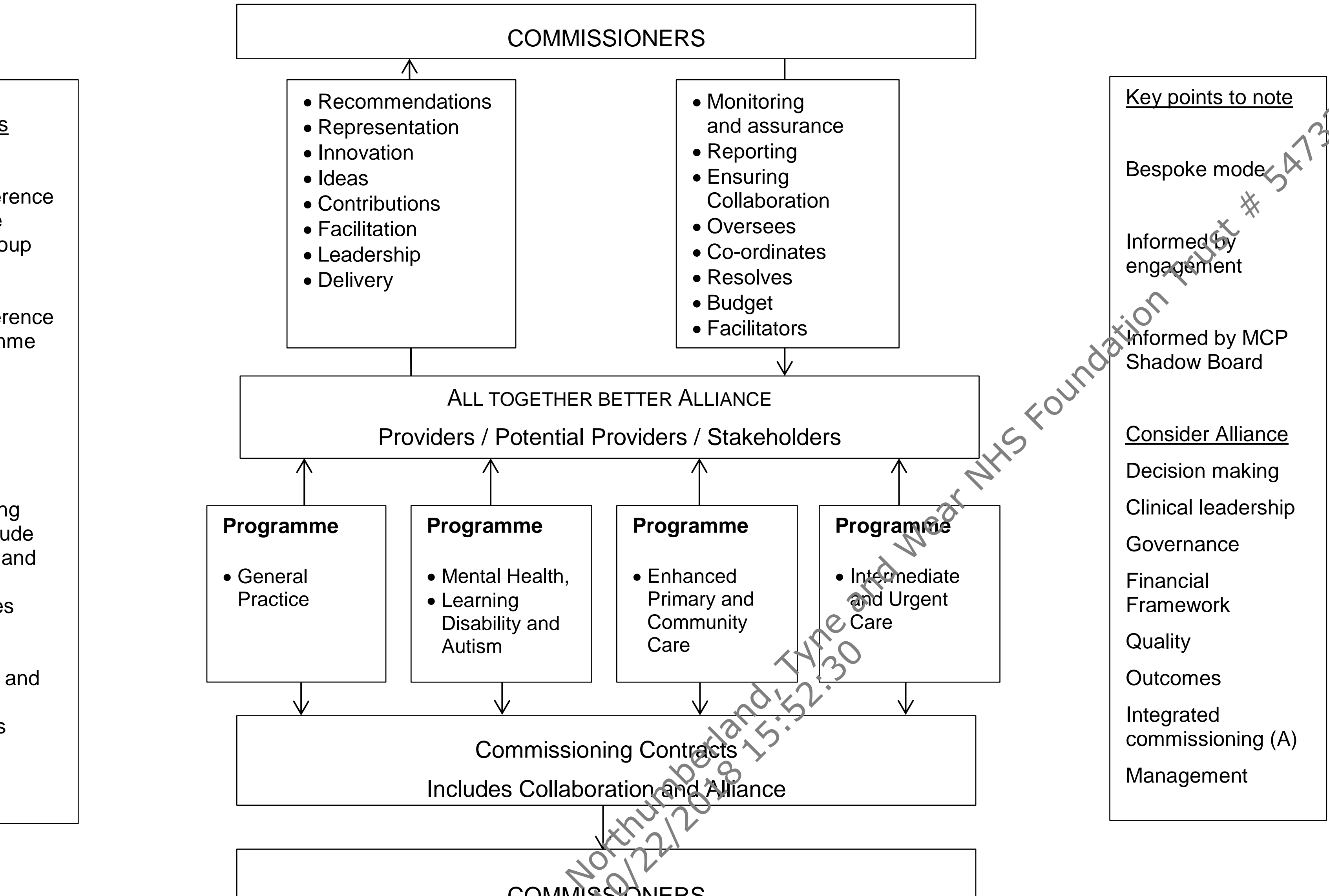
Terms of reference MCP Alliance Executive Group

Terms of reference each programme

Collaboration Compact

Commissioning contracts include collaboration and alliance responsibilities

Management and reporting arrangements delegated by commissions



Key points to note

Bespoke mode

Informed by engagement

Informed by MCP Shadow Board

Consider Alliance

Decision making

Clinical leadership

Governance

Financial Framework

Quality

Outcomes

Integrated commissioning (A)

Management

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17.3. the All Together Better Alliance Executive Group may establish one or more sub groups to deliver the principle functions detailed in paragraphs 1 to 16 inclusive above. Each sub group shall report to the All Together Better Alliance Executive Group at least once in every month on its performance and achievement of relevant principle function outcome; and

17.4. each member/representative/Deputy of the All Together Better Alliance Executive Group will have appropriate Deputy delegated authority from their relevant organisation in order to make decisions and take all necessary steps and bind the organisation that has nominated them and/or which they represent.

18. Membership

18.1. The membership shall comprise the following representatives:

Title – Representatives
General Practitioner Chair
Managing Director
CCG Clinical Lead
CCG Director Lead
CCG Director of Finance
Local Authority Commissioning Lead
Senior Responsible Officer for the General Practice Programme
Senior Responsible Clinician for the General Practice Programme
Senior Responsible Officer for the Mental Health, Learning Disabilities and Autism Programme
Senior Responsible Clinician for the Mental Health, Learning Disabilities and Autism Programme
Senior Responsible Officer for the Enhanced Primary and Community Care programme
Senior Responsible Clinician for the Enhanced Primary and Community Care programme
Senior Responsible Officer for the Intermediate and Urgent Care programme
Senior Responsible Clinician for the Intermediate and Urgent Care programme
Director of Nursing and Quality
Medical Director (GP)
Healthwatch / Lay Member (Non-Voting)

18.2. Membership arrangements.

18.2.1. Representatives shall ensure the achievements of the Principle Functions detailed in paragraphs 1 to 16 inclusive above:

18.3. Each member will ensure that its representative/Deputy has the necessary delegated authority to make all decisions and that such representative will have very senior manager level status within their employing organisation.

18.4. Representatives may by simple majority invite other persons to attend meetings of the All Together Better Alliance Executive Group.

18.5. No such persons invited pursuant to clause 18.4 above shall be able to vote on any matter.

18.6. In addition to the members listed above the relevant individuals may be invited to be in attendance at meetings.

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19. **Frequency and notice of meetings**

19.1. Meetings shall be held monthly or at such other increased frequency as agreed by the representatives from time to time.

19.2. Papers and the proposed agenda for each meeting will be circulated electronically at least 5 working days before each meeting.

19.3. The All Together Better Executive Group will endeavour to ensure there is a rolling programme of development sessions as well as formal meeting.

20. **Quorum**

20.1. Meetings of the All Together Better Alliance Executive Group shall be quorate when representatives from 50% of the members are present, including a representative from every Programme, the CCG and at least 50% of those in attendance are clinicians. For the avoidance of doubt, attendance by representatives of each of the members of each of the meetings shall be of the essence and best endeavours should be used to achieve quorum.

20.2. Members/representatives unable to attend any meeting must ensure that those present have been briefed by those not in attendance. Those members' representatives present who have been briefed by members of the Executive Group not in attendance at the meeting are required to relay their views and provide input to the meeting. This requires all parties to have considered all the proposals and papers being discussed prior to the relevant meeting.

20.3. A deputy (a "Deputy") may be sent to a meeting to take the place of the relevant representative. For the avoidance of doubt a Deputy need not be from the member's organisation.

20.4. For SROs and SRCs deputies should be from the relevant programme.

20.5. Where a Deputy is appointed, the references in these Terms of Reference to representatives shall be read as references to the Deputy, save that the Deputy may not itself appoint a Deputy and such Deputy must be empowered by their organisation/programme as if he/she was a representative. The relevant representative must ensure that a Deputy attending a meeting has the necessary delegated authority to make the relevant decisions.

21. **Voting**

21.1. All decisions may be made by a simple majority of vote of all representatives/deputies attending a meeting. In the case of an equality of votes the chair shall carry a second and casting vote.

21.2. Where unanimity or a simple majority is not reached, the Parties agree that the matter will be managed in line with the agreed dispute resolution procedure.

21.3. It will be the responsibility of each of the representatives to ensure appropriate briefings and soundings of their governing bodies and their staff prior to attending meetings in order that they have all authority necessary to vote on each matter.

22. **Chair**

22.1. The Chair and Deputy Chair will be formally appointed for 3 years (a term) and no more than three terms;

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22.2. These appointments will be reviewed for succession planning at the second anniversary of the relevant appointment of the Chair and/or Deputy Chair;

22.3. Nominations for the Chair and Deputy Chair roles must meet the following criteria:

22.3.1. The nominees for the Chair must be a General Practitioner practicing in Sunderland for a minimum of 2 sessions per week in core General practice.

22.3.2. The nominees for Deputy Chair must be a Clinician practicing in Sunderland but not necessarily a General Practitioner.

22.3.3. Supported by formal written expressions of interest identifying the skills and experience available to undertake the role of Chair or Deputy Chair as the case may be.

22.4. For avoidance of doubt the Chair or Deputy Chair may not have any material conflicts of interest, hold an Executive GP post in the CCG.

22.5. For the avoidance of doubt the Managing Director will be appointed by the Transforming Health and Care System Board.

22.6. The Chair, Deputy Chair, Managing Director shall be subject to performance reviews on at least an annual basis by the Transforming Health and Care System Board.

23. Administration and venue support

23.1. The representatives will within available resources be responsible for ensuring that the All Together Better Alliance Executive Group has all the administrative and programme support and advice that it requires.

23.2. The representatives shall within available resources provide administrative support and advice including but not limited to:

23.2.1. taking the minutes and keeping a record of matters arising and issues to be carried forward; and

23.2.2. advising the representatives as appropriate on best practice, national guidance and other relevant policies, procedures and guidelines.

23.3. Sunderland CCG will host all meetings and will ensure that appropriate refreshments, parking spaces and other amenities are available.

24. Reporting

24.1. The minutes of each meeting will be agreed by the Chair and circulated to all representatives for approval and ratification.

24.2. Minutes will be circulated to the representatives boards/governing bodies, except where, at the Chair's discretion, elements of any minutes need to be redacted or withheld for reasons of commercial or personnel confidentiality.

24.3. Minutes will be circulated within 7 working days of the meeting to the Chair and not less than a week in advance of the next meeting. Verbal reports will be accepted only on an exceptional and/or urgent basis.

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25. **Special Meetings**

25.1. Special meetings on any matter may be called by any of the representatives by giving at least forty-eight (48) hours' notice by e-mail to the other representatives in the following circumstances:

25.1.1. where that representative has concerns relating to the safety and welfare of service users under a commissioning contract;

25.1.2. in response to a quality performance or financial query by a regulatory or supervisory body (including but not limited to NHS England, NHS Improvement and the Care Quality Commission);

25.1.3. to convene a dispute resolution meeting; and

25.1.4. for the consideration of any matter that the relevant representative considers to be of sufficient urgency and importance that its consideration cannot wait until the date of the next meeting.

26. **Conflicts of Interest and Conduct**

26.1. Each representative and those in attendance at meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Principles of the Citizen's Charter and the Code of Practice on Access to Government Information together with all other applicable guidance, statutory guidance and/or requirements applying from time to time.

26.2. Each representative must abide by all policies of the organisation it represents in relation to conflicts of interest.

26.3. Where any representative has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that representative may participate and/or vote in meetings (or other parts of meetings) in which the relevant matter is discussed. Where the Chair decides to exclude a representative, a Deputy may take the place of the conflicted.

27. **Approval and Review**

27.1. These terms of reference have been approved by ATBA Executive Group and are effective from [** October 2018].

27.2. Were these terms of reference ratified by the CCG on [** November 2018].

27.3. These terms of reference will be reviewed on [** October 2019] then each following 12 months thereafter.

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Appendix 1

Table of Reports

Clause	Type of report	Produced by	Report to	Frequency
9.1.4	Financial performance Report	ATBA Executive Group	CCG	Monthly
9.1.6	Quality performance report	ATBA Executive Group	CCG	Monthly
9.1.13	Review of service provision	ATBA Executive Group	CCG	Yearly
10.1.2	ATBA report progress against MCP prospectus	ATBA Executive Group	CCG	Quarterly (At least)
17.3	Programme status report	Programme SRO/SRC	ATBA Executive Group	Monthly

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors Meeting

Meeting Date: 24th October 2018

Title and Author of Paper: NENC Applied Research Collaboration Application update
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:

Applied Research Collaborations (ARCs) are National Institute for Health Research (NIHR) funded partnerships between Higher Education Institutions and a range of Care organisations. ARCs are intended to focus on delivering high quality research and evaluation on local priority issues, to facilitate knowledge mobilisation, promote implementation (the use of evidence to shape and improve care) and carry out capacity building and capability development.

NTW is the host organisation for the North East and North Cumbria (NENC) ARC application, worth up to £9m over five years, submitted in August. Interviews were held in October and decisions are expected to be communicated to applicants in December, funding due to start, if successful, in October 2019.

The collaboration is truly regional: 57 partner organisations from Universities, Health, Social Care and the Voluntary Sector; £5.5m in matched funding from HEIs, £1.4m in matched funding from the care system (year 1 only); 369 members across 8 research priority areas: Multimorbidity, Ageing and Frailty; Supporting Children and Families; Prevention Early Intervention and Behaviour Change; Integrating Physical, Mental Health and Social Care; Inequalities and Marginalised Communities; Assistive technologies/Data Linkage; Evaluating Change with Pace and Scale; Knowledge Mobilisation/Implementation Science.

As host organisation NTW will hold the ARC contract with DH and employ and host the small core management and admin team, the costs of which will be covered in the grant, plus overheads. NTW will also provide governance on the progress of the ARC via this contract, including establishing agreements with partners, financial reporting and annual reports to NIHR. The NTW CEO and ARC Director currently meet on a monthly basis to ensure that developing plans are well aligned, and regular updates to the Quality and Performance Board subcommittee will be provided.

(See attached Executive Summary paper for more details)

Risks Highlighted to Committee :
None

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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 Strategy
NTW Research and Development Strategy (2016 – 2021)

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National Institute for Health Research Applied Research Collaborations (NIHR ARCs)

North East and North Cumbria application to be an ARC – Executive Summary

Report prepared by Professor Eileen Kaner and Dr Christopher Price

Context
Applied Research Collaborations (ARCs) are National Institute for Health Research (NIHR) funded partnerships between Higher Education Institutions and a range of Care organisations, which focus on improving health and social care outcomes via high quality research on local priority issues.

ARCS are the successor structures to CLAHRCs (Collaborations for Leadership in Applied Health Research). There have been 13 designated CLAHRCs over the past five years, which have covered most of England but not the North East and North Cumbria or Kent and East Sussex. An earlier round of pilot CLAHRCs ran for five years. Each previous round has attracted £10 million in NIHR funding and local areas were expected to secure 100% matched funding (mostly 'in kind') to support their work. To date, the North East and North Cumbria has missed £20 million of direct investment in research infrastructure over 10 years.

ARCs are intended to focus on delivering high quality research and evaluation on local priority issues, to facilitate knowledge mobilisation, promote implementation (the use of evidence to shape and improve care) and carry out capacity building and capability development. ARCs must also be aware of national health and care priorities and be committed to working together (with other ARCs) more cohesively than the previous CLAHRCs.

The ARC call came out on the 1st June 2018 and the initial award that can be applied for is £9 million over five years, with an additional £15 million kept centrally for national priorities.

To bid, applicants need to achieve a 25% (minimum) match from the wider care system (partners) and also matched funding from local universities although this percentage was not pre-specified. The latter was due to form part of a value for money judgement by the selection panel.

Key dates and some application details

- Application submitted: 17th August 2018
- Bid value: £8,999,032.00
- Matched funding achieved: £6.9 million
    - £5.5M from HEIs over 5 years
    - £1.4M from Care System partners to be renewed each year
- 57 partner organisations and 369 members across eight research priority areas
- 168 practitioners were from the NHS (84), Public Health/Social Care (53) and the Voluntary Sector (31)
- Interview date: 16th October 2018; Decision expected: December 2018
- ARC start date: 1st October 2019 for 5 years

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Developmental work
Over the last nine months, a senior leadership team has embarked on an extensive and transparent process of stakeholder engagement, care system mapping and research prioritisation work. This process was informed by our pre-existing detailed regional knowledge of unmet health and care needs and related national policy. Over 300 individuals contributed views, including CEOs, practitioners delivering health and social care, commissioners, academics and adult and youth members of the wider public. Notes were analysed via Word-cloud software and thematic mapping to identify eight research priorities. These priorities were fed-back to a large meeting of over 100 stakeholders (13/06/18). We also ran three public engagement events to discuss our process and findings; these were with two adult panels (in Newcastle and Teesside) linked to Voice, our PPI/PPE network, and a Young People's Advisory Group workshop (YPAG). At all events, we sought views on our vision, aims and objectives, priorities and planned mode of working. Finally, our priorities were discussed with the CEO of our emerging Integrated Care System (ICS) and the Medical Director of NHS England (NHSE) (Cumbria and North East) who confirmed that they aligned with regional priorities.

Thus, we are confident that our strategy is based upon the needs of our population and care system and aligned with the region-wide whole system research strategy recently launched by AHSN NENC (http://www.ahsn-nenc.org.uk/wp- content/uploads/2018/08/RESEARCH-STRATEGY-FOR-NENC.pdf).

Our vision is to achieve '**Better, fairer health and care at all ages and in all places**'.

We aim to develop and sustain a regionally engaged and responsive network of clinicians, public health and social care practitioners, policy makers, commissioners, VCS providers, lay members and researchers who are all focused on applied research and innovation to prevent illness, improve care and sustainability, promote population health and reduce health inequalities.

ARC objectives are to:

- Develop region-wide principles of research, co-production and evidence sharing
- Promote intersectoral work across all our research infrastructures
- Build capacity in evidence generation and knowledge mobilisation
- Enhance capability via skill-building and access to experts in evaluation methods
- Enable public and patient partners to shape evidence generation and translation
- Conduct high quality applied research and implementation for priority health and social care issues which remains responsive to need and key policy drivers
- Mobilise evidence to shape innovation with embedded process and outcome evaluation

All research, knowledge exchange and implementation will be focused on our priority Research and Cross-cutting themes. Whilst these were developed through extensive consultation, they are not set in stone. Thus we will review priorities as work progresses and also as our care system and local populations evolve.

We have worked with partners across our region and including those integrally involved in the developing Integrated Care Partnership for North East and North Cumbria.

We will continue to work closely with all our stakeholders to ensure we are remaining up-to-date with local developments and our evolving care system.

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ARC Research themes (abbreviations in brackets) are:

- Multimorbidity, Ageing and Frailty (*Multimorbidity*)
- Supporting Children and Families (*Families*)
- Prevention, Early Intervention and Behaviour Change (*Prevention*)
- Integrating Physical, Mental Health and Social Care (*Integration*)

Cross-cutting themes are:

- Inequalities and Marginalised Communities (*Inequalities*)
- Assistive Technologies/Data Linkage (*Technology*)
- Evaluating Change with Pace and Scale (*Evaluation*)
- Knowledge Mobilisation/Implementation Science (*Mobilisation*)

The balance of named research and care system members in each of our eight themes is presented below. However, this is not exclusive and the network created would continue to evolve over the lifetime of the ARC.

Theme	HEI	NHS	LA/PHE	VCS	Industry	TOTAL
Multimorbidity	39	8	1	0	0	48
Integrating	13	12	2	0	1	28
Families	20	23	3	10	0	56
Prevention	41	10	26	5	0	82
Inequalities	29	8	7	8	1	53
Evaluation	20	2	1	1	0	24
Technologies	23	13	5	7	3	51
Mobilisation	11	8	8	0	0	27

We will also have three key enabling structures: a Public and Patient (PPI) strategy group; an Implementation Advisory Group (IAG); and a Training Network. Each will include wide membership or wider public members, service users and carers or practitioners for all sectors and across the region. Each of these structures will have its own strategy, which will be agreed with stakeholders.

How we will work as an ARC

We have assembled strong teams of researchers, practitioners and service leaders who wish to work together with lay people to co-design, deliver and implement research that supports our long-term aims. We have an excellent track-record of delivering participatory research that leads to impact, which will be enhanced by the new NIHR and matched investment, cross-sector engagement, synergy between themes and alignment with the strategy and footprint of other structures, notably the AHSN and emerging ICS. We will not only undertake innovative research for application in our health and care system but will also actively support the mobilisation of this evidence to change practice through broad multi-level engagement. There will be locally embedded researchers and also responsive funding calls that are open to care and research teams of applicants. We will also work with the AHSN to evaluate important projects such as patient safety initiatives, with a shared research strategy for the region.

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Sustainability
To sustain the mobilisation and implementation of new knowledge within the region, we have developed a clear and resourced strategy for capacity building and capability development in all themes and across all areas. Through these plans for training, embedded researcher posts and responsive mode grants we will enhance skills, expertise and career pathways across the region. All of our work will be underpinned by robust evaluation and, where appropriate, economic evaluation supported by a large team of excellent methodologists, including health economists.

Delivering Improvement
We have developed a regionally engaged and responsive network of partners (including clinicians, public health and social care practitioners, policy makers, commissioners, VCS providers, lay members, Knowledge Mobilisation Fellows and internships) who are all focused on applied research and innovation. By sustaining and extending this network, we will be able to embed evidence–informed changes to prevent illness, improve care and sustainability, promote population health and reduce health inequalities. These changes will deliver significant improvement in outcomes for patients and the public, which will be evidenced via the framework for the evaluation of success in our Implementation strategy, with oversight from the Implementation Advisory Group. A significant component of the ARC funding will be used for capacity building, including opportunities for practitioners to develop and use research and evaluation skills within their local setting and transfer the learning to other partners.

How the care system informed ARC plans
Whilst preparing our application, we met with strategic leads both nationally and in our local care system. These included: six national CLAHRC Directors; three AHSN CEOs; seven NHS Foundation Trust CEOs (between 03/01/18 and 01/08/18); the CRN Director (22/12/17); CCG Forum (04/01/18); AHSN Board (22/02/18); PHE North East (08/03/18); Research and Innovation Directors' Forum (19/03/18); Medical Director of NHSE North East (28/03/18); all Directors of Public Health (11/05/18); Health Education England North East (HEE-NE) (05/07/18); and two Directors of Social Care who held regional leadership roles for Child (20/07/18) and Adult Social Care (02/08/18). We also ran research prioritisation workshops with over 100 attendees at a PHE regional research prioritisation event (06/06/18). Additionally, we held meetings with researchers based in eight universities and ran four wider engagement meetings of mixed groups of health, public health, social care practitioners, voluntary sector representatives and lay people across the region in Cumbria (27/02/18), Teesside (11/04/18), Northumberland and Newcastle (26/04/18) and Durham and Sunderland (30/04/18). We also worked with PPI experts in our regional Research Design Service to facilitate two adult service user and carer events (29/06/18 and 03/07/18) and a Young Person's Advisory Group workshop (12/07/18) to carry out further 'sense checking'.

How we will remain responsive
There are significant regional changes underway in the management and delivery of health and social care, with increasing centralization and attempts to avoid unnecessary hospitalisation and institutionalisation whilst maintaining or improving outcomes and value. This is particularly evident locally because of the challenge of a dispersed, economically disadvantaged population and traditional geographical and operational boundaries between care providers.

Our proposed Implementation strategy sets out an overarching approach to ensure system responsiveness and ongoing relevance including an advisory board with members from across our region as well as all Care sectors. The ARC Research Theme constitution also ensures responsiveness; out of 369 members, 168 (45%) are from the wider Care System: 84 from the NHS; 53 from Local Authorities (Social Care and Public Health); and 31 from the Voluntary and Community Sector. From year two, we will hold open calls for funding across ARC members with clear criteria for cross-ARC and cross-sector research teams. We will also hold re-prioritisation workshops at the end of year two to help plan for the second phase of ARC work.

We plan to develop a rapid response and evaluation service for policy and practice partners via our ARC

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Fellows and the Implementation Advisory Group, using the learning from 'AskFuse'. Since 2013, this rapid response and evaluation service has helped local decision makers and practitioners more easily access Public Health evidence and find partners to support evaluations or seek funds for larger scale work. Examples of enquiries include requests about how to make best use of current data and advice about how best to undertake service evaluations e.g. a community pharmacy-led medication review. To date, AskFuse has supported over 300 enquiries, resulting in over 35 funded projects, and, as importantly, has created meaningful partnerships with practitioners, policy-makers and local researchers.

How we will work with partners
There will be representative Care System membership on our Stakeholder Board and Operational Executive group and reciprocal arrangements between ARC and AHSN boards. Emerging priorities will be shaped by the Health Strategy group of the evolving ICS, our Implementation advisory group with members from across the system and region, links with the James Lind Alliance and via our networks of PPI partners. We will also further strengthen our working relationships with Voluntary and Community Sector partners who are already involved in a range of regional transformation programmes and we will capitalise on this 'Community of Practice'. Our shared communications approach with the AHSN will reach a broad group of practitioners, researchers, managers and industry collaborators.

In our shared work, it is clear that we are all focused on the same goals of:

- providing more holistic approaches to an individual's health and wellbeing with a greater awareness of wider determinants of health;
- addressing the prevention and public health challenge to reduce the burden on specialist services and complex care;
- implementing the 'Five Year Forward View' and the emerging '10 year plan'; and
- integrating health and social care around individuals and their communities, rather than organisations.

We will specifically monitor ARC objectives for the mutual enhancement of AHSN objectives: Supporting Economic Growth, Transforming Patient Safety and Quality Improvement, and Improving Population Health. Our Themes have already identified four priority co-funded projects to assist as short-term objectives: the Regional Frailty Framework; North of England Back Pain Pathway; management of the deteriorating patient; and the 'Mosaic' seamless care model for the delivery of paediatric allergy services. The close AHSN-ARC partnership will ensure early, applied health research design and evaluation for future priorities.

Membership of the ARC and the matched funding contributed by organisations is outlined in Appendix 1.

How our themes tackle key challenges facing the care system
The NIHR Rand Future of Health report informed our consultation and it is clear that our themes map to key Care system challenges e.g. the burden of dementia and age-related multimorbidity, how to effectively harness the potential of digital technologies, the need to prevent mental illness, reduce health inequalities and transform outdated models of care. Local contextual relevance was also addressed by wide stakeholder engagement, plans for embedded researchers and careful selection of rigourous evaluation methods and relevant outcomes. We are also focused on achieving sustainability via 'place-based' care approaches, for example, of sharing risk and pooling resources for joint commissioning as currently being developed via 'place based' transformation programmes. The Gateshead System Partnership (GSP) is one such area that has expressed an interest in being an exemplar within our ARC and we will offer support with evaluation and mobilisation. The local statutory and Voluntary and Community Sector organisations have already begun work on aligning their aims and objectives to GSP vision and priorities. A meaningful commitment has now been made to move from Organisational to System working, which will require change in behaviours and working practices and a significant level of 'risk pooling'. Access to initiatives such as this will be an invaluable test-bed for work in the ARC Research and Cross-cutting themes. The care system workforce, especially staff who are traditionally under-represented in applied research such as social workers, will be encouraged and supported in applying for ARC early career project funding, internships and Knowledge Mobilisation Fellowships to maintain connectivity with care planners and providers.

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Measuring success

During the first three months, Theme leads and the Executive Board will confirm measures of success and risk against their PPI-supported objectives and NIHR requirements: a framework of Care Outcomes, including economic indicators; Care Delivery Indicators including economic indicators; Research Excellence including external grants; Public Involvement; Sustainability, including capacity building; and Value, including co-funding. This process will be reviewed at all Executive and Stakeholder meetings. Progress across the ARC will also be monitored including: Communication/Dissemination; cross-ARC collaborations; and progress on care sector plans for implementation. Metrics for a planned national leadership role focused on Prevention and Health Inequalities will be determined in conjunction with other ARCs and relevant national bodies.

How the ARC will be governed and managed

As per NIHR conditions, the ARC for the North East and North Cumbria (ARC NENC) will be hosted by an NHS organisation, Northumberland, Tyne and Wear NHS Foundation Trust (NTW). NTW will be responsible for establishing agreements with all partners, financial reporting and annual reports to NIHR. This information will come to its Board for scrutiny and sign-off. The Trust CEO and ARC Director currently meet on a monthly basis to ensure that developing plans are well aligned, and they will provide regular updates to the Quality and Performance Board subcommittee. The plans for ARC governance and management are shown in Appendix 2.

The ARC will have an externally-chaired Stakeholder Board which will meet bi-annually in most years, although we plan three meetings in year one. This Board will provide accountability to collaboration partners and assurance about the relevance of our research and implementation work. It will have representative membership from all sectors including: AHSN, other relevant NIHR funded infrastructures, CCGs, Directors of Public Health, Foundation Trusts, Directors of Social Care, Local Authority (LA) leads, Third Sector, two Public Members and all member Universities.

An operational Executive Board, chaired by the ARC Director will meet bi-monthly and guide the management of day-to-day work across the ARC. Minutes will be available to all ARC partners. A proto-version of this group has been working effectively together since November 2017. In preparation for our bid, the Academic Health Sciences Network facilitated a process to identify a designate Director and a small leadership team. This included representation from a Mental Health Trust, Acute Trust, three Universities, service Public Health, Primary Care/Clinical Commissioning Groups, Social Care and the Voluntary Sector (see Appendix 3).

Key ARC functions will be led by members of this group including: Implementation Lead (Paula Whitty, Director of Research, Innovation and Clinical Effectiveness, NTW); ARC Deputy Director Dr Christopher Price (Clinical Reader, Consultant in Stroke Medicine, Northumbria Healthcare NHS FT); Training lead (Professor Catherine Exley, Associate Pro Vice Chancellor Research & Innovation, Northumbria University); and Patient and Public Involvement (PPI) Lead (Lynne Corner, Newcastle University). Following formal designation as an ARC, the leadership team will become our Executive Board, with augmented membership to include representation from the AHSN, other regional Universities, and all Research and Cross-cutting Theme Leads to report on progress.

An Open Funding panel will oversee the allocation of £3 million what will be available for all partners to bid for. This panel will be chaired by Professor Diane Cox (AHP and Head of the Graduate School, University of Cumbria). There will be clear Terms of Reference, including transparent Conflict of Interest policies. Representative membership will include: all Research and Cross-cutting themes; Universities not leading themes; two early career researchers; two members from the Implementation Advisory Group; four practitioners from the care system; and two lay members.

Finally, an annual Scientific Advisory Panel will be independently chaired by Professor Sir Ian Gilmore. This panel will ensure the scientific integrity of our research and ratify recommendations made by the Open Funding panel.

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Appendix 1 ARC NENC partners and matched funding

Partner Organisations	Amount (£)
NHS	
Benfield Park Medical Group	2400
County Durham and Darlington NHS Foundation Trust	4729
Gateshead Health NHS Foundation Trust	10,000
Newcastle Gateshead Clinical Commissioning Group	257,166
NHS Digital	Not
NHS England	specified
North Cumbria University Hospitals NHS Trust	5582
North Durham Clinical Commissioning Group	29,049
North East Ambulance Service NHS Foundation Trust	74,994
North Tyneside Clinical Commissioning Group	7,306
Northumberland, Tyne and Wear NHS Foundation Trust	66,019
Northumbria Healthcare NHS Foundation Trust	78,414
South Tees Hospitals NHS Foundation Trust	61,801
South Tyneside NHS Foundation Trust	5110
Tees, Esk and Wear Valleys NHS Foundation Trust	33,946
The Newcastle upon Tyne Hospitals NHS Foundation Trust	26,123
TOTAL	**£666,959**
HEI	
University of Cumbria	162,422
Durham University	260,652
Newcastle University – Faculty of Medical Sciences	2,634,910
Newcastle University – Faculty of Humanities and Social Sciences	148,791
Newcastle University – Fuse	223,027
Northumbria University, Newcastle	997,662
Teesside University	595,800
University of Central Lancashire	47,490
University of Sunderland	259,134
University of York	98,945
TOTAL	**£5,428,833**
AHSN	
Academic Health Science Network North East and North Cumbria	455,212
TOTAL	**£455,212**
Local authorities	
Darlington Borough Council	5000
Gateshead Council	43,659
NESWA – North East Social Work Alliance	2570
Newcastle City Council	6862
North East Association of Directors of Adult & Children's Social Services	31,285
North Tyneside Council	14,500
South Tyneside Council	8331
TOTAL	**£112,207**
VCS	
Age UK Gateshead	127,960
Age UK West Cumbria	20,955

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Balance	5000
Children North East	3000
Citizens Advice Gateshead	612
Concern Group	4650
Dementia Care	7000
Diabetes UK	unspecified
Elders Council of Newcastle	1500
Fresh	5000
Fulfilling Lives	4770
Marie Curie	9000
St Oswald’s Hospice	19,400
VONNE	1000
Ways to Wellness	6000
TOTAL	**£215,847**
Industry	
AD Outcomes Ltd.	6000
AIMES Technologies	30,000
Gentoo	1216
NHSA – Northern Health Science Alliance	Uspecified
TOTAL	**£37,216**
Other	
Better Health at Work Award Programme – Northern TUC	4668
Health Education England	1479
Public Health England	59,830
TOTAL	**£65,977**

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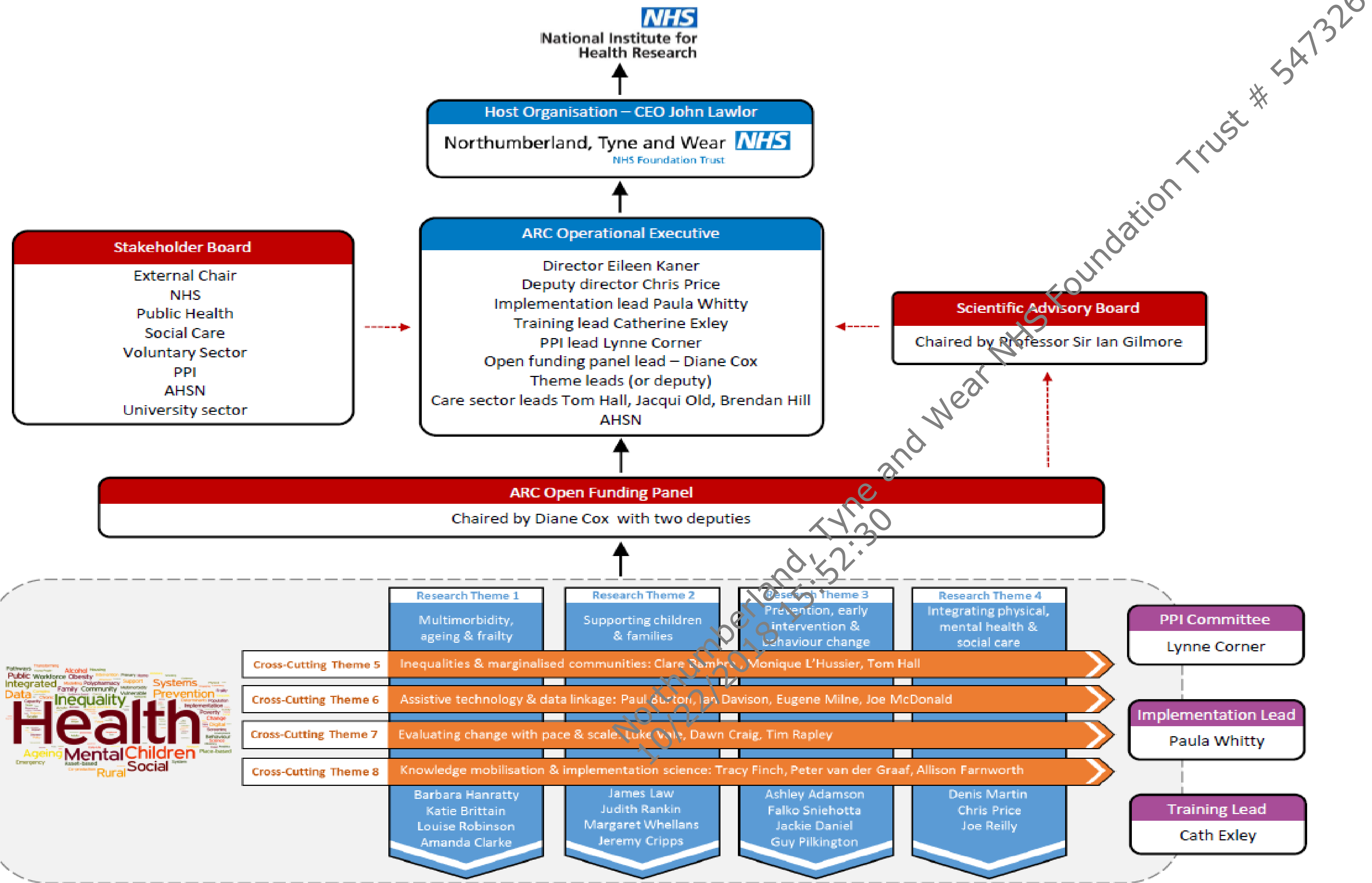
Appendix 2 - ARC NENC Governance Structure



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Appendix 3 – ARC Senior Leadership Team

- Eileen Kaner, Professor of Public Health & Primary Care Research, Newcastle University
- Catherine Exley, Associate Pro Vice Chancellor Research & Innovation, Northumbria University
- Chris Price, Clinical Reader, Consultant in Stroke Medicine, Northumbria Healthcare NHS FT
- Paula Whitty, Director of Research, Innovation and Clinical Effectiveness, NTW
- Peter van der Graaf, NIHR Knowledge Mobilisation Fellow, Teesside University
- Shona Haining, Head of Research & Evidence, North East Commissioning Support
- Lynne Corner, Director of Engagement and Voice North, Faculty of Medical Sciences
- Tom Hall, Director of Public Health, South Tyneside Local Authority
- Brendan Hill, Chief Executive of Mental Health Concern, member of Northern Inclusion Consortium
- Jacqui Old, Director of Adult and Child Social Care, North Tyneside Local Authority

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24th October

Title and Author of Paper: **2018 Education and Training Self-Assessment Report** **Dr Bruce Owen, Dr Frauke Boddy, Emma Paisley, Anne Moore and Michelle Hall**

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Debate and approval

Key Points to Note:

1. For reporting period Aug 2017 to July 2018 we have outlined how we deliver undergraduate and postgraduate medical training and multi-professional training meeting the GMC and HEE quality standards.
2. Particular successes within education include the high ranking we received in the 2018 GMC trainee survey; rating 22nd of over 200 trusts. Important in achieving this has been both support for educators and learners but most significantly work on recruitment. This has protected NTW trainees from the excessive workload pressures that have been highlighted nationally in the GMC survey as adversely impacting on training and risking burnout for trainees.
3. A second significant success has been the co-production with TEWV and Sunderland University of a mental health and LD nursing pathway. A key element of this is the ability of NTW to provide additional support to learners through training with a goal of improving recruitment.
4. Challenges in recruitment are significant, this true across clinical groups but particular concern for medical staff. We have outlined strategies to address this and protect training. Our evaluation is these measures are successful and indeed there a significant success linked to our recruitment strategies both for consultants and trainees. However the situation remains very fragile, with particular high risk areas, both locally and nationally.
5. Other challenges highlighted include; service change and curricula content
6. Undergraduate medical training whilst improved over the last three years continues to be less strong than postgraduate with particular challenges in areas with high densities of students and with clinical components of placements. This training is particularly sensitive to recruitment problems.
7. HEENE are becoming increasingly detailed in requests about how the monies provided for training are used. We are in a good position to report on this having done a work to clarify this.

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8. Simulation training and training in Human Factors is an area HEENE keen to expand. This an area we have been slower to develop that acute trusts but have developed significantly over the last two years. Human Factors training again something we are developing expertise in but is still relatively less prominent that in some trusts.

Risks Highlighted to Board :

1. As noted above major risks to training are recruitment, with medical recruitment being particular concern. Is a strategy in place to address this and evidence that despite recruitment concerns we are maintaining high quality postgraduate education. A year ago POA services, particularly at SGP were a concern due to trainer recruitment problems, this has now dramatically. Currently inpatient adult services are a particular high risk area, with SGP and G'head being concern.

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

Equal Opportunities, Legal and Other Implications:
We fulfil legal and equal opportunity requirements in recruitment

Outcome Required:
Approval of strategy

Link to Policies and Strategies:
Links to range of clinical and workforce policies and strategies including medical workforce strategy and supervision policies, full list within report

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2018 Education & Training

Self-Assessment Report (SAR)

Reporting Period: 1 August 2017 to 31 July 2018

Deadline for submission to HEE: 31 October 2018

Trust's name:	**Northumberland, Tyne and Wear NHS Foundation Trust**
Value of contract / funding with HEE:	1. Total initial 18/19 LDA value *(including undergraduate)*: **£6,020,934.77** 2. Total for salaries for doctors in training in 18/19: **£2,462,500.00** 3. Total estimated Medical placement tariff in 18/19: **£1,388,499.00** 4. Total estimated Non-medical placement tariff in 18/19: **£580,646.04**
Trust Chief Executive's name:	**John Lawlor**
Director(s) of Education's name: **(or equivalent, please state job title):**	**Dr Bruce Owen**
Name of Board Level Exec/Non-exec Director responsible for Education and Training strategy within your organisation:	**Dr Rajesh Nadkarni** **Executive Medical Director** **Gary O'Hare** **Executive Director of Nursing and Chief Operating Officer**
Report compiled by (responsible for completion of):	**Drs Bruce Owen and Frauke Boddy, Emma Paisley, Michelle Hall, Anne Moore**
Report signed off by:	**Dr Rajesh Nadkarni**
Date signed off:	**16th October 2018**
Board Approval: 1. **Approved by / on behalf of the Trust Board: (date / details)**	**24th October 2018**

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2. Date seen at or scheduled for Board meeting	

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Section 1: Organisation overview linked to the HEE Quality Framework

1.1. Statement of how the HEE Quality Domains are being met organisationally

This SAR is aligned to the HEE Quality Framework: https://hee.nhs.uk/our-work/quality
For medical education the SAR is also aligned to the GMC Standards: http://www.gmc-uk.org/education/index.asp

Trust's response (max of 500 words)
NTW trust values of honesty and transparency, care and compassion and respect guide our delivery of services and training as well as the trust culture. We encourage open incident reporting and have a regular practice of the use of debriefing following incidents to both support staff and encourage reflection. Throughout the trust we aim to have opportunities for all staff to be able to voice their views and be involved with development. Measures that support this include the speak up champion network, regular 'speak easy' events where all staff can meet with senior management and using the principles of collective leadership throughout the trust. The trust Guardian forum is well attended ensuring trainees can be involved in, influence and often lead change. As well as being a successful education provider as the third most research active mental health trust in the country there is a culture of research and learning complementing each other, enhancing the opportunities for learners and educators. NTW's significant focus on and investment in training and education ensures that there is both good educational leadership and governance. We have expanded our medical education departments and faculty and developed the NTW Training Academy as well as built on our relationships with local Universities. Directors from both the medical education team and NTW Academy sit on high level operational and corporate committees ensuring training issues are considered throughout the trust. There are also regular discussions at trust board about training and education and two Executive Directors have responsibility for training within their portfolio. This high level of prominence of education and training also ensures that both learners and educators needs are prioritised by the trust. This also allows us to ensure that as services develop and evolve a focus is maintained on ensuring that we are able to deliver training as outlined in the different curricula being followed by the learners we host. Throughout the trust, from the chairman, CEO and board down there is a recognition of the key link between our ability to deliver high quality care and both the recruitment and retention of clinical staff who are both trained to a high standard and supported in maintaining and developing their skills. This recognition results in the needs of learners and educators being prioritised to ensure that our delivery of patient care can remain outstanding. The current national workforce challenges across clinical services, and particularly mental health services is very much recognised and is being prioritised by the

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trust. We have developed a workforce strategy that looks at a broad range of approaches to ensure we have both now and in the future a sustainable workforce. This includes measures aimed to improve recruitment and retention, ways of improving efficiency through providing additional resources to clinicians and the development of new roles to work alongside existing roles to both enhance quality and sustainability.

1.2. Top three successes

This section should be used to document a high-level summary of the successes your organisation is most proud of achieving during the reporting period.

Description of success	Domain(s)	Standard(s)
1. External awards/recognition from national bodies Following a Care Quality Commission visit in 2018 NTW was once again awarded an Outstanding rating. The trust during the reporting period was also named the HSJ Provider Trust of the year. These two awards from external bodies are key successes for us as they recognise the high quality of clinical service and leadership as well as the culture of care and learning within the trust.	1-6	
2. Protecting trainees educational time and opportunities through measures to minimise demands from excessive workload Locally and nationally there are high levels of vacancies in core and higher speciality psychiatry training programmes. There is also a national concern that excessive levels of workload for junior doctors is impacting training, patient care as well as staff welfare and retention. Through developing and delivering a range of innovative recruitment strategies, including an F3 special interest programme, teaching and research fellow posts, an SAS CESR Fellowship programme and local and international recruitment initiatives we have been able to ensure that the number of vacant medical training posts in the trust was kept below 5% (across core/GP and foundation). This has helped minimise for our trainees the problems that trainee doctors nationally are facing with excessive workload. In the GMC trainee survey we are a positive outlier on the workload score, evidence that these measures have been successful which is key in achieving the	1,3 & 6	

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overall good feedback on the quality of training we deliver that has been evidenced through the survey.		
3. Development of a mental health and learning disability pathway In line with our nursing workforce plan, we have worked in partnership with Sunderland University and TEWV Trust in the co-production of both a mental health and learning disability nursing pathway. NTW will "adopt" these students, throughout their training, offering additional support and guidance, forging a strong bond with them from the onset of their studies, with the aim of recruiting and retaining these qualified nurses of the future. We have further strengthened our partnership by the co-production of a Degree Level Nursing Apprenticeship programme. This has created opportunity for experienced support workers to achieve a nursing qualification and NMC registration as part of a funded secondment process. This is the first step in offering alternative pathways to degree level professional registrations as we continue to explore new opportunities across professional and corporate groups as part of our "grow your own" agenda.	Domain 5 Domain 6	5.2 6.3

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1.3. Top three challenges or prominent issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section.

Description of challenges	Domain(s)	Standard(s)
1. Recruitment Recruitment is a challenge across both medical and multi-professional staff groups. For the medical workforce as well as concerns about recruiting adequate numbers of doctors into psychiatry we are also concerned about recruitment and retention of adequate numbers of trainers to deliver training, particularly in high risk areas, including core adult inpatient services. This is a national concern, and whilst we have a comprehensive set of measures in place to improve recruitment and to ensure close links between teams managing training and service the situation remains challenging. Across our multi-professional workforce there are concerns about maintaining the necessary flow of staff into mental health services and the impact of funding changes on our ability to recruit to programmes and deliver the training needed. The development of the NTW Academy to support learners through training is a key part of our approach to address this.	6	
2. Impact of service reorganisation As a trust we have over the past five years had considerable service reorganisation. This process is ongoing with a number of drivers including a desire to improve the quality and efficiency of services and changes in local and national priorities and models of delivery of care. This ongoing change can produce a risk to training, with the need to ensure that training opportunities are considered and consideration is given to ensuring the necessary resources and environment to support training is retained. This is particularly challenging in the current financial climate. We have representatives from medical and multi-professional training teams on key trust decision making groups and training and education is a high priority with support right up to board level ensuring these risks are minimised.	1,2 & 6	
3. Curriculum content Across all health professions we see having mental health featuring heavily in clinical curricula as crucial to ensure staff	6	6.3

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working in health care can meet the needs of those with mental illness and also to support recruitment into MH services. We are working with local Universities to shape a range of curricula as in many areas including nursing, SALT and AHPs the limited weighting on mental health is a concern. We are conscious that the ongoing Newcastle University UG medical curriculum review and the new medical school at Sunderland University provides an opportunity for local students to have more integrated physical and mental health training, better reflecting patient need. Evidence from the Royal College of Psychiatrists highlights an up to three fold variation in proportions of students entering psychiatry from different medical schools and a key challenge for us is to ensure locally we are at the top end of this range.		

1.4. Strategic Workforce Plan

Does your organisation have a strategic workforce plan (delete as appropriate)?

Yes	

Who within your organisation is responsible?

Name and job title	Lynne Shaw, Executive Director of Workforce

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Section 2: Exception Reporting against HEE Quality Domains

As much of the overall narrative outlining how standards are met is unchanged from previous reports we have throughout section 2 highlighted new information through the use of blue ink, leaving previously recorded information in black ink.
All areas of good practice and challenges reported are new.

2.1. Multi-professional

2.1.1. Organisation overview linked to the HEE Quality Domains

Please report, by exception, where your organisation does not meet the HEE Quality Framework within the reporting period for the groups listed in the guidance notes. In addition, please provide an overall narrative along with some organisational / departmental / unit examples which support the domain having been met overall. If you wish to highlight organisational policies, please detail these in section 3.

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HEE Domain 1 Learning Environment and Culture *For additional guidance refer to HEE Quality Framework, page 10*
HEE priority for 2018 reporting in this domain is: • *A focus on workplace behaviours and strategies for resolution of issues of concern*

In 2016 the Trust was awarded an overall rating of Outstanding by the CQC and has recently been awarded the HSJ Provider of the Year, which recognises an organisation offering "excellent patient-centric care built on strong engagement with clinicians within and beyond the organisation and with a clear understanding of how they will need to adapt to create a viable long-term health economy" The Judges were impressed with the depth of embedded strategy describing the Trust as;

"a true exemplar of how focusing on evidence based, value driven and safety focused care - complemented with a clear digital strategy has enabled fantastic performance and a thought leader within the NHS provider community "

In 2018 THE Trust was once again rated 'Outstanding', following an inspection by the Care Quality Commission. The Deputy Chief Inspector of hospitals and lead for mental health, Dr Paul Lelliott said: "It is clear that the Trust leadership had a comprehensive understanding of the challenges faced by the Trust and, importantly, strive to continually review and improve services. The feedback from service users and stakeholders shows that they are succeeding, and I congratulate everyone at the Trust on retaining their 'Outstanding' rating."

The inspection found an "open incident reporting culture. Staff knew how to report incidents and there was evidence of learning from these. Staff received debriefing after serious incidents. There were comprehensive arrangements and procedures to safeguard children and young people. Staff in all services inspected demonstrated a good understanding of safeguarding and knew how to protect patients from abuse and report any concerns appropriately

The Trust has a Freedom to Speak Up Guardian who provides confidential advice and support to anyone who is working or on placement within the Trust who has concerns about patient safety and / or the way their concern has been handled. The Guardian is supported by 25 volunteers as part of a Speak Up Champion network.

The Trust vision and values are incorporated into all aspects of the Trusts business and supported by a set of strategic objectives developed with the involvement of patients, carers and staff. Professional strategies (nursing, psychological services, AHP) emphasise delivery of evidence-based practice, skills development, clinical supervision, training, research and evaluation.

Our values of honesty and transparency; care and compassion and respect are embedded throughout the organisation and encapsulate the 6 Cs for all staff. A significant number of services are also accredited with external quality awards such as the Royal College of Psychiatrists AIMS awards.

Services utilise patient forums, community meetings, carers groups, carer wellbeing clinics and parent support groups ensuring dedicated time to listen and hear issues and concerns patients/service users and carers want to raise about their care and treatment, addressing issues with a solution focused perspective to make positive changes

All learners have the opportunity to be involved in research, service evaluation and audits supported by the Trust Research and Development Strategy which aims to improve the way research is embedded into services by developing workforce knowledge, understanding and skills enabling wider contribution to research.

All staff (including students) have access to comprehensive Trust Library and Knowledge services across all main sites and also through on-line resources and support. The service plays a key role in supporting the education and continuous learning of the whole workforce. The Trust Library and Knowledge Services strategy is interlinked with a range of other strategies within NTW:

- Clinical Effectiveness Strategy
- Nursing Strategy
- Research and Development Strategy

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- Workforce Strategy

Multidisciplinary working is part of the culture within the organisation and students from all disciplines are encouraged to learn more about one another's roles through the use of case studies and Schwartz rounds providing inter-professional learning opportunities.

All clinical services which take students are subject to an annual collaborative audit led by Practice Placement Facilitators to ensure that the learning environment provides support, sufficient resources, opportunity and equity of assessment.

Following a recent re-structuring of operational services, the Trust has implemented a new Safer Care Directorate led by Group Nurse and Medical Director's. The Directorate includes Patient Safety, Physical Health and Wellbeing and Professional Nursing Development and Recruitment.

Nursing

- Services have a care pathways approach, which is underpinned by evidence-based practice, utilising 5 P formulation and collaborative user inclusive care planning. The co-production of care plans provides opportunity for learners to work collaboratively with service users.

- Theoretical models around positive behaviour support and safer care (via the positive and safe model) are integrated into policy care and practice. The nursing strategy emphasises the 6Cs, and all policy changes and updates are written with reference to the document TALK First

- Peer Support Workers are key members of the multi – disciplinary team. They are actively involved in both student induction and in Practice Development Sessions (PDS) providing insight through lived experience.

- A recently launched Community of Multi-Disciplinary Education and Training (COMET) facilitates multi-disciplinary case presentation discussions. Jointly delivered by Practice Placement Facilitators (PPFs) and Peer Support workers, the aim is to gather students from different disciplines to lend their perspectives to discussing a presented anonymised or fictionalised case.

- The Trust is committed to making reasonable adjustments for all staff and learners supported by our Head of Equality and Diversity where required. Equality and Diversity training is part of our Trust mandatory training programme for all staff.

- Learners have opportunity in placement to be involved in research, service evaluation and audits. Final year nursing students are encouraged to pursue their area of interest in research, innovation and/or a clinical specialism. Research colleagues facilitate Practice Development Sessions for learners.

- Learning opportunities are all inclusive of multi-disciplinary teams providing scope for insight placements with other disciplines. There are broader trust wide initiatives that facilitate inter professional learning for example Schwartz rounds.

- There is an established programme of Practice Development Sessions (PDS) facilitated by clinicians and aimed at strengthening the alignment of the theoretical knowledge of students in practice. The programme supports access to sharing practice ideas from some of our unique services. Practice development sessions originated as nursing events, but this year we have moved to a multidisciplinary format.

- We have supported the implementation of Schwartz Rounds. Schwartz Rounds are a multidisciplinary forum designed for all staff (students and learners included) to come together regularly to discuss and reflect on the emotional and social challenges associated with working in healthcare. They provide a confidential space to reflect and share experiences.

- As part of our Positive and Safe strategy we have launched an evidence-based set of principles based on a pathway model. The reducing restrictive intervention process will ensure teams have

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access to high quality evidenced approaches to formulation and treatment. Our Talk 1st restraint reduction programme aimed at amplifying service user voice and supporting true co-production. Teams have attended initiation days and follow up review days developing bespoke action plans using initiatives including utilising calm down methods to reduce use of restraint; reflection groups and evidence based practical changes to ward environments to reduce anxiety and increase wellbeing.

- The strategy outlines in detail the organisational position in relation to the prevention and safe and therapeutic management of aggression and violence. Positive and Safe 'Recognition, Prevention and Management of Violence and Aggression Policy NTW(C)16.This policy is in place to support staff in the recognition, prevention and safe and therapeutic management of aggression and violence.

Trainee Nursing Associates

- The Trust is part of the fast follower Trainee Nursing Associate pilot and is currently supporting 12 members of staff on this innovative programme. PPF facilitates a six weekly Peer Support session providing opportunity to share practice experience and enhance learning opportunities

Vocational Training Apprenticeships

- Vocational Training and Development's Manager received a Recognition Award from the National Apprenticeship Service at the Apprenticeship Ambassador Conference 2017 for promotion of apprenticeship opportunities within the North East.

- Following our success at the Apprenticeship Awards the Education and Skills Funding Agency have named NTW as one of England's *Top 100 Apprenticeship Employers.*

- Featured in NHS Employers November edition of the National Engagement Service Brief with an article re our Investor in Apprenticeship award and being runner up in the National Apprenticeship Awards Macro Employer of the Year regional final

- We are members of the Apprenticeship Diversity Champions Network and have pledged to promotion diversity in apprenticeships. We engage with schools in economically deprived areas to encourage pupils, including BAME communities, to increase access to apprenticeships. We participate in regular, engagement in schools attending 50 school events a year. We work closely with Project Choice - a supported internship programme for people with learning disabilities, difficulties or autism (LDDA) to develop apprenticeship opportunities and we have a number of learners who identify as having ASN.

Psychological Services

Psychological Services Trust strategy emphasises delivery of evidence-based practice, skills development, clinical supervision, training, research and evaluation. **Psychological Services staff are responsible for the governance of good practice in psychological interventions.** Trust values of care & compassion, honesty, dignity & respect are embedded throughout Psychological Services and throughout the Trust. Clinicians evaluate service user outcomes and experience and students & trainees participate in this process when on placement.

Clinical Psychology

- The Doctorate in Clinical Psychology at Newcastle University is regarded as a partnership programme by NTW FT. We employ all the trainees who are funded by HEE and we work together closely to ensure optimal learning opportunities for trainees, who do 60 – 70% of their placements with us. All qualified Clinical Psychologists who are 2 or more years post-qualification are encouraged to offer placements, and receive bespoke training as clinical supervisors from the University. A large amount of the knowledge, theory & clinical practice teaching on the course is also provided by NTW Clinical Psychologists. We also provide a small number of placements to trainees from the Teesside University course.

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- Values based recruitment for trainee clinical psychologists has been introduced by Newcastle University at the suggestion of NTW

- In the past we have made adaptations in carefully selected environments to enable a clinical psychology trainee with a disability (registered blind) to undertake placements in NTW. In one area where problems arose, our NTW lead for Equality & Diversity helped us address the issues in partnership with the University, and we ensured learning from this was transferred to all future placements. **We have subsequently agreed with Newcastle University that a joint strategic board will be set up, this will commence in October 2018**

- Opportunities for research, service evaluation and audit are provided in many of our placements, and our elective placements provide further opportunities for trainees to pursue their areas of interest in research, innovation and/or a clinical specialism.

- We have subsequently agreed with Newcastle University that a joint strategic board will be set up, this will commence in October 2018.

IAPT High Intensity & PWPs

- NTW employs High Intensity trainees and PWP trainees and hosts self-funding PWP trainees in our Sunderland Psychological Wellbeing service **and Talking Help Newcastle. The Sunderland service** is delivered in partnership with Sunderland Counselling Service and Washington Mind. NTW is also a partner in providing Talking Helps Newcastle which incorporates the Newcastle IAPT service.
- Close partnership working between our IAPT services and Newcastle and Teesside Universities
- The clinical environment in which supervised practice takes place has been rated as "Outstanding" by the CQC in 2016 and 2018.
- Sunderland Psychological Wellbeing service and Talking Helps Newcastle employ staff from different disciplines including Nursing and Psychology so there are good opportunities for inter-professional learning for IAPT trainees.

AHP

AHP Trust strategy emphasises role in skills development & training, research and evaluation. There is a Trust AHP R&D subgroup which is part of the Trust R&D implementation framework. AHP students are supported and assessed to meet HCPC standards of proficiency for each profession. All students have access to activities related to our health and wellbeing strategy and action plan.

- Within Trust & AHP professions, there is a culture of being open and honest with patients/clients. Patients/Clients have a "Points of You" feedback process to be able to comment on any aspect of care. Consent is sought before any input started including where students could be involved with patients/clients.

- As well as Clinical Educator updates & other placement training, local induction timetables are collated for each student placement, including MDT discussion & shadowing opportunities. Local induction includes RiO training to ensure students are able to use the clinical console within the Trust, being made aware of governance and confidentiality issues. Students are informed of library services available within the Trust and students are encouraged to join as part of their placement.

- The ethos of patient centred care and patient empowerment is emphasised on induction to the placement and students are involved in patient centred goal setting and therapy delivery throughout their placement

- NTW Trust values of honesty and transparency; care and compassion and respect are embedded throughout the organisation and encapsulate the 6 Cs for all staff. Whistleblowing and safeguarding are included in induction and any complaints arising from students are investigated in collaboration with the universities and referred to the safeguarding team, when appropriate.

- Multidisciplinary working is part of the culture within the organisation and students from all disciplines are encouraged to learn more about one another's roles.

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SALT

- Peer placements are accommodated where possible – providing further opportunities for students to discuss cases, SALT input, specific areas of knowledge and plan clinical sessions as well as for the team they work in. Students from different professions are encouraged to meet up and share knowledge and experiences during placements.

- SALT department at Newcastle University have regular CCC (Clinical Co-ordination Committee) meetings once a quarter attended by SALT leads/representatives who have student placements across the region; University staff, SALT students/representatives meet to discuss specific placement issues & developments and share area information.

- Students come on placement with their learning goals written from the University which are discussed and considered further with the student's clinical educator. Focus on strengthening & developing theoretical knowledge & skills into their practice. Students are encouraged to reflect on their work and have a reflective diary to complete during placements.
- Feedback about placements is given via end of placement meetings with the clinical educator & student with a record form completed. Any further feedback is facilitated by the University.

- The clinical educators & other clinicians also receive a scored and descriptive feedback following each placement sent to the team manager for any areas to follow up & continued learning about placements. The clinical educator/clinician also receives a copy & this is discussed with the manager & supervisor.

- As well as block placements throughout the degree training programme, students have single case study placements & professional context placements. SALT teams including the Clinical Educator, plan carefully each project to ensure inter-professional working is embedded. In both sets of placement University mentors are an integral part of the placement providing support & advice as well as being part of the discussion with students & educators as the project progresses.

- SALT team in Learning Disability services provide teaching sessions on Communication & Dysphagia as part of the Academic Teaching Programme for Medics and MRC Psych Teaching Programme – for each academic year

- Teaching session delivered to healthcare professionals on CAMHS degree UNN Joint Training provided by SALT/OT to PMVA tutors to embed understanding of communication within the training rolled out across the Trust

- SALTs have presented at past AHP Conferences within the Trust to share knowledge, skills & awareness to other professional groups – which in turn can be shared wider. Providing posters/information for other Conferences/Events to develop awareness of role.

- Students are supported to set learning goals at the beginning of their placement and to review and reflect on their progress throughout their placement.

- Students are involved in service CPD sessions and are encouraged to contribute to these through presentation of a topic of their choosing.

- Students are encouraged to discuss the evidence base relevant to the client group and apply this to the patients they work with. Service signposts students to the resources available in the knowledge centre.

- We offer peer placements to students and we find that it offers a positive experience to the students as they are able to share knowledge, planning and delivery of therapy to increasingly complex patient presentation with less overall reliance on their clinical educator(s), following a problem-solving type approach.

Occupational Therapy

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- OT students are supported and assessed to meet HCPC standards of proficiency for their profession. All students have access to activities related to our health and wellbeing strategy and action plan.

- Occupational Therapy within NTW is part of an outstanding service providing safe, effective and evidence-based practice.

- All the OT services which take students undertake an annual collaborative audit with the PPFs to ensure that the learning environment provides support, sufficient resources, opportunity and equity of assessment.

- Students are provided with pre-placement information from ARC - PEP, a student pack is sent to them once allocated and they can access the POLO/Evidence file during their placement.

- They are encouraged to have a preplacement visit to determine needs, discuss reasonable adjustments that need to be made in relation to their learning requirements, disability or familial responsibilities. Part of this identifies their learning style to guide placement intervention.

- OT students based in Neurological services also have access to the Walkergate Park Induction Day which introduces them to the issues impacting on their patients – dependent on placement timing this is either within group or individual face to face session. Students in other areas are also given an induction at the start of the placement, also the location and use of the Trusts policies and procedures, the values of the Trust and the process if they have any concerns.

- OT students work as part of the MDT and as part of their placement have learning opportunities to work across disciplines and service areas, see specialist assessments/interventions and work collaboratively with other professions.

- OT students have learning objectives for their placement which includes University objectives according to their stage of study, personal objectives and service objectives. Ultimately students are comprehensively assessed and supported to meet HCPC standards of proficiency and maintain the RCOT code of ethics and professional conduct.

- During their placement they may be involved in service development issues including supporting audit, service evaluations or research topics. This may include opportunities of co-production with service users through “Points of You”, AIMS and individual therapeutic goals and evaluation.

- Students will be involved in training and tutorials which may be professionally related or when appropriate with other non-OT students on placement or junior staff. OT students have allocated study time per week for self-directed learning.

- Students have the opportunity to work within a recovery model and experience collaboratively orientated outcome measures such as the Recovery Star; ensuring therapeutic goals are personally meaningful. Care provided conforms to the NICE Accredited Practice Guidelines for occupational therapy; giving students the opportunity to see systematic review evidence put in to practice.

- Students have the opportunity to see the implementation of a recovery model within secure services. Recovery model and nature of secure ‘mandatory’ detention and treatment at historic odds. Positive to see cultural change towards collaborative coproduced assessments, risk assessments, language change and recovery college initiatives.

- As noted above, students visit placement sites prior to placement starting to agree their learning goals and specific needs. We also actively encourage the use of reflective practice via regular supervision and MDT/discipline specific peer group supervision to acknowledge the difficulties with patient groups and develop robust consistent strategies to deal with therapeutic nihilism.

Physiotherapy

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- Students are encouraged to prepare learning objectives and jointly set these with their educators. Prior to the placement, students are provided with information regarding learning opportunities that are available whilst they are on placement and how to facilitate this is discussed with the educator during objective setting.

- Students are able to attend regular in-service training as well as past presentations on relevant topics. Students are supported by their educator during treatment sessions as well as provided with the opportunity to be autonomous practitioners by developing a treatment plan and lead treatment sessions. They also have the opportunity to work with and learn from experienced clinicians.

Dietetics

- Students all have a supervisor who meets with them once per week to discuss their progress with their learning outcomes and any problems that may have arisen. In addition, students have access to a mentor if necessary.

- Students are sent a comprehensive induction pack and are encouraged to contact the service with any queries prior to their placement.

- **Students are encouraged to attend training sessions whilst they are on placement.**

Pharmacy

- Increased opportunities for Pharmacy staff to be involved in teaching through shared learning events with acute trusts and with the Northern School of Pharmacy and Medicines Optimisation

- Departmental clinical supervision sessions are now embedded for both Pharmacist prescribers and the wider pharmacy team. This is used in addition to individual 1:1s and supervision where individual concerns can be raised and addressed.

- The Pharmacy Department has worked with HEE and Sunderland University to address the lack of mental health focus within post graduate provision. This has led to the creation of a mental health MSc module and collaborative alterations to the pharmacist independent prescribing course to include mental health skills.

- NTW pharmacists continue with their input into undergraduate and postgraduate teaching at the local Schools of Pharmacy and Nursing.

- Senior pharmacy managers carry out monthly Q+As that all staff are invited to attend and participate to improve communication within the department and to address any concerns.

- Pharmacists continue to be key members of weekly serious incident review panels. Medicines-related learning was disseminated throughout the organisation.

- Pharmacy has introduced a new induction, foundation competency framework and pharmacist prescribers support framework to support staff in new roles or those new to the organisation.

- Pharmacy hold local after action reviews following incidents to ensure any learning can be embedded

- Lead Locality Pharmacists attend quality standards meetings to identify any local issues and work through incidents and concerns

At annual appraisals, all staff are set objectives which include some element of audit or QI work.

HEE Domain 2 Educational Governance and Leadership *For additional guidance see HEE Quality Framework, page 11 -12*
HEE is keen to understand new models of learning in practice and the impact this is having on your

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organisation. Please include within your response:

- *Have you increased capacity for learners in your organisation?*
- *Have you increased your numbers of supervisors/mentors?*

HEE priority for 2018 reporting in this domain is:

- *Monitoring of LEP use of financial resources provided by HEE to support training. The new Learning Development Agreement (LDA) will be used to link financial resource to quality of training. (See SAR section 4, page 18)*
- *Governance of programmes with complex structures (e.g. Pharmacy & Healthcare Science) where nationally coordinated processes can impact on local delivery within HEE.*
- *Clear identification through STEIS (Live Flow) reporting of trainees/learners involved in Never Events and SUIs for both pastoral support and revalidation reasons. (See SAR section 8.1, page 26)*

Following the restructure of operational services, the governance arrangements for workforce planning, education and training have been reviewed and a Corporate Decision Team Workforce Group has been implemented. The Corporate Decisions Team is a sub group of the Board and is made up of Executive, Operational and Clinical Directors.

The Trust has launched a Training Academy which will provide multidisciplinary educational leadership, the Academy Boards membership is made up of Executive and Operational Directors including the Group Nurse Director Safer Care and Director of AHPs & Psychological Services.

Nursing

- The Nurse Education Forum (NEF) provides a framework for professional governance and assurance. The forum is responsible for the strategic direction of nurse education and training; ensuring it reflects changing clinical priorities and models of care. Membership includes the Deputy Director of Training Academy. The forum is chaired by the Group Director Safer Care a member of the Trust Workforce Group and Academy Board.

- A significant piece of work has been undertaken to align NMC requirements with internal reporting systems. Aligning mentorship update and triennial review to ESR has enabled the use of dashboards to monitor compliance strengthening the governance arrangements and clearly identifying both as mandatory training. The NEF has oversight of compliance acting where required.

- The NEF provides leadership in relation to co-production of curriculum, co-ordinates responses to national consultations and co-ordination of CWD returns and sets the agenda for the Nurse Leadership Forum. The forum oversees the implementation of the Trainee Nursing Associate pilot.

- We have introduced a Nurse Leadership Forum which meets quarterly; membership is made up of Ward, Team and Clinical Nurse Managers. This forum provides opportunity for senior nurses to influence the education and practice agenda. Recently the forum has taken part in the co-production of curriculum for Sunderland University proposed MH and LD nursing pathways; identification of CWD priorities, NMC consultations on proposed educational frameworks and registered nurse proficiencies and the implementation of the Trainee Nurse Associate Pilot.

- Students along with all our staff have access to a Nursing SharePoint; an intranet resource that includes educational information on relevant topics including NMC guidance, practice learning team events, guidance for curricula and mentors, the NTW nursing strategy and access to CWD portfolio's partner Universities.

- As part of regular reporting PPFs arrange annual educational audits and attend wards and services to monitor educational matters pertaining to the NMC standards. Feedback from students is used to monitor standards, in particular the student's evaluations from the HEIs are regularly reviewed and acted upon when required.

- Regular tripartite managerial meetings between Group Nurse Director Safer Care, PPF's and the Head of Practice Placement at HEI's. The PPF team are members of a regional group which supports education in practice

- To support the increase in placements and learners we have recently appointed an experienced

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practitioner to a 12 month secondment as a Practice Placement Support Coordinator. A significant focus of the role will be to work with placements in the implementation of the new education standards and supporting mentors in the delivery of the Nurse Degree Apprenticeships , Trainee Nursing Associates as well as traditional students.

- NTW is an equal opportunities employer, and as a mental health and disability service conscious of its responsibilities to act fairly with its staff and student group. Equality and diversity training are mandatory for all staff and supported by Trust policy. Education and training needs are identified at Appraisal via a joint development review with the individuals' manager supported by Trust policy.

- The Nursing Strategy is underpinned by a comprehensive career and development pathway and it is our stated intent to "grow our own". Opportunities to undertake registered nurse training, nursing associate training are advertised via an all user email, item in the staff bulletin and supported via our nursing structures to ensure all staff are aware and have an opportunity to apply. Recruitment is via our values-based process in partnership with the relevant University and is subject to HR scrutiny.

- Staff also have opportunity to access programmes such as Foundation Degree's and Functional Skills which provide entry qualifications to the above programmes.

- CWD portfolios for all partner Universities are available on the Nursing and Training SharePoint and are advertised in the Staff Bulletin. A comprehensive Study Leave policy outlines the process for application. The Head of Training is currently reviewing internal monitoring processes to ensure attendance and access.

- Should there be concerns about fairness, there are mechanisms to raise such concerns through line management or our freedom to speak up guardian.

- We take our role in the development and support of learners seriously and provide supportive structures led by the PPF team. In the case of student nurses, the PPF team work closely with mentors to identify as early as possible any issues by working with student, mentor and guidance tutor. The mentors are aware of how to contact PPFs and guidance tutors.

- In relation to NTW staff seconded to programmes (both pre-registration and trainee nursing associate) we allocate a nominated PPF who will provide both peer support sessions and tripartite supervision for each student.

Vocational Training

- The Vocational team were approached by the Government's Apprenticeship Service to join the national Apprenticeship Diversity Champions Network. & submit a pledge based on principles of equality and diversity. This was approved by the Network Chair Helen Grant MP on 4th December 17. We have been asked to take part in their event in London as part of Apprenticeship Week.

- In our Pledge we have committed to ensure our apprenticeships campaign incorporates widening participation, looking at what we can do to work to support people to move into apprenticeships, including collaborative work with Project Choice on the development of apprenticeships suitable for learners with additional needs, as well as collecting further diversity data across the apprenticeship programme.

- The Vocational team have work place risk-assessments for all apprenticeship placements. In January 18 we will begin the roll out to all apprentices of the *Side by Side* training, devised by the Education and Training Foundation (EfT), which covers:
  - Radicalisation and Extremism
  - Staying Safe Online
  - Critical Thinking
  - British Values.

This follows a member of the team attending the EfT Facilitators session in November.

Psychology Services

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The Trust Psychological Services Associate Directors meet monthly and the meeting is chaired by the Director of AHPs and Psychological Services. This group regularly reviews governance issues related to students and trainees. The Trust has established an internal Training Academy which will provide multidisciplinary educational leadership, and the Director of AHPs & Psychological Services is a member of the Academy Board.

Clinical Psychology

- NTW works in partnership with the Doctorate in Clinical Psychology programme at Newcastle University. Trainees' development and acquisition of clinical competencies are jointly assessed through close liaison between NTW placement supervisors and University Tutors, including scheduled three-way meetings. A partnership board has been set up to oversee this programme commencing October 2018.

- We ensure that governance processes are joined up between the Trust and the University, this has been particularly important in (rare) issues concerning a complaint or a fitness to practice issue.

- NTW's HR department and Practice Placement Facilitator have helpfully supported our clinical psychologist manager of the trainees and the Director of AHPs and Psychological Services whenever complex issues have arisen.

AHP

- The Trust AHP Senior Leadership Team meets monthly and is chaired by the Director of Allied Health Professions and Psychological Services. It is attended by AHP Associate Directors and Dietetic Leads from all Groups and regularly reviews governance issues related to undergraduates & students / trainees. The Trust has established an internal training Academy which will provide multidisciplinary educational leadership, and the Director of AHPs & Psychological Services is a member of the Academy Board

SALT

- SALTs input into specific steering groups e.g. training steering group at Ferndene (inpatient unit for Children & Young people), developing a Ferndene-wide induction programme for all staff and subsequent new starters.

- Placements are monitored through student evaluations completed by students and shared with placement & University; Clinical Educators also complete placement evaluations to share. Opportunity to discuss placements within the SALT team are embedded in SALT staff meetings, Adult/Paediatric team meetings and pre-/post- placement meetings held to reflect on the placement. Feedback is also requested from wider team members re students/placements.

- Students are expected to share their session plans for each session with step up & step down clearly indicated – this can be via email and/or direct contact with educator. Regular meetings are planned at the start of the placement with the Clinical Educator in charge of the placement to ensure regular support, ensure professional standards are being followed and governance issues.

- CCC meetings at the University provide regular educator updates and master classes around curriculum changes and impacts. Where there are issues relating to student competence, academic tutors work collaboratively with the clinical educator and student as often as agreed.

- Information packs are sent out to students prior to their placement. We have students on a Professional Context placement where they undertake a relevant project e.g. service development, audit etc. One example of this is that a final year student devised a data base for outcome measures that is used by the SALT department and had since been adapted for OT.

Occupational Therapy

- All Occupational Therapists acting as a Practice Educator must have completed a formal practice

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educators' course. Most areas have educators accredited on the APPLE system or are working towards this. APPLE accredited practice educators are revalidated every 5 years through completion of a short report.

- There are close links between the education providers and services with regular updates and discussions, there are opportunities to feedback and influence course content and support with issues either academic or personal.

- **Within the Trust and facilitated by the Practice Placement Facilitators there is a forum for education, and all professions to meet and discuss new developments and further opportunities for cross working and skill sharing including regular seminars for all students.**

- There is cross discipline training which is continued during the placement settings although there are further opportunities for this in development with service users utilising an MDT approach to case studies.

- Annual audit of student placement provision carried out collaboratively with the PPF.

- Students are provided with a student folder to support their collection of evidence during the placement and support their formal weekly supervision sessions, identify learning needs and demonstrate competence across their objectives. This includes quizzes, glossaries, self-directed learning, reading lists, tutorial list, and Info sheets on specific conditions/presentations (e.g. Apraxia).

- OT students are actively involved in the weekly Journal Club and CPD sessions where articles are critically appraised, education on challenging or new topics are undertaken and staff work based learning presentations and reflections. Students are asked to present/lead near the end of their placement.

- Protected weekly MDT CPD time includes multi-professional learning, discipline specific and peer group supervision on a rolling programme.

Physiotherapy

- Students are provided with an information booklet prior to attending the placement. This provides logistical information as well as recommendations for self-directed study, learning opportunities and terminology that is commonly used on the placement in order to help fully prepare themselves. Students also have the opportunity to access the ARC-PEP system which has further information about the placement and their clinical educator is allocated to them via this system.

Dietetics

- The trust dietetic professional lead or the dietetic training lead attend the regular student network training meetings with Leeds Beckett University alongside other dietetic training leads within the North East.

- All students are guided and supported to achieve their learning outcomes set by the universities. Any possible gaps in these learning outcomes are highlighted and programs adjusted to help the student achieve these learning outcomes.

- Student evaluations are looked at to ensure the students feel that they have had a well supported placement that helps them achieve the expected standards.

Pharmacy

- Pharmacy have funded an advanced pharmacist practitioner to undertake a Postgraduate Certificate in Medical Education. This will improve our provision and capacity to deliver education both within our department and the wider health team.

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Health Education England

- Two senior pharmacists have attended HEE educational supervisory training to improve the leadership around pre-registration pharmacists experience within NTW.
- Pharmacy provides learning opportunities within the department to support staff undergoing revalidation.
- Pharmacy was represented within regional Trust wide education and training governance groups, including the HEE Pharmacy Sub-Group and has been integral to NTW workforce planning.
- All new staff are given a competency framework to work through with mentors to assure quality and standards
- The Pharmacy Department are actively looking to further our coaching and mentoring skills. This will help with our increasing number of pre-registration pharmacists coming to the department.
- The department has embedded the Pharmacy Workforce Strategy which covers all groups of staff and outlines development plans and how the department will meet the local Trust and wider STP/National drivers. Feedback is gained from staff so that continuous improvements can be made.
- Pharmacy have plans in place to ensure that all Pharmacists are supported to undertake the postgraduate clinical diploma/MSc and independent prescribing course and a support package for the post qualification period. The Department is committed to cover the current funding shortfall.
- The department has an active Workforce Development Group to manage departmental needs.

Senior Clinical Pharmacists regularly shadow senior colleagues at the serious incident reviews to gain experience.

HEE Domain 3 Supporting and Empowering Learners
For additional guidance refer to HEE Quality Framework, page 13-14

HEE priority for 2018 reporting in this domain is:

- *Improving support given to learners/trainees involved in Never Events/other adverse outcomes and subsequent clinical governance processes including Root Cause Analysis, Coronial Inquiries etc. (See SAR section 8.1, page 26)*

All students are inducted into the clinical environment in which their supervised practice will take place on commencement of placement. The induction process is standardised to ensure quality and includes;

- Trust Values
- Ethos of patient centred care and patient empowerment
- Access to and understanding of relevant policies
- Equality and diversity
- Whistle blowing and safeguarding are an integral component
- Raising concerns

Any concerns raised by students are investigated in collaboration with the relevant Universities and referred to the safeguarding team. The safeguarding team are available for advice and guidance to all staff and students. Trust counselling and occupational health services are available to all Trust students.

The Trust has a Freedom to Speak Up Guardian who provides confidential advice and support to anyone who is working or on placement within the Trust who has concerns about patient safety and / or the way their concern has been handled. The Guardian is supported by 25 volunteers as part of a Speak Up Champion network.

The Trust wide Learning and Improvement Group (LIG) is a monthly meeting to identify and share learning from a broad range of sources including incidents, complaints, audits, safeguarding investigations and reviews, HR processes, benchmarking, national reports and inquiries, staff and service user and carer feedback. The purpose of the meeting is to ensure that key learning is shared across all clinical Locality Groups and corporate services within the Trust, and embedded in the practice of clinical services to improve the safety and quality of services for service users and staff.

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Students are encouraged to organise pre-placements visits, these can smooth processes in a number of ways, for instance the travel arrangements become clearer, the access forms for trust IT systems can be completed early, minimising any time between starting placements and getting access to the electronic notes.

All students receive regular clinical supervision and are encouraged to reflect on practice experiences. Students have access to the Trust Training Programme accessing skills based and professional educational opportunities.

Nursing

- Prior to initial placement we provide a 3-day induction to welcome students to the Trust. In addition to covering statutory and mandatory training, the PPF team deliver a preparation for practice session covering roles and responsibilities, documentation, expectations of practice. Students are also provided with PPF team contact details and encouraged to make contact if they are having any difficulties.

- On the commencement of placement, the students will receive a local induction tailored to the student's level of training and previous experience.

- Professional standards are threaded through all elements of care delivery and managerial decision making, and are underpinned by the trust values, and the nursing strategy, "delivering compassion in practice". Any issues around professional values are promptly addressed and if issues persist or are serious in nature, escalated to the PPF team and HEIs

- Students along with all Trust staff have access to a Nursing SharePoint; an intranet resource that includes educational information on relevant topics including NMC guidance, practice learning team events, guidance for curricula and mentors, the NTW nursing strategy

- Each student has an allocated mentor or sign off mentor who will oversee the students learning activities and support the development of a portfolio of evidence. This serves as the basis for formative and summative assessment, alongside mentor observations and team feedback. This is supported by the Index of Evidence form developed by the PPF team and used by students and mentors in assessment of evidence.

- We utilise the universities system of evaluation, with feedback monitored by the PPF team. Students are however encouraged to address any concerns during placement by approaching mentors, PPFs or personal tutors

- The mentor group at NTW welcome recent Northumbria and Sunderland Universities development in affording academic accreditation to the practice portfolio providing equal standing.

- The placement plan is agreed with the universities to reflect the requirements for learning and achievement of relevant competencies at each stage of training.

Trainee Nursing Associate

- Trainee Nursing Associates are supported within their base placements where they have an identified mentor, in addition they have a nominated University tutor and a supervisor in additional placements who will liaise with their mentor.

- To compliment this the PPFs meet with the Trainees every 6 weeks for peer support providing opportunity to share practice experience and enhance learning opportunities. The PPF also meets with each Trainee individually; providing an extra opportunity for supervision and reflection. Tripartite supervision is also provided

- To support the introduction of this important new role the PPF team are rolling out awareness sessions for managers and team leads to build understanding of the programme and role. In

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addition, this information has been embedded in the mentor updates

Vocational Training

- NTW employs a progression coach within the Academy vocational team to support learners completing apprenticeships in both an educational and pastoral role. We deliver a supporting learner in the workplace qualification in-house that can be accessed by staff moving into supervisory roles

Clinical Psychology

- Trust counselling and occupational health services are available to Trust students. All staff are trained in Equality and Diversity (this is also part of Trust student induction).

- All students and trainees are inducted into the clinical environment in which their supervised practice will take place. Pre-meetings with supervisors and where appropriate clinical leads and managers take place.

- Placement supervisors always strive to combine educational support with pastoral support as required. Where a more formal access to therapy is required, this is arranged within another part of NTW Psychological Services wherever possible, in order to enable appropriate boundaries to be maintained. This has helped trainees who might otherwise have been unable to complete the three-year course to qualify.

- A collaborative approach is central to clinical psychology training and we are embedding co-production with service users and carers across all areas. Some trainees have the opportunity to participate in co-production of training or research.

- Placement Supervisors in collaboration with trainee clinical psychologists and University tutors identify learning needs and placement goals, including roles and responsibilities. This includes agreement over clinical supervision, formal outcome assessments, and review meetings.

- Trainee clinical psychologists receive an induction at the start of their clinical placement.

- Placement feedback is routinely sought from trainee clinical psychologists. In the main this feedback is very positive both in terms of the educational opportunities and quality of clinical supervision but also that trainees have felt valued members of the clinical teams.

IAPT

- Trainees are supported to complete academic and clinical assessed work including technical support to enable encrypted video recording of therapy sessions. High Intensity trainees are supported after completing the course to complete their portfolios to obtain BABCP accreditation.

- High and Low Intensity trainees are fully integrated within the services and receive a full local induction and are invited to attend the service High and Low intensity clinical forums

AHP

- Trust counselling and occupational health services are available to Trust students. All staff are trained in Equality and Diversity (this is also part of Trust student induction). Induction to learning environment has been covered in previous questions.

SALT

- Students have regular planned supervision session from their clinical educator as well less formal supervision from other clinicians and other members of the MDT as required. All client related work is reviewed by the relevant clinician prior to and after the input; reflection is encouraged as well as being given direct feedback. Specific times during the placement planned observations are carried

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out by the clinical educator & feedback is given to the student with successes and areas for development. Action plans are agreed to address any issues from this. Meetings are planned with other profession students where possible.

- Case discussion is embedded in SALT teams and students attend these sessions where planned during their placements to be part of the discussion as well as to present a case. Further specific profession specific CPD is integral to placements e.g. team meetings to discuss specific areas as previously agreed and/or case discussion to highlight an area of discussion.

- Students may attend and/or take part in specific training sessions within SALT teams and/or Inter-professional sessions e.g. dementia training in learning disability, dysphagia awareness for staff teams and/or attend wider team CPD sessions.

- Students may also have the opportunity to attend Clinical Excellence Network meetings relating to specific areas and/or attend specific training workshops e.g. introduction to Augmentative & Alternative Communication offered from other services in the Trust.

- Students are provided with regular reflection and supervision sessions to discuss their progress towards the goals they have set and to identify any adaptations which need to be made to their placement experience.
- Students are fully involved in the multidisciplinary team through involvement in MDT meetings, joint goal setting and joint sessions. Students are encouraged to observe sessions in other therapy disciplines.

- Students are encouraged to involve family members/carers in their work, for example through family meetings/ involvement in therapy sessions or providing family/carers with advice and strategies to support the patient.

Occupational Therapy

- All students receive regular and quality supervision from named educator as well as peer review/specific bespoke student sessions with specific learning outcomes, differential educational style delivery to match learners' profile of learning.

- Students shadow qualified staff and deliver goal-based outcome sessions to embed collaborative working.

- PPF are there to support mentors (across nursing and AHPs) with challenging situations including struggling students. PPF support students after a career break back into practice. Reasonable adjustments are made where required.

- OT students receive a minimum of one-hour formal supervision per week. They have multiple opportunities for informal supervision either with their practice educator or with other OTs or other members of the MDT. Learning objectives for each week are collaboratively set and matched during supervision.

- OT students have multimodal ways of demonstrating their learning including observed active intervention with patients, use of models/outcome measures and assessment tools, reflection, development of treatment plans, presentations, completion of quizzes, interaction within tutorial sessions and participation in departmental and MDT meetings, including family conferences and observation or joint sessions with other members of the MDT. For example, in Neurological services a neuroanatomy quiz has been developed to help students prepare for tutorials but also to enhance their understanding of a patient's diagnosis related to the observable impacts on occupational performance.

- Students use COPM and GAS in order to maintain a patient centred approach to their intervention and are encouraged to have contact with the patient's family/carers to supplement information if the patient is limited in their ability to provide information. (PDOC patients)

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- Students have the opportunity to work within a recovery model and experience collaboratively orientated outcome measures such as the Recovery Star; ensuring therapeutic goals are personally meaningful. Care provided conforms to the NICE Accredited Practice Guidelines for occupational therapy; giving students the opportunity to see systematic review evidence put in to practice.

- Students work with service users under supervision, and develop joint therapeutic goals, this information is recorded and evaluated as part of the care and treatment of the service user and demonstrates the different elements of the care pathway.

Physiotherapy

- Clinical educators are identified prior to placement. Students are provided with weekly formal supervision from their educator as well as regular informal supervision from their educator and/or other team members. Students are encouraged and given time to complete reflective practice on a regular basis and are guided through reflective models if required.

- Students have the opportunity to work as part of the MDT, taking part in visits and MDT sessions and are able to work jointly with other AHPs to gain an understanding of their role.

Dietetics

- Students spend time within MDT meetings across the trust's specialist services. They also shadow other health care professions to gain a knowledge of their roles within the MDT. **We ensure students have chance to experience working in a range of specialities across the Trust.**

- Students have weekly sessions with their supervisor to ensure they meet the learning outcomes set by the university and are aware of the need of working with MDT colleagues in the specialist services they work into.

- We have started providing joint B placements with a local acute trust to ensure that students who we train receive the competencies needed for working in both mental health and acute trusts.

Pharmacy

- Pharmacy staff all have objectives set in annual appraisal to review a Trust or local policy to ensure that they have exposure to governance processes.

- Pre –registration pharmacists and pre-registration technicians are supported and mentored.

- NVQ assessment is carried out for all assistant technical officers and technicians.

- We are actively utilising the Apprentice Levy for in work post graduate training of our support staff.

- Learning at lunch has been re-launched for all staff to attend.

- Clinical supervision has been strengthened for pharmacist prescribers in addition to its being available to all clinical staff groups

A new local induction has been developed to ensure staff are familiar with all aspects of the department.

HEE Domain 4 Supporting and Empowering Educators
For additional guidance refer to HEE Quality Framework, page 15

HEE priority for 2018 reporting in this domain is:

- *Use of the LDA to link the control/distribution of the financial resources provided by HEE to those managing training placements and the individual support to those providing educational supervision. (See SAR section 4)*

NTW takes its responsibility to educate, train and support the future workforce seriously and places a high value on this aspect of our work. All mentors/practice educators have completed an accredited programme

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approved by their professional body and are required to attend annual updates to maintain knowledge of curriculum and all placement areas are subject to annual audit. The role of mentor/supervisor is included in appraisal with clinical supervision build into practice.

Nursing

- In order to meet current and future workforce needs we have expanded access to clinical placements to the Open University, Sunderland and Teesside Universities in addition to placements provided to Northumbria University.
- To ensure we are able to meet the demand a significant piece of work has been undertaken to increase clinical placements and build greater mentor capacity.
- A significant piece of work has been undertaken to align NMC requirements with internal reporting systems. Aligning mentorship update and triennial review to ESR has enabled the use of dashboards to monitor compliance strengthening the governance arrangements and clearly identifying both as mandatory training. The NEF has oversight of compliance acting where required.
- Mentors are updated annually, with regard to the curriculum detail for all the programmes. The mentorship update reflects the starting point for discussion regarding changes in curriculum
- Mentorship updates also includes information about the wider context of nurse education, curriculum developments and reflective group discussion around themes in education. e.g. fostering interprofessional learning, ensuring consistent quality of learning opportunities; implementation of new roles Trainee Nursing Associate
- When there are changes in practice related assessment extra educational events are rolled out across the geography of the services, a recent example of this is the work done with Teesside regarding TNAs.
- The governance around triennial review has been strengthened, and aligned with the revalidation mechanism, as described in the policy practice guidance note (SA-PGN-03). Triennial review is included in dashboards strengthening compliance monitoring
- Should specific issues arise between a mentor and student after the situation has been managed the local PPF will hold a reflective discussion with the mentor, to see if there are any implications for future learning.
- In addition to the arrangements for mentors, we have several NMC Practice Teachers, who support the PPF team with educational matters around mentorship, and curriculum developments we will look to increase their numbers when there is greater clarity in relation to the new NMC standards for education.

Vocational Training

- Educators and trainers within the Academy are kept up to date via CPD identified through appraisal.
- The Vocational team have recently purchased MESMA the online quality assurance for schools, further education and skills. It supports the self-assessment process and development of robust quality improvement plans to drive change for the benefit of learners/ All members of the training team are asked to contribute to the process and it tracks observations of teaching and training to support trainers to develop within their roles. It also captures learner feedback.

Clinical Psychology

- Knowledge, skills and experience of teaching and training and clinical supervision are sought in all recruitment of qualified clinical psychologists. We place a high value on this aspect of our work and

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our responsibility for teaching and training the next generation of clinical psychologists.

- Supervision of trainee clinical placements is built into job plans and care is taken to ensure the overall job plan is realistic and manageable.

- Inexperienced supervisors share responsibility for placement supervision with a more experienced supervisor to ensure standards are met for the trainee and that we are growing more clinical supervisors.

- All Clinical Psychologists are regulated by the Health Care Professions Council

- Role of supervision of trainees is included in appraisal

- Provision of Clinical Supervision is built into job plans

IAPT

- Close links with Newcastle & Teesside universities ensures familiarity with the curricula

- Clinical supervision for High Intensity CBT trainees is provided by BABCP accredited clinicians as is required

- **Clinical supervision for PWP Trainees is provided by Senior PWPs who have successfully completed the accredited Low Intensity Supervisors Training**

- Provision of Clinical Supervision is built into job plans of relevant staff

SALT

- Educator training is regularly checked within SALT teams to ensure clinical educators are up to date.
- Clinicians at a Band 6 and above are usually trained to be Clinical Educators and to lead placements; Band 5s encouraged to engage in placements possibly leading with 1 client depending on where they are with their own competencies.

- Discussions take place within teams regarding skills requirements & for reflection. University staff invited in to staff meeting to discuss curriculum changes, educator developments etc.

- Member of SALT team met with physio research colleague to consider ways to increase research into the Community Team Learning Disability & presented at a North of Tyne Away day; collaborative working with Trust Research Department looking at possible projects and NIHR clinical academic pathways; arrangement of an MDT CTLD researcher meeting; RCF funding to focus on dysphagia issues relating to Learning Disability; professional context placement student worked with SALT focussing on SUIs from choking incidents in the Trust – led to funding agreed for SALT posts for Inpatient wards. Professional Context placement for Inpatients also led to service improvements: placement enabled trialling interventions they had not had the capacity to do - e.g. group on complex care.

- Student shared up to date literature review on SALT in mental health with the team. Project aided understanding of current referral trends and reinforced what service should be aiming for. The data was used to inform service papers and also shared at meetings with senior managers.

- Partnership working with the University to make reasonable adjustments to enable students to get the most appropriate placement & opportunities to develop skills. Collaborative working also with other Universities i.e. Sheffield, for retrieval placements during the summer.

- Supervisors receive training from the local university on supervision of students, including the expectations of students at different levels, the appropriate model of supervision and guidelines on providing feedback to students. Within neurological services one member of the SALT attends a

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yearly update clinical educator session and cascades this information to the remaining CE's. Supervisors are provided with written guidelines/ documentation to support the supervision process and are encouraged to contact the university if they require any support of advice during the placement.

- We have a Clinical Coordinator who attends quarterly meetings with the university and other local CC's.

Occupational Therapy

- All staff have APPLE accreditation and are identified in appraisal to complete educators' course.
- Regular collaboration of educators to increase breadth and scope of learning by students maximising opportunities, exposure to various clinical specialisms.
- Regular review in monthly Occupational Therapy meeting of educators' experience, support and how to make it even better, recently this has included looking at new models of practice research and capacity issues.
- There are two events a year for Occupational Therapists to attend that are co-facilitated by a senior lecturer and PPF. PPFs support AHP educators and students.
- Annual audits of placements take place and fluctuations in mentor availability are accounted for.
- At times of peak activity which may result in difficulties in accommodating students some placements will go over agreed placement numbers.
- All practice educators are qualified Occupational Therapists with at least one-year experience. All must either have completed a practice educators' course and/or have completed their APPLE accreditation or be working towards it. All APPLE accredited educators are revalidated every 5 years. One of the Educators has a MA in Multidisciplinary Practice Education and Development. All less experienced practice educators are provided with support by more experienced staff.
- The OTs have been involved in discussions on adult learning theories including identifying personality types, learning styles and supervision models.
- Placement co-ordinators attend the annual practice educators meeting at Northumbria University, we will have an annual update from our academic colleague on curriculum changes and each educator will be provided with documentation for each student to support the placement.
- Students are provided with a collaborative meeting with the University Guidance Tutor and practice educator to monitor progress and Practice Educators have access to the guidance tutor throughout the placement to support the student particularly in the case of failing or struggling students.
- OT staff and students again work within a timetable system to enable preplanning of supervision time, tutorial time, joint sessions and student patient contact and consolidation time. This allows for preparation and reflection.
- Student education regularly forms part of each clinician's supervision and JDR agendas. Therapists are also supported to support the HEIs in the recruitment of OTs to training, academic assessment of students and running workshops with final year students about securing interviews and successful candidates. CPD time is protected at 1 session a month which has a rolling programme to ensure developmental needs are met.

Physiotherapy

- There is a bespoke Physiotherapy update yearly in a Trust location that all Physiotherapists are invited to. PPFs support AHP educators and students.
- All Physiotherapy Educators are required to attend the student educators course ran by the

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University which covers training relating to different learning styles, managing students, paperwork and the requirements of both the educator and the student. There is also support available from experienced educators within the Physiotherapy team.

- Contact can be made with the University and any updates regarding paperwork or course content can be provided by the University as required. Support is available for educators via contact with the University and there is the opportunity to meet with a University tutor during the half way appraisal or more frequently if required.

Dietetics

- All staff attend the Clinical Supervisory Skills courses run by Leeds Beckett University. Initially they attend a 2-day course with 3 yearly refreshers 1-day course.
- Staff are also encouraged to attend update sessions run by the liaison tutor from Leeds Beckett University.
- **Clinical supervisory skill straining will be provided by Teesside University as the new MSc in Dietetics commences in January 2019 and it will be expected that all staff attend this.**

Pharmacy

- Collaborated with HEI to ensure that post graduate courses meet the needs of our staff
- Worked with NTW Academy to identify key inclusions in the CWD contract for pharmacy.
- Ensured that pre-registration tutors/supervisors have received the recognised and validated training.
- A clear training plan is in place to ensure that all our staff receive the necessary training e.g. Clinical Diploma.
- Our Workforce Strategy look to increase our links with local HEIs to increase practice based learning. Two of our pharmacists hold honorary positions with the 2 local Pharmacy Schools.
- **We have secured funding to provide pharmacist support Medical Education.**
- **Pharmacy have funded an advanced pharmacist practitioner to undertake a Postgraduate Certificate in Medical Education. This will improve our provision and capacity to deliver education both within our department and the wider health team.**
- **The Department offers 2 vocational placements for pharmacy undergraduate students and are involved in the delivery of professional placements at both of our local HEIs.**

HEE Domain 5 Delivering Curricula and Assessments
For additional guidance refer to HEE Quality Framework, page 16

HEE priority for 2018 reporting in this domain is:

- *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. (See SAR Section 8.2, page 27)*

Curricula, assessments and the training programme are set by the University and accredited by (as per profession) by Nursing and Midwifery Council, Health Care Professions Council and the British Psychological Society. Clinicians are able to contribute to curriculum development, methods of assessment and participate in validation.

Students' individual timetables are organised to include a range of experiences/ opportunities to support them to meet their individual learning outcomes and are encouraged to take responsibility for organising opportunities as the placement progresses.
Students are informed of current service delivery approaches and their placement opportunities reflect

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these.

Nursing

- NTW have worked in partnership with Sunderland University and TEWV Trust to co-produce both a mental health and learning disability nursing pathway. This means Sunderland will have two intakes of students per year, September and April, following traditional university pathways. Partnership working included curriculum design workshops with nursing staff from across our services; consulted on and refined via the NEF and Nurse Leadership Forum and attendance at the validation event of mentors, PPF and senior nursing staff. The NMC commended our partnership "for its approach to collaborative, provider led development of the nursing curriculum" and recognised our focus on innovative placements across the patient's pathway. Being a partner, NTW will 'adopt' these students throughout their training, offering additional support and guidance and develop a strong bond with them from the beginning of their studies with the aim of recruiting and retaining these qualified nurses of the future.

- Following the validation event, we have secured funding from Sunderland University for 2 x Senior Lecturer posts who will spend a half a day per week in practice, a Principal Lecturer post who are now in post and a further commitment to fund 2 x Clinical Links who will spend 50% of their time in practice.

- NTW have undertaken further work in partnership with Sunderland University and TEWV Trust to co-produce a Degree Level Nursing Apprenticeship programme. Following successful NMC validation NTW has committed to having 30 staff seconded for the January 2019 intake, with additional smaller intakes later in 2019. This is a fantastic opportunity for experienced support workers to achieve a degree level nursing qualification and NMC registration as part of a funded secondment process. This is the first step in offering alternative pathways to degree level professional registrations as we continue to explore new opportunities across professional and corporate groups.

- In order to accommodate increase in student numbers the PPF team measured student activity in 2016 which showed peaks and troughs across the year with distinct pinch points. Projected over 4 years this information was used to discuss with HEI logistical concerns resulting in more evenly distributed student numbers. Further work is currently being undertaken to build on the already developed capacity plan. This will provide each clinical care group with a calendar for the year's student numbers overlaid with individual team plans. This will support the clinical care groups in discharging their responsibilities are in relation to supporting and sourcing placements

- The practice learning required by students is outlined within the practice assessment documentation and in the practice competencies. Each NTW mentor meets with the student early in their placement to establish a programme of experience based on their individual requirements.

- Where there are new practice developments, presentations are arranged with teaching staff to discuss any implications around teaching, or new practice language. The principle care pathways approach is a good example of this, and also, the changes in ethos and approach required by the "talk safe" and safer care initiatives.

- There is patient and carer involvement in the curricula development, and in the recent innovations in care at the trust. (PCP, safer care, care coordination)

- Peer Support Workers are actively involved in both student induction and in Practice Development Sessions (PDS) providing insight through lived experience.

- The PPF team collect themes and concerns in relation to curriculum from mentor updates and feedback to HEI.

Trainee Nursing Associate

- NTW are part of the fast follower pilot sites for the introduction and development of this new programme. Currently 12 staff are being supported on this programme.

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- To support the introduction of this important new role the PPF team are rolling out awareness sessions for managers and team leads to build understanding of the programme and role. In addition, this information has been embedded in the mentor updates

- Additional support is provided by the PPF team who meet with the trainees every 6 weeks for peer support providing opportunity to share practice experience and enhance learning opportunities. Trainees are also supported by a PPF via 1:1 supervision Tripartite supervision is also provided.

- NTW are a member of the Implementation group and are able to influence curriculum and role development. The PPF team are working closely with Teesside University staff to ensure partnership working is robust and of the highest quality

- The NEF are responsible for monitoring implementation and role development internally

Vocational Training

- Assessors and trainers assess a starting point for every learner, monitor their progress on a monthly basis and set challenging targets to build on and support learners to meet their learning outcomes. The i-learner system we use creates an individual learning plan and progress chart. Each learner's review is conducted by accessing this ILP.

- Northumberland, Tyne & Wear NHS Foundation Trust has been highly commended at the regional final of the National Apprenticeship Awards 2017 in the category of Macro Employer of the Year. This category was open to all employers who employ 5000+ people & celebrates their commitment, contribution and the success that apprenticeships have brought to their organization

Clinical Psychology

- Curricula, assessments and the training programme are set by the University and accredited by the Health Care Professions Council and the British Psychological Society. NTW Clinical Psychologists are able to contribute to the curriculum development and the methods of assessment and also participate in accreditation visits.

- The leadership training component of the programme has been revised and re-scheduled in partnership between contributing Clinical Psychologists from NTW and TEWV with Newcastle University.

- The curriculum has been revised and linked to specific placements to ensure all trainee clinical psychologists have accreditable competencies in a minimum of two widely applicable evidence based psychological therapies when they qualify (Cognitive-Behavioral therapy and Family Therapy) in accordance with evidence-based practice recommended by NICE and in accordance with priorities set in the NTW community services transformation to deliver evidence-based pathways.

IAPT

- Forum is in place to enable feedback to HEIs regarding trainee course content particularly regarding LTC top up training

AHP

- Students' individual timetables are organized to include a range of experiences/ opportunities to support them to meet their individual learning outcomes. Students are encouraged to take responsibility for organizing opportunities as the placement progresses.

- Students are informed of current service delivery approaches and their placement opportunities reflect these.

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- Supervisors encourage students to continually reflect on their placement experience and provide constructive feedback. Supervisors are responsive to feedback form students and make adaptations where appropriate.

- Students provide supervisors with formal feedback following their placement and this are reviewed by the service and any changes/ learning points identified. Supervisors continually gain feedback from patients about their experience of working with students and respond to these as appropriate.

SALT

- Workshop teaching sessions for students in Learning Disability provided at Newcastle University; looking to develop sessions to include other SALT areas e.g. Working age adults, dementia, as part of curriculum for SALT students

- Regular meetings to learn about changes in the curriculum & programme – University will come to teams to discuss specific changes as required. Members of SALT team CTLD engage with interviews of potential students who apply to take a SALT qualification.

- Supervisors use the assessment documentation provided by the local university and follow the guidelines and training provided on assessing students against the standards expected.

- A graded programme is in place to allow students to gain observational experience initially before gradually increasing their independence in working with clients, according to their level of experience and stage of training.

- One of the senior clinicians' lectures at Newcastle University on a core subject to an average of 50 students consisting of 5x2 hour lectures. The core learning requirements of the module is led by the university but the delivery and actual content is devised by the clinician

- Senior clinicians partake in unseen vivas at the university working jointly with university lecturers.

Occupational Therapy

- Clear links with educators to providers via Pauline Carr and specific course leaders. Involvement in interviewing potential course candidates. Participation in validation days re students/presentations.

- Practice Educators have in the past been asked to comment on curriculum design at the draft stage by the local universities. Have in the past been actively involved in provision of the curriculum – teaching modules, lecturing, assessment of practical or viva exams.

- Practice Educators are regularly involved in interviews for prospective OT students. We provide ideas for research projects to the OT course at Northumbria for consideration by the Masters Level students.

- The University set learning objectives reflect the needs of the student in relation to the curriculum and develop throughout their training. The service objectives reflect how the student will be able to meet these within the specific setting and the personal objectives identify priority areas for each individual student through interest or learning need previously identified. These are collaboratively set by the student and their University Guidance Tutor – the Practice Educators are not privy to these discussions nor the post placement meetings. The objectives of the service are set in line with evidence-based practice and good practice guidelines

- Students are provided with formal and informal supervision, tutorials, observation, discussion, working across services and with the MDT and direct contact with patients appropriate to their stage of training and determined ability during the placement.

- Within NTW there is an active Service User Forum which undertakes patient exit interviews which students have access to in order to inform them of patient perspectives around discharge.

- Integrated within the student final report is a section for them to comment on their placement

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experience. OT students also have a requirement to complete a placement evaluation on ARC-PEP which is then sent to the placement area. We have consistently received excellent feedback through these processes. We are seen as a challenging, supportive and fair learning environment.

- As individuals and team, we use this evaluation information to develop the placement and/or make adjustments as necessary – e.g. developing supporting information.

Physiotherapy

As per SALT.

- Following a placement, students complete a placement evaluation that is part of the ARC-PEP system as well as a local evaluation following completion of placement paperwork. The evaluations are them analyzed for themes in order to make changes to enhance the student experience.

Dietetics

- Students are guided by the learning outcomes they have from Leeds Beckett University. Weekly meetings with their allocated supervisor help them reflect on their learning and highlight any gaps in learning. Their program is then adjusted to enable them gain experience in areas which have been highlighted.

- Student learning outcomes are reviewed at the Student network meetings held with Leeds Beckett University. **We continue to work closely with Teesside University to develop their learning outcomes as their new course starts in January 2019. We will then work with students to put these outcomes into practice as students start coming into placements in 2019.**

Pharmacy

- The Pharmacy Department has worked with HEE and Sunderland University to address the lack of mental health focus within post graduate provision. This has led to the creation of a mental health MSc module and collaborative alterations to the pharmacist independent prescribing course to include mental health skills.

- The Department is a key stakeholder in the provision of a 5 year pharmacy degree course at the University of Newcastle.

- The Pharmacy is working with HEE and the North School of Pharmacy and Medicines Optimization to provide specialist mental health education to pharmacists and technicians across the North.

- The Department hosts visits from pharmacy undergraduates from both local providers to ensure that experience in mental health pharmacy is part of the undergraduate education.

HEE Domain 6 Developing a Sustainable Workforce

For additional guidance refer to HEE Quality Framework, page 17

HEE priority for 2018 reporting in this domain is:

- *Monitoring placement capacity where the LEP's own service workforce may be insufficient to deliver training, especially for 'at risk' placements.*
- *Triangulation of training data with exception reporting data regarding implementation of the Junior Doctor contract.*
- *LEP engagement with HEE across the STP/Integrated Care System for all training & workforce planning to avoid loss of training approval in changing clinical services.*

The Trust has robust workforce planning arrangements and sees its commitment to providing placements to students and supporting the development of curriculum as integral to ensuring a future workforce. Professional strategies (Nursing, AHP and psychological services) all identify the commitment to workforce planning and workforce development. A key component of the Trust Workforce strategy is the retention of skilled and experienced staff to support delivery of high quality care to service users and their careers.

Nursing

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- The Trusts five-year nursing strategy Delivering Compassion in Practice provides a clear framework for the Trusts nursing and care workforce to deliver the Trust vision and strategy and embed our values. The strategy is underpinned by a comprehensive career and development pathway and it is our stated intent to "grow our own" from entry to Nurse Consultant level which includes providing opportunities for our non-registered nursing workforce to progress to become registered nurses. As stated earlier the Trust has launched a Training Academy which intends to have a School of Nursing in place by 2019.

- Recruitment is a high priority within our organisation, and the projections regarding the needs of our future workforce directly affect our interactions and plans with HEIs the Trust is currently supporting staff to undertake mental health and adult nurse training with the Open University and has a cohort of 12 staff commencing Learning Disability nursing at Teesside in early 2018.

- Currently there is no formal mechanism to review attrition rate with programme providers. However, there are robust communication systems for students in placements if issues arise, PPFs and Personal Tutors attend placements to collaboratively intervene with student's placement difficulties. In addition, the Practice Liaison Team (PLT) jointly facilitated by PPF's and Tutor provide group supervision sessions for students.

- In addition to accessing innovative placements; learning opportunities are all inclusive of multi-disciplinary teams; providing scope for insight placements with other disciplines.

- Students are also exposed to the varied roles within nursing, via Practice Development Session, for example research and development nurses, tissue viability nurse, nurse consultants, as well as specialist services provided by the Trust such as; the Veterans service, Gender Dysphoria and Community Eating Disorder Services.

- To support the Trust recruitment drive and emphasise our commitment to the recruitment of registered nurses, a PPF is part of our internal recruitment team and ensures there is robust communication with soon to be qualified student nurses. This includes issuing an invitation to apply for posts six months prior to qualifying attending a value-based recruitment workshop.

- Two contact days are arranged for successful applicants during the final six months of training. The first day provides an opportunity to ensure a shared understanding of the Trust HR process and to outline Trust preceptorship package. At the second contact day students meet their preceptor or a member of the team from their employing service. They also received their portfolio, which outlines the framework of preceptorship in NTW, and can be developed into a revalidation folder.

- Experience has shown us that this transition can be an anxiety provoking time, and a helpful by product of these contact days is that connections are made between the students, HR and the recruitment team, so any queries can be managed thoughtfully.

- The Trust has a comprehensive preceptorship package, underpinned by a competency-based framework aligned to the Trust probationary period. There are plans to review this next year, with input from recent preceptees. The programme includes transitional development events and peer support sessions facilitated by PPF team and Senior Nurses. The topics for training are chosen by the preceptee group.

Vocational Training Apprenticeships

- The Vocational team are promoting career pathways and succession planning through work with Workforce planning to promote apprenticeship opportunities for both internal staff and new recruits. One example is working with teams to provide information and advice on physiotherapy higher apprenticeship opportunities.

- We have a success rate of 91% of recruited apprentices gaining paid employment but to increase this further we have worked with our Recruitment team & clinical admin lead Colin Bland and have devised a model whereby Band 2 vacancies form part of an apprenticeship recruitment model with a pathway of moving the apprentices into substantive Band 2 roles.

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- We have written an Apprenticeship Business Plan (approved by BGD 07/18) where we have identified a range of success measures which will allow us to understand the impact of the business plan and inform the progress reports and updates including data collection measures to record enrolment figures and help demonstrate how we meet the 2.3% Public Sector target for apprenticeships.

- A requirement of the NTW Nursing Strategy was for staff to obtain role related vocational training and have access to career pathways. As a consequence the Vocational Training Team have worked with delivery partners to offer both intermediate and advanced health apprenticeships to staff including offering the Mental Health Pathway Level 3 Senior Healthcare Support Worker apprenticeship. This training is being rolled out to 150 staff. We have health career pathways using apprenticeships and will begin a cohort of 30 nurse degree apprenticeships in January 2019, one of the first regionally to do so and with the largest cohort. We will also offer the Senior Leader MA and the Advanced Clinical Practitioner Standard. The apprenticeship programmes are a key part of succession planning and contributing to the NTW Academy's approach to offering an innovative learning environment and culture.

- Our intermediate and advanced apprenticeships in health also give staff the entry requirements to apply for the nurse degree apprenticeship programme. This helps to address the challenge of recruiting to nursing roles within a specialist health Trust. As the development and design of this degree was a collaborative partnership it aligns with Health Care Employers strategic objectives and goals around workforce planning and with the Standards set by the NMC (2010) and Institute for Apprenticeships (2017).

- Following the recent reaccreditation of the programme by the NMC in July 18 3 commendations were made;
  - The strength in partnership working
  - The commitment to widening participation
  - The commitment to the NHS retention strategy

  Two points of Innovation were remarked on
  - The work-based learning approach was noted
  - Using the established BSc Hons Nursing degree to support a large apprenticeship framework to enable true career pathway developments

Clinical Psychology

- Trainee Clinical Psychology attrition rates are very low and completion rates are very high. One trainee who had great difficulty completing due to mental health problems was given a comprehensive support programme and an extended contract as a trainee with NTW (prior to commencing a qualified post with us) in order to help reach completion.

- Progression is measured throughout training by the University. First destination employment is recorded.

- Where NTW is the first employer, a transition to qualified practice is agreed with the professional manager and clinical supervisor, which would include an induction period and high frequency of professional and clinical supervision in the first year.

IAPT

- Majority of trainees are already employed directly, with substantive post contingent on passing the course

- Career pathway from PWP to High Intensity Therapist or from CPN to IAPT High Intensity therapist has been possible within the service, and career progression is discussed with managers as part of appraisal

AHP General

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- Recruitment process within the Trust uses a values-based activity process. Individual interviews have developed so that the panel can be multidisciplinary. Service users have also been part of the process. Positive feedback has been received about having MDT panel as well as service user involvement.

SALT

- Part of student placement focusses on developing understanding of SALT role in the particular area. In the past attended careers speed dating event in Durham as part of an event giving information to local school children re careers in healthcare. Student who had a placement in the Trust has gone on to be recruited to a newly qualified SALT post where her placement was.

Occupational Therapy

- OT staff are involved with prospective student interviews alongside academic colleagues. During placement students will have access to information on careers within the service but also discussion on the changing skills needs in the current environment including new areas and roles for development of the workforce.

- We have no access to information/involvement with the method of interview, retention rates, progression of learners or final employment destination. We do not hold information about numbers of students who pass/fail within the service. We do however have a number of staff who have been students within the Service and who have sought employment either via the AHP Bank or direct from university.

- For those staff members employed directly from University there is a robust preceptorship programme in place for their first year in post which includes weekly supervision and specific induction and training programme.

- The students are also actively encouraged both on placement and via HEIs to research and discuss with educators the transition period from student to independent professionals and its opportunities and challenges.

Physiotherapy

- We have very few bands 5 physiotherapy posts within the Trust due to limited rotational experience however we do promote management skills for our 3rd year physiotherapy students.

- Physiotherapy clinicians are involved in the recruitment process for prospective students applying for the Physiotherapy course. The clinicians are present on the interview panel and contribute to the decision to offer a student a place on the course.

Dietetics

- Dietetics is actively involved in the value-based interviews held at Leeds Beckett University for applicants who apply to both the undergraduate and post graduate courses. Figures are received from Leeds Beckett University for first jobs of their graduates.

- **The recruitment problems of Band 5 and 6 Dietitians is ongoing. The new course in dietetics at Teesside University will hopefully help with this**

Pharmacy

- Pharmacy staff are involved in the national recruitment process (Oriel) for pre-registration pharmacists.

- **Our Workforce Strategy is fully embedded within the department.**

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- **Partnership working with local acute trusts to look at innovative solutions for the employment of band 6 pharmacists e.g. shared posts. This help with the Trust recruitment and also gives mental health experience to the wider workforce.**

- **Work with neighbouring acute trusts to organise guest speakers to provide learning opportunities for our staff.**

- Implementing a career development pathway for all groups of staff within the department to enable us to better "grow our own" and ensure succession planning is in place, especially in specialist roles.

Utilising extended pharmacy services in inpatient areas to support medical staffing.

2.1.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2).

Description of good practice and profession(s) it relates to (and a named contact for further information)	Description of why this is considered to be good practice	HEE Domain(s)	HEE Standard(s)
Vocational Training Members of the Apprenticeship Diversity Champions Network and have pledged to promotion diversity in apprenticeships. We engage with schools in economically deprived areas to encourage pupils, including BAME communities, to increase access to apprenticeships. We participate in regular, engagement in schools attending 50 school events a year. We work closely with Project Choice - a supported internship programme for people with learning disabilities, difficulties or autism (LDDA) to develop apprenticeship opportunities and we have a number of learners who identify as having ASN.	Aim to increase recruitment and access to Apprenticeships to hard to reach groups creating equity of access	**Domain 1** Learning Environment and Culture	1.2.
Interprofessional Learning We have supported the implementation of Schwartz Rounds. Schwartz Rounds are a multidisciplinary forum designed for all staff (students and learners included) to come together regularly to discuss and reflect on the emotional and social challenges associated with working in healthcare. They provide a confidential space to reflect and share experiences	Taken from a recent Schwartz round evaluation forms: 91% felt the round will help them work better with colleagues 94% of attendees rated the round as good, excellent or exceptional 99% plan to attend another round	**Domain 1** Learning Environment and Culture	1.2.

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	100% of attendees said they gained insight into how others cared for patients. Some examples of written feedback from attendees were: excellent space to share experiences and show compassion and passion for the NHS, absolutely wonderful (Nurse) Very good and inspiring, it was something I needed at this point of my career. Thank you (Psychiatrist) I found today incredibly moving and powerful to see positive examples of support to service users, themes of hope and everyday kindness		
Clinical Psychology trainees have the opportunity to get involved with co-production with service users e.g. with co-produced training and research initiatives Janet.Bostock@ntw.nhs.uk	Working in partnership with service users and carers is a core aspiration of mental health services to improve experience and outcomes and address as far as possible the power imbalance	**Domain 1** Learning Environment and Culture	1.4.
Nursing NTW have worked in partnership with Sunderland University and TEWV Trust to co-produce both a mental health and learning disability nursing pathway. This means Sunderland will have two intakes of students per year, September and April, following traditional university pathways. The NMC commended our partnership "for its approach to collaborative, provider led development of the nursing curriculum" and recognised our focus on innovative placements across the patient's pathway. Being a partner, NTW will 'adopt' these students throughout their training, offering additional support and guidance and develop a strong bond with them from the beginning of their studies with the aim of recruiting	This included curriculum design workshops with nursing staff from across our services; consulted on and refined via the NEF and Nurse Leadership Forum and attendance at the validation event of mentors, PPF and senior nursing staff. The NMC commended our partnership "for its approach to collaborative, provider led development of the nursing " The ideas from practice were clearly influential on the programme, with PPFs consulted on placement alignment, and the ideas were threaded into the programme.	**Domain 5** Developing and Implementing Curricula and Assessments	5.2.

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and retaining these qualified nurses of the future.			
Pharmacy The Pharmacy Department has worked with HEE and Sunderland University to address the lack of mental health focus within post graduate provision.	This has led to the creation of a mental health MSc module and collaborative alterations to the pharmacist independent prescribing course to include mental health skills.	**Domain 5** Delivering Curricula and Assessments	5.2
Vocational Training The Vocational team are promoting career pathways and succession planning through work with Workforce planning to promote apprenticeship opportunities for both internal staff and new recruits. We have a success rate of 91% of recruited apprentices gaining paid employment Annette.connor@ntw.nhs.uk	We aim to increase this further and have worked with our Recruitment team & clinical admin lead Colin Bland and have devised a model whereby Band 2 vacancies form part of an apprenticeship recruitment model with a pathway of moving the apprentices into substantive Band 2 roles	**Domain 6** Developing a Sustainable Workforce	6.3
Nursing / Vocational Training Apprenticeships NTW have undertaken further work in partnership with Sunderland University and TEWV Trust to co-produce a Degree Level Nursing Apprenticeship programme. Following successful NMC validation NTW has committed to having 30 staff seconded for the January 2019 intake, with additional smaller intakes later in 2019. As the development and design of this degree was a collaborative partnership it aligns with Health Care Employers strategic objectives and goals around workforce planning and with the Standards set by the NMC (2010) and Institute for Apprenticeships (2017).	This is the first step in offering alternative pathways to degree level professional registrations as we continue to explore new opportunities across professional and corporate groups. Following the recent accreditation of the programme by the NMC The partnership was commended on; • The strength in partnership working • The commitment to widening participation • The commitment to the NHS retention strategy Two points of Innovation were remarked on • The work-based learning approach was noted • Using the established BSc Hons Nursing degree to support a large apprenticeship framework to enable	**Domain 6** Developing a Sustainable Workforce	6.3

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	true career pathway developments		
Pharmacy Partnership working with local acute trusts to look at innovative solutions for the employment of band 6 pharmacists e.g. shared posts.	This help with the Trust recruitment and also gives mental health experience to the wider workforce.	**Domain 6** Developing a Sustainable Workforce	6.3
Occupational Therapy Two role emerging placements in a rehabilitation inpatient ward have been established, commencing 8 October 2018.	Opportunity to develop wider roles for OTs and impact positively on Service User experience.	**Domain 6** Developing a Sustainable Workforce	6.3
Pharmacy Introduction of a competency framework to support pharmacist independent prescribers		**Domain 6** Developing a Sustainable Workforce	6.3

2.1.3. Challenges or important issues that HEE should be aware of.

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the profession / professions)	HEE Domain(s)	HEE Standard(s)
Nursing Limited inclusion of mental health and learning disability in adult programme which can affect patient experience **Action Plan** Group Nurse Director has raised at both a regional and national level and the potential role of Learning Disability Nurses in acute and primary care services and the need to include in workforce planning	**Domain 2** Educational Governance and Leadership	2.2
SALT Limited inclusion of MH education on current curriculum – placement was offered in this area which led to a lot of extra support being required. **Action Plan** SALTs looking to provide/work with University to see how this can be addressed going forward.	**Domain 2** Educational Governance and Leadership	2.2
Dietetics The present education system for dietitians concentrates on developing their skills for working in the acute sector and does not develop their skills for working in mental health. **Action Plan** The new MSc course in dietetics at Teesside University has a larger component on dietetics in mental health, however it is not yet known if this will have a big impact on the skills of new graduates	**Domain 2** Educational Governance and Leadership	2.2 .
Clinical Psychology Some changes have been made to the order of placements by Newcastle University which is impacting on the fit between providing learning opportunities and clinical service delivery. **Action Plan** We are offering placements to Teesside University to fill gaps where possible.	**Domain 5** Developing and Implementing Curricula and Assessments	5.2

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We have initiated regular meetings between Director of AHPs and Psychological Services and Director of Doctorate in Clinical Psychology programme.		
Clinical Psychology Changes to the curriculum to increase depth of training in some areas have led to concerns about the impact of this on the wider experience that we believe trainees need to acquire. This is particularly impacting on exposure to inpatient settings which is reflected in the difficulties to recruit to these areas **Action Plan** We have agreed to raise at new Curriculum Subgroup of Strategic Partnership Board. We are looking proactively to develop placements which span inpatient and community settings.	**Domain 5** Developing and Implementing Curricula and Assessments	5.1 .
Dietetics Dietetics is a small service and any vacancies impact on the services capacity to train students. There are national recruitment problems at Band 5 and 6 level. There is also a need to train the future dietetic workforce in the specific skills needed for a dietitian working in mental health. These developments will hopefully help the present recruitment problems however the recruitment problems are likely still to last for the next 2-3 years. **Action Plan** A course at Teesside University has been developed which may help but not solve this problem Nationally other universities are also setting up new courses and the profession is involved in setting up Modern apprenticeships for dietitians.	**Domain 6** Developing a Sustainable Workforce	6.3
Pharmacy CWD funding does cover some of the key programmes that we should utilise to support our workforce e.g. BAP fully funded clinical diploma **Action Plan** NTW Pharmacy is providing full funding currently. NTW Pharmacy is actively involved in discussions at a regional level to look at the future of funding streams and what post graduate training will look like going forward.	**Domain 6** Developing a Sustainable Workforce	6.3
Pharmacy Funding from postgraduate clinical diploma has been reduced markedly and allocation has not been managed effectively. Whilst conversations around a replacement post graduate frameworks (such as a foundation programme) are being conducted, there is a disparity between career pathway education provision/expectation and allocation of funding. **Action Plan** NTW Pharmacy is providing full funding for the post graduate diploma. It is seen as an enabler to staff recruitment. NTW Pharmacy is actively involved in discussions at a regional level to look at the future of funding streams and what post graduate training will look like going forward	**Domain 6** Developing a Sustainable Workforce	6.3
Pharmacy Risk that salary replacement costs for pre-registration pharmacists and technicians will disappear could threaten the future training and sustainability of the Pharmacy workforce **Action Plan**	**Domain 6** Developing a Sustainable Workforce	6.3

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NTW Pharmacy currently partake in regional training placements. NTW Pharmacy is actively involved in discussions at a regional level to look at the future of funding streams.		

2.2. Postgraduate Medical

2.2.1. Organisation overview linked to the HEE and GMC Standards

Please report, by exception, where your organisation does not meet the HEE Quality Framework/GMC Standards within the reporting period for postgraduate medical training. In addition, please provide an overall narrative along with some organisational / departmental / unit examples may support the domain having been met overall. If you wish to highlight organisational policies, please detail these in section 3.

GMC theme 1 Learning Environment and Culture *For additional guidance refer to http://www.gmc-uk.org/education/index.asp*
HEE priority for 2018 reporting in this domain is: *A focus on workplace behaviours and strategies for resolution of issues of concern*
S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. *R1.1 and R1.2* *The organisation must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or education and training, openly and safely with fear of adverse consequences. Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.* • In induction, there is a talk about the professional roles and responsibilities of the doctor. • The Trust has a system for reporting incidents and a whistleblowing policy (NTW (HR) 06). Guidance is available in the NTW trust intranet for both processes. • Higher trainees are encouraged to spend a day a week with the safety team and to attend a serious untoward incident panel. • All trainees with any involvement in serious untoward incidences (SUI's), are encouraged and supported to attend the after action review and any incident panel in order to become familiar with this area of clinical governance. • Reflective practice training is being offered to GPs, foundation doctors as well as core trainees. A number of systems are in place to allow trainees to raise concerns about the standard of care or education and training. They can do so through their clinical or educational supervisors, the college tutor, or raise issues directly to the Associate Medical Director of Postgraduate Medical Education or the DME. The Guardian of Safe Working is Dr McLeod. We respond to all patient safety issues reported by trainees. Specific measures we have developed in the last year to promote an open and learning culture include: • Supporting the TLIC (trainees leading and implementing change) group which is a trainee led group identifying areas for improvement and then with the support of the trust implementing these. Examples of where this has occurred includes a review of access to IT access out of hours for higher trainees working in the community leading to the provision of mobile kit for all higher trainees working out of hours to allow access to electronic patient records wherever they are. • Working with trainees we have been promoting the use of incident reporting to address issues with handover of clinical information and have developed a specific code within the incident reporting system for this issue. These can then be addressed immediately.

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- Active encouragement of exception reporting through both induction, supervisor training and MSC. In relation to trainee knowledge of how to raise concerns the school survey found 97.87% of trainees were aware of how to raise concerns.

R1.3
Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.

In line with GMC requirements, we have a system to identify when trainees are involved in SUI's, review their involvement in the case and provide support as needed. This process ensures that all cases of trainee involvement with an SUI are reviewed by a senior clinician and administrative member of the medical education team. Where the trainee involvement is felt to be significant they are asked to be involved with the subsequent investigation and supported through this by their educational supervisor. This information is sent to HENE.

In the reporting year to August 2018, there were 111 SUIs in the Trust. 18 trainees were involved in the care of the patient close to the time of the SUI. There were no concerns expressed about the performance of any of the trainees named in these SUIs. Whenever trainees are involved in SUIs their trainers are made aware and asked to both support them through the process and encourage the use of reflective practice.

R1.4
Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong-known as their professional duty of candour and help them to develop the skills to communicate with tact, sensitivity and empathy.

Duty of candour is covered in induction.
All trust appraisals include reference to duty of candour.
We actively raise awareness about the trust Freedom To Speak up Guardian, including having posters relating to this in Postgraduate Teaching venues.

R1.5 and R1.6
Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient's safety and care, and on education and training. Awareness of processes for clinical and educational governance and local protocols for clinical activity.

The college tutor quality assures posts every 6 months to ensure the learning environment and culture in each post is safe for patients and learners as described under theme 2.

Feedback is sought on education and training and results are presented throughout the report. Systems are in place to allow trainees to give feedback on standards of patient safety also described elsewhere.

With the support of college tutors we have established local trainee fora in each locality.

The Guardian of Safe Working Trainee forum meets two monthly and is well attended. We also have an active trainee led group, TLIC (trainees leading innovation and change) which supports trainees leading change and providing feedback to both services and trainers. Representatives from this group meet regularly with the DME and there is a link with the trainee forum.

R1.7
Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision

There are ongoing challenges regarding recruitment and retention both at consultant grade and of trainees. The trust has a medical recruitment strategy (see Theme 6) with a number of components aimed to address this problem. Whilst recruitment is a significant challenge our assessment is that we are continuing to ensure there are adequate suitably qualified staff to offer appropriate clinical supervision.

We, as a trust, ensure trainees all have named clinical supervisors who are substantive consultants and

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trained in the supervisor role. Maintaining this standard does on occasion require trainees to have changes in their clinical role when there are services with recruitment difficulties. Over the last year we have had occasion to alter trainees' location of work when either locum or short term arrangements have been in place to address consultant vacancies. This has occurred in only one ward over the last year, and has not been resolved with the trainees back working onto the ward. Consultant recruitment difficulties means there is a risk of this recurring.

In relation to trainee recruitment challenges, the range of measure we have within our recruitment strategy means there has been less than 4% vacancy rate into training posts (excluding higher training posts)

There is a described process for managing gaps in the on-call rota when there is an unexpected absence, and the impact of this is monitored and reviewed at the Guardian Forum.

Data from the GMC Survey 2018 looking at workload suggests that as a trust ensuring training is protected and service pressures are manageable is an area of strength for us, mean satisfaction for workload was 63.79% which is considerably above the national mean of 48.19%.

R1.8
Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support must be outlined to the learner and supervisor. Foundation doctors must at all times have on-site access to a senior colleague. Medical students on placement must be supervised.
R1.9
Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
R10.1
Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.

The faculty development programme is structured to provide support and training for supervisors taking up educational roles. This sits alongside other measures including an individual meeting with new consultant supervisors to ensure they are aware of their roles and are aware of the support and development that is in place.

Each trainee has within their work schedule clear outlines of both their clinical role and training opportunities, these are described according to their level of training. We have a trust document that is shared with clinical teams outlining the different roles and experience of different trainees to ensure clinical staff are aware of their competencies. Within the trust clinical supervision policy we have a separate appendix outlining the policy for supervision of medical trainees (Appendix 9 of Clinical Supervision Policy – trainee medical supervision). In this we outline the levels of supervision required for trainees within different levels of experience, this document is discussed with trainers within the faculty development sessions, which trainers have to attend at least every three years.

Our own quality management of posts identifies high levels of satisfaction with supervision and the GMC NTS and school survey scores support this:
Clinical Supervision score was 94.01% the national mean is 90.31% (90.39%).
Educational Supervision score was 85.79%, national mean 84.46% (88.31%).

School Survey 2018
Clinical supervision
97.87% of trainees strongly agreed or agreed that formal clinical supervision was relevant to them and of good quality.

R1.11
Doctors in training must only take consent for procedures appropriate for their level of competence. Learners must act in accordance with GMC guidance on consent.

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ECT is the only procedure requiring consent. There is an ECT policy which gives clear guidance on consent. There is an ECT rota, so that trainees can obtain experience in this area.

R1.12
Rotas
Appropriate supervision is available on-call.

We have over the reporting year been progressing with changes to our adult and old age second on call out of hours cover arrangements. These changes have been designed with trainee support to achieve a number of key goals; improving level of supervision available to first on call doctors, improving training opportunities for doctors working out of hours, having more consistent arrangements across the trust and ensuring trainees work life balance as well as pay progression is protected.

Evaluation of these changes has found improved training opportunities and access to clinical supervision for first on call doctors. This has also found high levels of satisfaction with access to clinical supervision and patient care. Data for the GMC survey looking at satisfaction with clinical supervision out of hours is consistent with these findings with above average levels of satisfaction, 98.09%.

R1.13
Induction
Induction is based on the standardised format followed across the Trust as indicated by the National Patient Safety Agency.

Over the reporting period we had a major review of our induction programme. This culminated with a new programme being delivered in Aug 2018. We will report on this and the evaluation of it in next year's SAR. Detailed below is the feedback from the GMC survey regarding our induction both broadly as a trust and in individual sites. Although we score above the national average we felt this something that could be improved hence our review, early indication from local feedback suggest this has been well received.

In the GMC Survey 2018, 80.83% of trainees were satisfied with induction (national mean 76.62%). The breakdown is given below. Questions about induction include questions about how well trainees are inducted into their role by their consultant supervisor as well as their local site induction. Review of this data and discussions with trainees highlighted that this was an area of inconsistency and hence we have implemented a set of standards outlining what trainers and college tutors should deliver in their post and site induction respectively.

	Benton House	CAV	HWP	MWM	Prudhoe	SGP	SNH	WGP
Induction	76.67	85.77	82.08	85.00	70.00	77.50	82.50	No data

R1.14

R1.14
Handover

All clinical teams have robust handover arrangements, both across transitions of shifts and where patients are moving from community to inpatient services. These arrangements include access to one set of electronic patient records and handover meetings. We are however aware that our trust score within the GMC survey is the one measure where we are below the national average (2018 score was 62.76% compared to national average of 66.54%). Triangulating this with data from the School Survey we can see 89.36% of trainees said that handover arrangements did not regularly negatively impact on patient care or their ability to do their job properly.

Looking at the survey results in more detail, 7.69% of trainees identified that handover arrangements did not always ensure continuity of care between shifts. In order to address this specific point we have established more robust arrangements regarding the handover of information between shifts and have introduced involvement of second and third on call doctors in discussions about handover at the start of shifts.

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In order to improve the quality of the handover processes over the last year there has also been an important review of handover of clinical information between teams. Following multi-professional discussions the trust is implementing the use of SBARD as a framework for all handover of clinical information and providing resources and training to support this.

In addition to this general measure, discussions with trainees highlighted a particular area where handover practice was sub-optimal, at the point of admission to hospital of a patient who had been assessed in the community under the Mental Health Act. Although there was good handover of information to ward nursing staff there was not always direct communication with the admitting doctor. We have addressed this through two measures, firstly ensuring all doctors making community MHA assessments have access to network enabled laptops so assessments can be immediately recorded in the patient's electronic notes system. We have also identified a specific code within our incident reporting systems to report occasions where direct handover does not occur and these can then be investigated to identify reasons behind this. This is an ongoing process which we are evaluating to identify factors leading to this and ultimately improve this.

R1.15
Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.

Delivery of feedback is emphasised to all trainers through CPD events, we also deliver a specific training session on delivering feedback.

Looking at data from the GMC survey in 2018 satisfaction with feedback was 84.52%, well above the national mean 75.47%. Looking at this in more detail, although overall our feedback rated well we are aware that within CAMHs services this measure rated lower. The college tutor for CAMHs is exploring this with our quality lead to better understand this and develop a plan to address

R1.16
Protected time for learning.

All trainees have protected time for learning outlined in their work schedules. This is monitored through meetings with their local college tutor as well as through post feedback. For all trainees this would include at least one hour per week educational supervision, attendance at local postgraduate training (2-3 hours) and attendance at their programme specific training events.

Over the last year we have had only one exception report relating to missed training opportunities.
We are aware through the school survey over 85% of trainees were happy with access to study leave and 87% felt the in house training was excellent or good.
The GMC trainee survey results also suggests trainees are supported in taking study leave, with a score of 74.10%, compared with a national mean of 61.72%
No sites are now red/pink outliers for study leave and work intensity and the concern noted in last year's SAR in relation to HWP has resolved with quality metrics supporting this.

R1.17
Organisations must support every learner to be an effective member of the multi-professional team, promoting collaboration between specialities and professions.

- Trainees work as part of a multi-professional teams. They are involved in the Care Programme Approach process, MDT meetings and ward MDT. Teams typically include doctors, nurses, social workers, support workers, occupational therapists, and clinical psychologists.
- There is a quarterly Mental Health Specialty Group, which focuses on research in the region. This group gives an opportunity for sharing good research practice and experience and because invitees are not confined to psychiatry will hopefully foster collaboration.
- Neurology and GP colleagues have been invited to attend the Regional Teaching (monthly lecture series). New joint neurology, psychiatry joint teaching programme has been established in Newcastle.

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- We have established regular Schwartz Rounds, these are a multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the emotional and social challenges associated with working in healthcare. This is a good example of multi-professional learning which promotes the culture of learning and reflection

- We have extended some of our SIM training focussed on providing evidence for a mental health tribunal to become multi-professional. This both aids fidelity to the real situation and enhances the training experience.

R1.18
Organisations must make sure that assessment is valued and that learners and educators are given adequate time to complete the assessments required by the curriculum.

R1.19
Organisations must have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

Trainers are all supported in relation to job planned time for their training role, they are also supported in the value of assessment and feedback and can access training in delivering this.

All on-call rooms across the trust have been reviewed. Minimum standards have been set and new furniture and equipment has been ordered as required.

In the last year we have with the support of trainees surveyed all trainees to assess their access to IT systems as well as office space. This survey found high levels of satisfaction with access to office space in and out of hours and good IT access for all trainees with the exception of higher speciality trainees who out of hours often, due to the location of assessments (patient's homes or police stations), could not access electronic notes. We addressed this through providing laptops that are mobile enabled for all doctors on the second on call rota system.

The GMC trainee survey results suggest trainees are being provided with good feedback with a rating of 84.52%, almost 10% above the national mean. Rating for adequate experience is also above the national mean although less markedly. In relation to adequate experience we have identified that for foundation doctors, particularly F1 doctors, this is rated lower than for other trainees and we are building questions about this into our meetings with foundation doctors to explore this further. Our initial thoughts are that for F1 doctors we may have the balance between high levels of support and supervision and allowing the opportunity to learn through experience in practice too much weighted towards supervision. We have shared this feedback with F1 trainers and are in the process of reviewing this.

We are aware last year adequate experience was rated below the average for GP trainees and a red outlier, this has now improved following reviews of the posts and is no longer an outlier.

We identified last year that across all sites access for psychotherapy training, a core curriculum requirement, was difficult for trainees to access. We have now agreed a new system through accessing a specialist psychotherapy service, there is an additional cost for this and we are exploring how this will be funded.

R1.20
Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.

Psychiatry curriculum does not have technology enhanced learning opportunities. We support access for GP trainees.
Within our trainee development programme we have a range of simulation based training programmes. These are mapped onto curriculum needs at different stages of training and all trainees from foundation up to higher speciality trainees are encourage to attend these

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This year we developed and ran a new simulation training session aimed at assessing risk in children who have self-harmed. This was done in conjunction with colleagues in paediatrics and we have delivered this both to paediatric trainees and psychiatry trainees. This is the first time, to our knowledge, simulated patients have been used in the way, playing the part of young people with mental health problems.

R1.21
Organisations must make sure learners are able to meet with their educational supervisor as frequently as described in the curriculum.

Satisfaction with educational supervision remains high, and the requirement for weekly one hour of supervision is asked about by college tutors and in mid and end of post feedback.

In the GMC survey 2018 ratings of satisfaction with Educational Supervision remain above the national mean at 85.79%

R1.22
Organisations must support trainers, supervisors and learners to undertake activity that drives improvement in education and training to the benefit of the wider health service.

We deliver a Faculty Development Programme (theme 4), we encourage supervisors and appropriately staged trainees to link with Newcastle University School of Medical Education staff development programme.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

We continue to work closely with the School of Psychiatry to track trainee progress through training and postgraduate exams. Success rates at Membership exam is high for trainees working within the trust, considerably higher than the national average.

GMC theme 2 Educational Governance and Leadership
For additional guidance refer to http://www.gmc-uk.org/education/index.asp

HEE priority for 2018 reporting in this domain is:

- *Monitoring of LEP use of financial resources provided by HEE to support training. The new Learning Development Agreement (LDA) will be used to link financial resource to quality of training. (See SAR section 4, page 18)*
- *Governance of programmes with complex structures (e.g. Pharmacy & Healthcare Science) where nationally coordinated processes can impact on local delivery within HEE.*
  Clear identification through STEIS (Live Flow) reporting of trainees/learners involved in Never Events and SUIs for both pastoral support and revalidation reasons. (See SAR section 8.1, page 26)

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

NTW has an established educational governance system key elements of this include:

- Defined roles and responsibilities for trainers at all levels
- Defined process to quality manage individual training posts and feed this back to trainers
- Processes in place to collect, review and respond to other quality metrics including annual review of GMC trainee and trainer survey (relevant evidence is shared with trainers, trainees and school as well as executive team including CEO), review of school of psychiatry survey (again widely shared including with senior management), feedback from trust induction and training events delivered by the trust.
- Variety of live opportunities for trainees to raise concerns about training (meetings with clinical and educational supervisor, college tutor, trainee fora, the trust education committee meetings and through written feedback) and system in place to address this established with joint involvement with trust and school.
- A trainees' forum meeting bi-monthly has been an important development to provide an added

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forum for trainees to raise concerns about training opportunities, as has exception reporting.

- Regular report to trust board from DME providing update and feedback about quality of medical education delivered by the trust, and regular Guardian updates to board.
- Approved job descriptions for training posts reviewed regularly as part of the quality management process ensuring these mapped onto appropriate curricula
- Collaborative and open approach to quality visits from external bodies including HENE and school of Psychiatry, sharing findings and any changes implemented following these with all parties with an interest including trainees, trainers and trust management
- There is medical education representation at the Corporate Decision Team and Group Business Meeting ensuring that the needs of trainers and trainees can be considered as services develop.
- Trainee representatives are included in the educational committee and discussions around development of workforce policies and practices involving trainees
- All trainees working in the trust have a named clinical supervisor who provides at least one hour of educational supervision each week and at the start of each post they and their supervisor complete an educational agreement. Training posts are approved and have job descriptions mapped onto the appropriate curricula. All foundation, core and GP trainees also have an educational supervisor who meets with trainees regularly to support their training, help them reflect on feedback and prepare them for ARCP's. For higher speciality trainees the clinical supervisors also take the role of educational supervisors in line with School of Psychiatry guidance.

In the last year we have had a number of important developments in educational governance:

- The quality lead has been meeting with individual trainers to provide feedback on their training based on trainee post feedback and information from the college tutor as well as from GMC and School surveys. These feedback meetings are done jointly with the DME or AMD PG education and are supplemented with a written summary of feedback which can be included in the trainer's annual appraisal. These meetings will occur on a three yearly cycle.
- We have invested in the appointment of a number of new trust based education roles with the goal of improving the quality of training through having named tutors for each group of trainees, foundation, GP, speciality and higher. This is building on a model we have had in place for foundation trainees for some years which has been important in the consistently high quality feedback from foundation trainees. The newly appointed tutors will meet regularly with trainees to improve feedback and also become involved in the trainer appraisals for their respective trainers.
- All college tutors have been appraised in their role over the last 12 months.

In relation to one of this year's HEE priorities, monitoring of financial resources provided for training, within NTW there are specific budgets separated from service budgets that are used to both employ and provide training for doctors in training and undergraduate medical education. The DME is the budget holder for these budgets which is an important measure in ensuring the resources are directed for training. This has allowed new programmes to be developed to aid recruitment and ensured that any money from vacant training posts can be utilised to support trainees and training as well as service through a range of measures including innovative recruitment measures

2018 GMC trainee survey data scores demonstrate educational governance as being robust. We scored above the national mean with a score of 76.44% (national mean 73.32%) on the educational governance rating, trainers also rate this measure highly (73%) well over the national mean.

(*R2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.8 & 2.9, 2.10, 2.11, 2.14.& 2.15)*

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

All trainees have their progression regularly reviewed with their clinical and educational supervisors and annually as part of their ARCP. The trust ensures trainers have the time and training to provide this assessment and feedback. Opportunity for getting feedback and having WPBA's is monitored for each post as part of the quality management process described above.

The trust has a specific policy to support trainees with performance concerns, this is done in a supportive way with input from the trust, HENE and LET involved as needed. This is designed to specifically look at both learning needs for trainees, health concerns where present and patient safety. In all cases that are complex or impact on patient safety there is Director level involvement from the medical education team

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The trust also has an established system for reviewing trainee involvement in SUI's, with dedicated medical and administrative input to ensure cases are thoroughly reviewed and any actions followed through and this information shared with HENE.

In the last year we have had three trainees being supported with performance concerns. This has resulted in one trainee being temporarily removed from out of hours work due to performance issues. We have close working with TPDs and the LET in the management of performance concerns. We have had over the course of this year three different LET psychiatry leads, whilst this has made continuity difficult communication around these changes has been good, however regular meetings with senior members of the LET team have helped ensure rapid resolution of difficulties when they have arisen,

We have in place structures to support the sharing of information between the medical education team and colleagues working in services. This is a key measure to ensure any concerns around service or safety are communicated quickly and joint service and training approaches can be taken to address this. Over this last year this has been important in services where there have been recruitment problems, most notably St Georges Park, we have been able to look jointly with services and how to manage these considering both training and service/safety issues.

(*R 2.12, 2.16 & 2.17*)

S2.3 The educational governance system makes sure that the education and training is fair and is based on principles of equality and diversity.

Recruitment is managed by the School of Psychiatry with the support of the LET in a process largely centrally managed by the Royal College of Psychiatrists. The Trust supports this process through supporting trainers in being involved in recruitment.
The Trust supports all trainee requests to work less than full time when this supported by HENE/LET and similarly trainees with additional health needs. As well as making any recommended adjustments this includes the employment of additional locum staff to ensure there is not undue clinical demand.

The trust as an employer and host of trainees complies with employment law, Equality Act and Human Rights Act monitored through our medical staffing department which following recent organisational changes is working increasingly closely with the medical education teams.

The principles of professionalism are key to core trust values and this is emphasised through a training session on professionalism delivered at induction.

Within the last year we, as a trust have taken a greater role in recruitment than historically has been the case. In addition to directly employing one core trainee we have also been involved in the recruitment and employment of MTI (Medical Training Initiative) and WAST (Widening Access to Speciality Training) trainees. We have also looked at measure to further aid recruitment both in the short term and longer term through developing an F3 trust delivered programme. This innovative programme recruits doctors straight from Foundation Programme and is aimed at being flexible in relation to length of contract as well as role, with the opportunity to spend one day a week pursuing a special interest. We have also continued with our feeder scheme.

We have also in the last year established an improved process for the allocation of trainees to posts. By linking in with the core TPD we have been able to ensure they are aware of the most up to date information about services.
(*R2.19 & 2.20*)

GMC theme 3 Supporting Learners
For additional guidance refer to http://www.gmc-uk.org/education/index.asp

HEE priority for 2018 reporting in this domain is:

- *Improving support given to learners/trainees involved in Never Events/other adverse outcomes and subsequent clinical governance processes including Root Cause Analysis, Coronial Inquiries etc. (See SAR section 8.1, page 26)*

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

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All trainees have named clinical and educational supervisors and core to each post is one hour of weekly educational supervision with a supervising consultant. This not only provides educational and pastoral support but also has a focus on the trainee's curriculum and supporting trainees achieving curriculum outcomes. Trainees also are all supported in attending local postgraduate teaching meetings that are site based and occur weekly. These last a minimum of two hours weekly and include case presentations, EBM journal club and an opportunity to present audit. Trainees are also supported in attending their speciality specific CPD programmes

As a trust we have for a number of years had a Trainee Development Programme designed to supplement the clinical teaching, PG teaching programme and speciality specific teaching. Over the last year we have reviewed the training on this programme and how this links into learning outcomes for trainees at different levels of training. This has allowed us to provide a clearer pathway of learning opportunities with guidance to trainees on when each should be completed. We have been able to develop new programmes for areas where there were gaps, most notably for higher trainees and for GP trainees. Our SIM training programme is also clearly mapped onto curricula outcomes, with specific training targeted at trainees in different levels of their training but using the same approach and model around debriefing.

In the last year we added one new SIM training event developed with colleagues in paediatrics and at Northumbria University, this aimed to improve trainee's skills and competence in assessing risk in adolescents following an episode of self-harm. Evaluation of this both immediately following the training and three months later found improved confidence levels in trainees at risk assessment following the training.

The second new training programme we have delivered over the last year is the Psychiatry for GPs programme. This was first set up in March 2017, and over the reporting year has been developed into a three session programme delivered over the six months GPs are in post. We were pleased to see the GMC trainee feedback about local teaching has risen markedly to 84.89, well above the national average of 74.73.

The final new training event we delivered for trainees during the reporting year was a two day residential event aimed at higher trainees with one day focussed on making the transition to being a consultant and the second day focussed on finding and securing the right consultant post. This included within it a simulated consultant interview. This was heavily supported by the trust executive with four executives speaking and the Chief Executive attending for part of the day.

Trainee Development Programme Events

Date	Topic	Attendees
25/10/18 & 13/12/18	Mental Health Report Writing & Oral Presentation (Simulation)	4
8/11/17	Reflective Practice	8
8/11/17	Formative Assessment of Communication Skills	8
9/11/17 & 10/11/17	Higher Trainee Residential	16
24/11/17	Psychiatric Specialities in GP	8
14/12/17	CAMHS specific SiMH day	8
15/12/17	GP Roles in Psychiatric Team & Referrals	7
12/1/18	Psychotropic Management in GP	9
21/2/18	Reflective Practice	9
23/3/18	GP Psychiatric 10minute consultation	8
17/4/18	Higher Trainee Educational Event	7
11/5/18	GP Roles in Psychiatric Team & Referrals	8
22/5/18	Formative Assessment of Communication Skills	5
8/6/18	Psychotropic Management in GP	6
28/6/18	Mock CASC	6

GMC trainee feedback on local teaching rated at 80.96%, above the national mean 74.73%. We were encouraged to see that the score for CAV which had been low last year has now improved to 78.03, following a review of the programme by the college tutor.

The rating for regional teaching is less positive, with General adult and Psychiatry of Old Age higher training

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being particularly low, (58.33 and 50.83 respectively). Breaking down the questions behind this score, the focus here is on regional or school wide teaching. We are looking with the school at this and have had some initial discussions with colleagues in Cumbria to look at the possibility of delivering some regional teaching across the two trusts.

GMC theme 4 Supporting Educators

For additional guidance refer to http://www.gmc-uk.org/education/index.asp

HEE priority for 2018 reporting in this domain is:

- *Use of the LDA to link the control/distribution of the financial resources provided by HEE to those managing training placements and the individual support to those providing educational supervision. (See SAR section 4)*

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

Within NTW there are clearly defined educational roles with trainers appointed to these based on their experience. For each training role there is support available through the education faculty for trainers in the form of induction, CPD, trainer forums and appraisal of educational roles. There is also agreed levels of job planned time for training role, this being 0.5PA for a named clinical or educational supervisor.

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For all consultants joining the trust there is an enhanced consultant induction programme aimed at supporting new consultants in their role. Part of this includes all new consultants meet with the DME in order to discuss trust medical education roles broadly as well as any specific roles.

We run a bi-monthly education committee attended by trainers from each locality, members of the medical education development and workforce team as well as trainees and representatives from the school of psychiatry. This allows not only sharing of good practice but also supports trainers in delivering a consistent approach to training across the trust. We also have regular slots at the trust MSC and LNC to ensure training issues are considered widely. We have also established a process where the DME and AMD postgraduate education visit local consultant meetings on a six monthly basis as part of a process to build links with trainers and allow local discussion on training issues and priorities.

We deliver an established Faculty Development Programme, this is made up of an annual conference and a programme of full and half day courses, the courses have Northern Faculty of Medical Education approval:

- Educational supervision
- Line management of trainees
- Work placed based assessment training
- Assessment training (feedback given elsewhere)

Summary of Faculty Development Program 2017/18

Date	Topic	Attendees
8/9/17	Supporting your Trainee to Publish their Work	3
22/9/17	Supervisors Refresher Course	11
4/10/17	Work Based Assessment for Psychiatry Trainers	7
13/10/17	Supervising your Trainee & Line Management of Trainees	13
11/5/18	Supervising your Trainee & Line Management of Trainees	8
15/5/18	WBA for Psychiatry Trainers	11
14/6/18	MOSLER Medical Student Assessment Training	14
22/6/18	Trust Medical Education Conference	75

Trust Medical Education Conference 22nd June 2018

75 attendees

Medical Education Updates – Undergraduate, Foundation Programme, Higher Training, Postgraduate

There were workshops on Supported & Valued, Supporting Trainees in Difficulty and the New Undergraduate Curriculum.

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Professor Wendy Burn, President of the Royal College of Psychiatrists gave the keynote speech.

It can be seen from the above attendance figures that a high proportion of our trainers are attending training on the Faculty Development Programme which is an indication of their level of engagement in training. It is of note that in the GMC trainer survey we had the highest response rate in the North East with 73% of trainers responding, again a measure of trainer engagement in educational governance. We were pleased to see that NTW trainer's ratings for resources for trainers, support for trainers and trainer development were all positive outlier scores, 81.91, 76.97 and 79.93.

(*R4.1, 4.2, 4.3, 4.4 and 4.5*)

We have a local process to support trainers to be appraised in their training role. This process outlines the four specific training roles outlined by the GMC and how evidence can be mapped to GMC standards. Trainers and appraisers are provided with a guide describing the evidence that can be presented and we support this through both providing appropriate CPD and feedback on training roles.

The trust appraisal online tool SARD has been adapted to support this, with the guidance embedded into the system. Trainer appraisal in their education role in now monitored centrally through the education team so this can be reported back to the GMC via HENE.

We have completed an audit of trainer appraisals in 2017, looking at 20 randomly selected trainer's most recent appraisal. This showed 100% of trainers had their training or education role identified in their appraisal, and 100% have presented evidence relating to their training role (100% have evidence of relevant CPD, 94% had feedback from their role as a trainer, 71% had evidence of reflection on their role).

In addition to this measures, in 2018 those with more substantial educational roles, such as college tutors have had an additional appraisal with the DME or AMD focussing specifically on their educational role.

GMC theme 5 Developing and implementing curricula and assessments

For additional guidance refer to http://www.gmc-uk.org/education/index.asp

HEE priority for 2018 reporting in this domain is:

- *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. (See SAR Section 8.2, page 27)*

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Trainees receiving training within the trust are all delivered an induction which includes induction into educational opportunities and expectations as well as clinical ones.
We work closely with the schools of psychiatry, medicine and primary care to ensure posts can deliver the curriculum and the necessary experience. We work closely with trainers to ensure there is an appropriate balance between training and service needs, and all trainees have weekly timetabled educational supervision, and good access to clinical supervision. Trainers are able to attend both local postgraduate teaching programmes as well as their programme central teaching (MRCPsych/GP/Foundation).
As noted above in the report GMC survey, school survey and ARCP outcome data supports that this is done well.

The nature of both psychiatry and rehabilitation medicine means that trainees are given opportunity to work in teams and we ensure trainees have adequate time in each post to achieve this, ensuring all trainees have at least four months WTE in their post.

In supporting trainees achieving curricula outcomes we consider three main factors:

- The clinical and educational support in post in the form of supervisor's familiarity with the training needs of trainees and time to support the attainment of these. The measures we have in place to support this are outlined under Theme 4.
- The right balance of time in post for service and training, as well as access to an appropriate range

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of clinical environments to support achieving competencies. Our strength in delivering posts with a good balance of clinical service and training opportunities has continued, evidence by GMC survey score for workload. We are aware historically the achievement of emergency psychiatry competencies has been a concern following service change, the systems we have in place to support this continue to work well.

- Availability of CPD to support achieving curricula needs, as outlined under theme 3 above this is something we have further expanding over the reporting year. Particular achievements being the development of the GP trainee focused CPD programme and the further development of SIM training. We are conscious that in the 2017/18 SAR we noted a potential threat to delivery of psychotherapy training in CBT. We have through work with our CBT tutor and a specialist tertiary level CBT service agreed a solution to delivering this specialist training, we were initially looking to fund this though study leave but now are looking at other funding options.

We are conscious that in foundation training, particularly F1 posts the balance between workload and experience may need reviewing, for this group of trainees the adequate experience score (lower quartile, but not outlier) suggests a need to look at how trainees roles could be further developed.

We are also conscious that over the reporting year we have had two occasions where due to recruitment difficulties in consultant psychiatrists to work into adult inpatient services there has been localised challenges in ensuring there optimum education supervision is in place. In these situations we have been working closely with service and trainees and trainers to protect training and service. On one occasion in the last year this has resulted in us moving a trainee from a clinical environment to a different area to ensure appropriate supervision and educational opportunities. This occurred in SGP, where there remains pressures due to limited consultant resources, and is also an ongoing concern at the Tranwell unit. Whilst GMC trainee survey feedback for SGP as a whole has improved significantly this year, there remains areas where both the GMC survey and our local quality management suggests the situation remains fragile, this is particularly in adult inpatient services. The changes made in POA services where the main concerns were last year have resulted in marked improvement in posts. Our current hot spots are WAA inpatient services at the Tranwell unit and SGP. We are taking a similar approach to the one take with POA services in Northumberland to manage this with review of posts, bolstering the services with SAS doctors and multi-professional expertise including from pharmacy, nursing and psychology.
(*R 5.9*)

Supervisors all have appropriate training in both assessment and appraisal so they can deliver the college described assessments. Along with the school of psychiatry provide direct feedback to trainers about the quality of their assessments in supervisor reports. This along with requiring them to attend ARCP panels as part of their trainer appraisal and providing supervisor training in appraisal and feedback is all aimed to increase the quality of assessments.
(*R5.10 & 5.11*)

HEE Theme 6 Developing a sustainable workforce

For additional guidance refer to HEE Quality Framework, page 17

HEE priority for 2018 reporting in this domain is:

- *Monitoring placement capacity where the LEP's own service workforce may be insufficient to deliver training, especially for 'at risk' placements.*
- *Triangulation of training data with exception reporting data regarding implementation of the Junior Doctor contract.*
- *LEP engagement with HEE across the STP/Integrated Care System for all training & workforce planning to avoid loss of training approval in changing clinical services.*

6.1. *Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.*
6.2. *There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.*
6.3. *The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.*
6.4. *Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.*

HEE NE Guidance:

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HEE NE guidance:
Examples of workforce strategies being used throughout the Trust or within individual departments/training programmes where planned training delivery (e.g. as part of new JD contract 'job plan') for individual or groups of trainees is protected from service pressures (e.g. acute or predictable rota gaps) through the use of non-training workforce to deliver the service (e.g. Consultants/Trust Doctors providing acute cover, non-medical staff providing service).

For this theme please provide supporting evidence/information regarding your Trust's medical workforce strategies to balance the needs of service provision whilst protecting training delivery at a departmental level.

For example, strategies to increase the proportion of trained staff (medical or otherwise) delivering service on individual rotas/service areas (e.g. use of Consultants/Trust/MTI Doctors in providing resident on call to increase overall numbers in any rota tier, progress on implementation of new JD Contracts to define guaranteed training element 'job plans', examples of how training is protected when rota gaps occur in the short and long term)

In this theme for the dashboard we would be looking for self-rating of each department/programme group in terms of their overall ability to deliver in parallel both a 24/7 safe clinical service and high quality training for all staff in training posts. The descriptors for this overall departmental workforce status will be:

'Sufficient' - planned training for individual trainees is rarely affected (<monthly) as most acute and predictable service gaps are reliably covered by the non-training workforce

'At risk' - planned training for individual trainees is regularly affected (>=monthly) as acute or predictable unfilled service gaps cannot be reliably covered by the non-training workforce

'Inadequate' - planned training for individual trainees is frequently affected (>=fortnightly) as acute or predictable unfilled service gaps cannot be reliably covered by the non-training workforce

Recruitment into HEE NE training posts is currently managed directly through national and local recruitment processes which NTW supports but does not lead on. NTW provide a number of staff to support these process, we have had staff involved in both national and international recruitment processes. All staff involved are supported in this role both with access to appropriate training and time to be involved.

As a trust we recruit a number of junior doctors directly through both our feeder scheme, as LAS doctors and as teaching fellows. For all these trainees we have followed trusts processes and procedures which are consistent with national regulatory standards.

The tracking of medical trainees through training programmes is something we have been doing for a number of years as a trust. The nature of psychiatry training programmes is such that this is best done alongside the school of psychiatry who can provide a broader overview. In order to achieve this we work with the school and colleagues in TEWV through a workforce planning group to look at patterns of progression, recruitment and retention.

We also monitor local exam progression rates, we are particularly pleased with the improvement in CASC success rates which last year was well above the national average. We have over recent years been focussing much of our trainee support around this so we will continue to monitor this to see if this improvement sustained

In the reporting year in addition to recruiting trust doctors for our Feeder scheme, LAS posts and teaching fellow posts we also launched and recruited to a trust F3 programme. Six posts were advertised, all of which were filled in a competitive process. This programme offered post foundation trainees the opportunity to work four days a week into a core psychiatry post with one day a week to develop a special interest, the trainees on the programme have taken up special interest days in medical education and child psychiatry. We have also appointed to a new research fellow post, aimed at trainees between core and higher training. Finally we have developed a new programme for SAS doctors, a CESR Fellowship programme designed to provide support from a tutor who is a CESR assessor and time within doctor's job

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plans to aid CESR application. This new programme is supported by a CPD programme and has the option of rotational posts to aid development of competencies.

We have also had GMC approval as a visa sponsorship body, only the second mental health trust to be awarded this.

We have extended the joint HEE NE and trusts workforce planning group to include colleagues in Cumbria in order to allow us to have an informed view of workforce challenges across the region. This group is chaired by the NTW DME.
(6.1, *6.2, 6.3* & *6.4*)

We have for a number of years had an enhanced induction programme for all new consultants and SAS doctors which has a focus on some of the non-clinical roles of senior doctors and how doctors can be supported in this. We have a mentor programme available to all new consultants and SAS doctors joining the trust. We also have a system in place of exit interviews when any consultants or SAS doctors leave the trust in order to identify any factors that may contribute to this.

New for the reporting year we ran a two day residential event for higher trainees which was designed to prepare them for the transition from higher training to working as a consultant. The event is described under theme 3 in more detail. Following this event we linked in closely with the higher trainees approaching the end of training to help them explore opportunities available for them in the locality. Of the people who attended the course and are now eligible to take up consultant posts, 50% have been appointed to consultant posts in the region. Of those not appointed, one is on maternity leave, one in a locum post in the region and two are still exploring options.

Also new for the reporting year we delivered a careers talk for trainees approaching the end of core training. This was designed to provide trainees with workforce information to help inform their career choices as well as provide information about the process of moving to higher training.

We had our first three senior teaching fellows leave their posts at the end of the reporting year, two moved into higher training and one took up a consultant post within our trust.

(*6.5*)

The North East is currently relatively well resourced in relation to the number of consultant posts per head of population with 11.6 per 100,000 (national range 5.4-11.6), however within NTW psychiatrists represent a lower proportion of the mental health workforce than the national average and we are currently faced with a 11% vacancy rate in consultant posts. Of significant concern we are very poorly resourced in relation to higher trainee posts (0.19 ST4 posts per 100,000, national range 0.15-0.67). We are working with colleagues in HENE to look at ways of addressing this inequity. As there is a strong association between where doctors complete their higher training and take up consultant posts this is likely to mean NTW, and the North East more widely will face particular challenges in recruiting psychiatrists in the coming years.

Our workforce strategy includes a number of elements outlined below. This has been reported on previously hence we have simply updated this with new developments highlighted.

1. Recruitment campaign targeted at Consultant Psychiatrists and SAS doctors in India.

First done in 2015, been repeated with trip in 2017 and 2018, we have through this recruited two MTI doctors, six Consultants one of whom has returned and seven SAS doctors. The trip from 2018 occurred subsequent to us becoming approved as a GMC sponsor and we have had offers accepted from a further seven consultants and SAS doctors, the latter group of which are sponsored directly by the trust.

2. Prioritising postgraduate medical education within the trust

NTW continue to prioritise medical training and education within the trust. This is evidenced through financial support for training, medical education and training representation in key decision making committees and regular presentations to the board, growing education faculty, investment in facilities and support of trainers**.** Within the reporting year we have been able to increase the resource for supporting higher trainees and delivered specific training for both core and higher trainees aimed at the transition points in training

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3. Retention of Consultant Psychiatrists

Over the last year we are aware that of a body of consultants we have had twenty eight leave the trust (previous year this twenty three). Of those that have retired we have offered all the opportunity to return five have taken this up. Outlined below are measures in place to support retention:

- Exit interviews for all consultants to identify reasons for leaving
- Ensure medical staff are supported in their commitment to quality and safety through improved appraisal processes
- Supporting doctors in being more involved in organisational decision making, steps to achieve this include improved induction, training and the NTW consultant journey initiative
- Greater recognition of excellence and achieving organisational goals through both job planning, ACCEA and trainee awards
- Improve access to high quality medical and multidisciplinary educational opportunities through development of improved trust delivered CPD programme
- Development of a medical strategy to provide a framework to better support doctors in the career progression

4. Support for SAS doctors

The SAS doctors working within the trust are a key component of the medical workforce contributing to all aspects of trust work. As a group SAS doctors range widely in their experience and career goals. Ensuring there is appropriate support for these doctors both in their roles and, where it is wanted, to support them moving into consultant roles is an important strategy both in supporting current SAS doctors and recruiting future doctors

5. Medical Assistant role

NTW is currently piloting and evaluating this role, that although established in the US is relatively new to the UK. The role takes a different approach to some other initiatives such as physician associates which aim to have care traditionally delivered by doctors taken on by non-medical staff. The medical assistant role has at its core the aim of improving the efficiency and quality of care delivered by consultants through providing enhanced administrative and clinical support directly during clinical care. The model developed using lean principles has the advantage of retaining consultant input in more cases, improving quality and particularly suited to NTW where the proportion of consultant psychiatrists is already significantly below the average proportion of our workforce hence there is a need to ensure this resource is supported in working as efficiency as possible

This pilot has been evaluated and found to offer significant benefits in quality of and efficiency service (with over a 30% increase in consultant time with patients) and hence is being expanded creating six new posts. This will continue to be evaluated.

6. Non-medical prescribing and non-medical RC roles

Development of non–medical prescribing and the non-medical RC role is already established within the trust.

The development of non-medical prescribing and Non-medical RC roles have been important in both providing support and resource to meet clinical demand for task that have traditionally been medical and also providing important developmental opportunities for non-medical health professionals. As a trust over the last year we have been exploring the multi-collegiate team, a model where there is enhanced resource working in into clinical areas where medical resource is under pressure in order to both meet this clinical need and enhance care. This initiate is being piloted in a number of sites and evaluated. It is important to note that the development of additional roles is intended to enhance clinical care by working alongside consultants. We are aware our relative proportion of consultant psychiatrists is low and we aim to ensure this does not drop further and ideally grows.

7. SAS Fellowship programme

The SAS Fellowship programme was launched over the reporting year. A tutor with two sessions of time has been appointed and six fellow posts were advertised and recruited to. The Fellows came into post in Aug 2018 and the success of this programme will be evaluated over the coming years.

8. International medical graduate support programme

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We have over the last year, following the appointment of an IMG lead developed a programme of support for IMG trainees. This includes a series of training sessions as well as access to peer and tutor support. We are also in the process of establishing a second SAS Fellowship programme to provide additional support for doctors recruited through our overseas recruitment programme.

9. Work experience

This is an annual programme this year was run in July 2018, with 20 students attending.

Recruitment data
As noted in Theme 1 we have a considerable problems with recruitment into training programmes, particularly core psychiatry and higher training for LD. Despite this we have through a range of initiatives maintained the number of actual vacant posts at a relatively low level;
From Aug 2017 – Feb 2018 we had 4 posts left vacant from the F2, GP and Core training posts – 3.2% and we had 1 vacant F1 post.
From Feb 2018 – Aug 2018 we also had 4 posts left vacant from the F2, GP and Core training posts – 3.2% and we had 1 vacant F1 post.

Out of hours rotas all ran as described in work schedules with gaps picked up by a mixture of locum and non-training doctors. Over the year we had to move to our emergency rota arrangements on 67 occasions. To put this into context each month we have 540 separate shifts running and on average on fewer than 6 occasions was the emergency rota arrangements be used per month. This process is closely evaluated for patient safety as well as trainee experience. The evaluation is looked with trainees and over the last year this has led to some locally agreed arrangements around approaches to requesting trainees pick up additional out of hours work when short term vacancies (less than 48 hours) arise.

As a trust we have 216.3 funded substantive posts, in September 2018 185.5 of these are filled, 9.32 are being covered through existing staff providing additional sessions, 16.5 post are filled by locum doctors and five are vacant.

2.2.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2). When considering items to list here, please consider the GMC definition of good practice.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice	HEE/GMC Domain(s)	HEE/GMC Standard(s)
1. GP trainee CPD programme Dr Lisa Insole and Dr Emily Bond This programme has been developed in consultation with GP trainees to offer training on topics particularly relevant for primary care. The programme consists of three sessions run over each six month rotation	By offering a CPD programme designed around GPs doing psychiatry posts we are able to offer additional training in areas that will be important in primary care.	3 & 5	3.1
2. SIM based CAMHs training for risk assessment Dr Moj Feshki and Dr Bruce Owen This programme, the first of its kind using simulation with actors in CAMHs, was developed alongside colleagues in	This is the first SIM training of its kind and evaluation of this found that trainee confidence is assessing risk in children was enhanced both immediately following the training and three months	3 & 5	3.1

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paediatrics and colleagues in Northumbria University. It allows trainees new to working with children to gain skills in the assessment of risk in children an important skill in managing patient safety.	later. This was delivered with both psychiatry and paediatric trainees.		
3. Higher trainee two day event to support transition to consultant **Dr Rachel Gore** This two day residential event was developed with two aims in mind. The first to help prepare trainees for the transition from speciality training to working as a consultant. The second to offer an opportunity to improve trainees skills and confidence in the areas assessed during consultant application processes, using simulation as a learning approach.	The transition from training to consultant work is nationally recognised as something doctors feel unprepared for and hence starting to address this has clear advantages.	3,5 & 6	3.1, 5.2 & 6.4
4. F3 programme **Dr Bruce Owen, Amanda Venner** This programme was developed and recruited to over the reporting year. We advertised and recruited to six post, each offering post foundation doctors an opportunity to work in psychiatry with the flexibility to have one day a week developing a special interest. This programme was popular with high quality candidates and has not only help ensure vacant training posts are filled but will also, we hope, aid recruitment in psychiatry in subsequent years.	Recruitment into speciality training is a national concern with increasing numbers of trainees leaving foundation training not entering training programmes. This trust developed programme is flexible enough to meet trainee needs which having an important role in maintaining safe delivery of service and we hope longer term recruitment.	3 & 6	3.1, 6.3
5. Enhanced quality data provision for trainers on training role **Dr Bruce Owen, Dr Lisa Insole and Emma Paisley** We have developed a more robust mechanism to provide feedback to individual trainers about their performance in their training role. This is done through collating feedback from a range of sources (trainee end of post feedback, college tutor feedback and GMC survey) over a three year period and then feeding this back to trainers	Improving feedback links to trainers is an important measure in our goal of improving the quality of training. We have found by having one to one discussions it has been possible to identify areas for improvement and look at how trainers can be better supported.	2 & 4	2.1 & 4.1

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with the opportunity to look at good practice and areas where feel need additional support.			

2.2.3. Challenges or important issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the programme this relates to)	HEE/GMC Domain(s)	HEE/GMC Standard(s)
1. Reorganisation of inpatient services across Newcastle and Gateshead There are ongoing plans to close the inpatient adult service in Gateshead with beds moving to Newcastle. From a training perspective there are advantages to this as trainees will be working across fewer sites which helps from cover perspective and in establishing more active PG teaching programmes. There are however challenges around the process of change and uncertainty regarding timing of this which has potential to be disruptive for trainees. The move will also lead to a need to significantly review and re-organise the out of hours cover. This has potential to impact core psychiatry, Higher adult psychiatry, GP and foundation programmes.	3	3.1
2. Supervisor availability within inpatient adult services Recruitment challenges are particularly acute in inpatient adult services which provide a key part of the clinical training in core psychiatry. Currently this is being managed successfully through close work with services and planning of training posts and allocations of trainees. This is however a situation we are monitoring and looking with services at how to improve recruitment to these environments.	1 & 3	1.7 3.1

2.3.3. Medical faculty roles, organisation and accountability

If there have been any changes to your organisation's educational governance structures within the reporting period please detail this here, otherwise please state 'no changes'.
If there are any vacant roles, or risks to medical education please describe these here, including any plans to mitigate that risk.

During the reporting period there has been some review and change to the faculty structure in postgraduate education. We have created additional posts focussing on specific groups of trainees, a Higher Trainee Tutor and GP Trainee Tutor and Deputy. These posts sit within our broader governance structures which have not changed We have also made some changes to the structure of the non-clinical teams with the goal of have more integrated work across the trust. We now have one medical education team manager who works across

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the trust, having previously had one based in the north and one in the south, we also have a quality lead post again working across the trust.

2.3.4. Staff and Specialty Grade Doctors (SASG) and Locally Employed Doctors (LEDs) Faculty development

Please provide answers to the following questions. You may wish to include funding details, as required. For further information in relation to LEDs please review the following NACT document LEDs across the UK http://www.nact.org.uk/documents/national-documents/.

Questions	Trust's answer
Number of SASG doctors within the trust	**43**
Total SASG funding received	**£18,000**
Is the SASG funding ring-fenced to support SASG doctors only? (Y/N)	**Yes**
Please describe the process by which the development needs of SASG doctors within your organisation were individually and collectively identified. Using funding allocated for SASG development; How were priorities decided?	**We have a SAS business meeting as part of each forum during which the groups needs are discussed and feedback on specific training needs are used to inform an ongoing programme of CPD.** **The final decisions sit with the SAS tutor.**
SASG nominated lead within the trust	**Dr Victoria Thomas**

Please provide a description of how the Trust makes decisions about the allocation of funding (1-5 below)	Spending	Detail
1. Individual doctor's development (i.e. details of spending used to support the development of individual doctors including an anonymised list of amounts and what it was used for)		**All SAS doctors have access to study leave budget of £1000 per annum in addition to the SAS forum**
2. Courses/meetings arranged which are open to all SAS doctors (number of sessions, attendance and topics covered)	18.10.17 - £166.00 27.02.18 - £450.00 18.04.18 - £515.00 26.07.18 - £479.00	All SAS doctors are able to access the Trust CPD events. In addition to this there is a dedicated CPD programme with full day events every 3 months. Topics include a range from clinical and academic.
3. Payment for SAS tutors/leads sessions		1 session of time
4. Administrative costs to support SAS tutors		0.2 WTE of band 3 admin time
5. Miscellaneous (i.e. any other use of the funding which falls outside the above with details of amounts and what it has been used for)		The SAS CESR Fellowship programme has had considerable trust funding including two sessions

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		of consultant time to fund the tutor and costs for the protected time offered to Fellows to achieve their CESR application. We have also just appointed to a second SAS Tutor post to support SAS doctors entering the trust from overseas.

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2.4. Undergraduate Medical

2.4.3. Organisation overview linked to the HEE and GMC Standards

Please report, by exception, where your organisation does not meet the HEE Quality Framework/GMC Standards within the reporting period for undergraduate medical training. In addition, please provide an overall narrative along with some organisational / departmental / unit examples may support the domain having been met overall. If you wish to highlight organisational policies, please detail these in section 3.

GMC standard theme 1 – Learning Environment and Culture

- Students were provided with sufficient opportunities to meet learning outcomes
- Students received sufficient feedback to track and direct their learning
- Students were satisfied with the overall organisation of the placement
- Students were satisfied with the overall quality of the Stage
- Clinical teachers were punctual and reliable in their attendance. (Due regard will be given to mitigating circumstances of urgent clinical need)
- The overall quality of the teaching was of a consistently high standard

OVERVIEW:

- In **2017/18** the Medical Education Department, clinical areas and the wider trust have provided placements and teaching for 554 medical students:

Essential Senior Rotation ESR (final year, stage 5)	Sep-Dec 2017 4 cohorts 3 week rotation	236 students (total) Northumberland/N Tyneside: 64 Tyne Base Unit: 97 Wear Base Unit : 75
Essential Junior Rotation EJR (third year, stage 3)	Jan-July 2018 6 cohorts 4 week rotation	254 students (total) Northumberland/N Tyneside: 68 Tyne: 102 Wear: 84
SSC students (stage 4 individual placements)	2018	64 across the trust

- The medical education department and the wider trust continue to regard undergraduate medical education as a high priority and have continued their work to raise the profile and quality of undergraduate medical education over the period 2017/18.
- The current recruitment crisis in psychiatry is an on-going and increasing challenge to the provision of medical student attachments. The medical education department are addressing these issues in a number of ways.
- Expansion of teaching fellow posts:
  - 2014/15 – 1 teaching fellow
  - 2015/16 – 2 teaching fellows
  - 2016/17 – 5 teaching fellows
  - 2017/18 – 7 teaching fellows
- Base unit leads are given 2PAs/ week.
- Increase in and restructuring of administrative support for the base units – there has been increase in administrative time – there is now a dedicated administrator aligning to each base unit with a total of 2.5 WTE across the undergraduate service (1.5 band 4, 1 band 3). By linking Tyne and Northumbria arrangements are now more robust.
- Appointment of a clinical SSC lead to improve the provision and quality of SSCs, supported by 1 PA.
- Development of resources and facilities for medical students, which included the provision of a psychiatry textbook for each student for the period of their rotation and the provision of a student room at St George's Park, including PC/ IT access.

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- The teaching fellows have started to broaden their level of input to help support the students' clinical in-patient placements
- Development of teaching methods and approaches, introducing more interactive teaching sessions using technology, also further developing simulation teaching to enhance the students' clinical reasoning and readiness for clinical practice

- The undergraduate medical education team have developed systems to review and update all teaching resources and student timetabling in a timely manner in light of the previous year's feedback.

- For 2017/18 four Junior Teaching Fellows (JTFs) were allocated to the base units to support the formal and the bedside teaching at base sites. Three senior teaching fellows provided peer supervision and also supported the formal and bedside teaching.
- Whilst student feedback scores were extremely positive for the Wear Base Unit (Hopewood Park site), Northumbria and Tyne base Units showed a more mixed picture with an overall drop in satisfaction in some areas and sites. Gateshead received markedly worse ratings in the ESR across many domains, which included organisation and clinical placements. The feedback was better on the whole for the EJR with only the SNH base unit site showing a deterioration in scores.
- We find that the learning environment and quality of teaching is rated highly by students, but the clinical experience is lagging behind.

STAGE 5 - ESR (September to December 2017)

OVERALL SATISFACTION

- Whilst scores for overall satisfaction were extremely positive in Wear and remained good in Tyne, there was no change in the amber ratings for Northumbria and a marked deterioration of scores for the Gateshead students.

ESR 2017 (2016)	Northumbria (NTW)	Tyne		Wear (NTW)
		SNH	GH	
Students were satisfied with the overall **quality** of the Stage	76.92% (76.92%)	85.11% (90%)	60% (80%)	100% (95.24%)

- Negative scores seem to be particularly affected by dissatisfaction with the **organisation** of placements in Gateshead, where satisfaction was down to 40%. Scores for these domains were markedly better in the other base sites.

ESR 2017 (2016)	Northumbria (NTW)	Tyne		Wear (NTW)
		SNH	GH	
Students were satisfied with the overall **organisation** of the placement	80.77% (58.9%)	85.11% (78.3%)	40% (60%)	96% (97.62%)

- The poor feedback for Gateshead was related in part to changes in administrative support for the Gateshead placements as well as workforce pressures and changes in Gateshead. Action plans included work with the administrative team, engagement activities with the Gateshead consultants and greater utilisation of the teaching fellow resource in Gateshead.
- When reviewing the feedback on a cohort by cohort basis one can see that the very poor feedback for Gateshead was concentrated in cohort 2 and improved thereafter (see figure 1).

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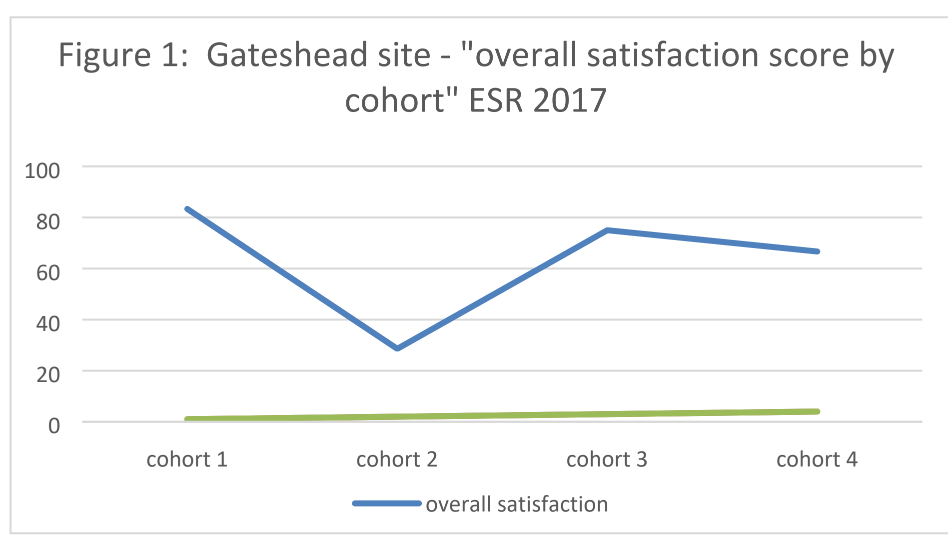

LEARNING ENVIRONMENT

- Students rated the learning environment in NTW very positively. Northumbria students lag behind here, but showed an overall improvement (see below). The lead teaching staff make an effort to promote a positive learning environment and culture; induction material was revised and teaching fellows and base unit leads made time to meet with students for feedback/ troubleshooting opportunities outside of formal teaching sessions.

ESR 2017 (2016)	Northumbria (NTW)	Tyne		Wear (NTW)
		SNH	GH	
Overall the learning environment was safe for patients and supportive for students.	84.62% (74.36%)	93.62% (96.67%)	95% (86.67%)	96% (92.86%)

FORMAL AND CLINICAL TEACHING

- We are pleased that final year teaching was rated very highly on the whole with scores consistently above 90% in all base sites. Faculty are starting to pilot flipped classroom teaching and have introduced a new SIMULATION out-patient clinic session, which evaluates well.
- However, this is in contrast to student experience of clinical experience during placements (see below):

ESR 2017 (2016)	Northumbria (NTW)	Tyne		Wear (NTW)
		SNH	GH	
FORMAL TEACHING Overall the quality of teaching was of a high standard.	92.31% (76.92%)	93.62% (80%)	95% (85%)	96% (95.24%)
CLINICAL EXPERIENCE I was provided with patient responsibilities appropriate to my learning.	76.92% (69.23%)	82.98% (85%)	65% (86.67%)	100% (95.24%)

- Successful clinical placements are more affected by workforce pressures in clinical areas. Where consultant/medical staff is scarce, time is pressured and clinicians have had less opportunity to provide planning and delivery of bedside teaching for medical students. This can be only partially alleviated with utilising teaching fellow time in clinical areas.

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Staffing pressures are currently less prominent South of Tyne, where feedback is very strong and student numbers are somewhat lower here. The medical education team are co-located with the students and provide a very student-centred responsive service to them. The team have also developed resources to support students on clinical placements.

STAGE 3 – EJR (January – July 2018)

OVERALL SATISFACTION

- Overall satisfaction was positive, especially pleasing was the positive feedback from Gateshead compared with ESR. Unfortunately, the Tyne base unit's central sites experienced a marked drop in their overall satisfaction rating during some EJR cohorts.

ESR 2018 (2017)	Northumbria (NTW)	Tyne		Wear (NTW)
		SNH	GH	
Students were satisfied with the overall quality of the Stage	88.33% (94.55%)	67.24% (81.48%)	87.5% (89.66%)	92.86% (95.56%)

ORGANISATION

- Supervision arrangements for administrative support were strengthened.
  Despite the red/amber scores for Tyne's overall organisation rating, it is important to note that all eight individual sub-scores pertaining to organisation are above 85% satisfaction in all base sites.

LEARNING ENVIRONMENT

- We are delighted that the students' feedback in EJR was consistently positive for their overall satisfaction with the learning environment.

EJR 2018 (2017)	Northumbria (NTW)	Tyne		Wear (NTW)
		SNH	GH	
Overall the learning environment was safe for patients and supportive for students.	95% (98.18%)	87.93% (90.74%)	90.62% (89.66%)	100% (91.11%)

FORMAL AND CLINICAL TEACHING

- Formal teaching follows the same lesson plans and uses the same resources in the Tyne and Northumbria Base units, less good feedback in Gateshead is therefore not readily understandable.

  Again, satisfaction with clinical experience is the main issue. We have continued to address these challenges by timetabling junior teaching fellows' teaching time more in in-patient areas to support bedside teaching. Persistent workforce pressures remain an increasing challenge.

EJR 2018 (2017)	Northumbria (NTW)	Tyne		Wear (NTW)
		SNH	GH	
Overall the quality of teaching was of a high standard.	93.33% (94.55%)	87.93% (88.89%)	84.38% (89.66%)	100% (97.78%)

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In order to meet my learning outcomes I had access to clinical areas.	81.67%	74.14%	75%	95.24% (

SSC students (year 4)

- SSC students are supported in apprenticeship style placements, which are supplemented with teaching sessions and assessment support.

  Under leadership of the SSC-lead (1PA), and increased administrative support, the number of SSC placements provided to medical students rose from 49 in 2016/17 to 64 in 2017/18. Placements are now supported by additional structure and teaching to enhance student experience.

GMC standard theme 2 – Educational Governance and Leadership

- Trust systems are in place to detect and investigate patient harm involving or as a result of student activity
- Trust systems are in place to ensure informed consent is taken in areas where patients may encounter students
- Clinicians / teachers are appraised against their teaching

- NTW has robust procedures in place to identify and respond to patient harm from or as a result of student activity. As well as identifying harm we seek to understand the views of student involvement from their feedback. We also monitor all incidents where students might be harmed or distressed by their experiences on attachment.

- Consent is sought in community, out-patient and ward environments before students meet patients in line with trust policy: NTW(C) 05.

  Consent is verbal and patients are informed that they can withdraw consent at any point without having to give a reason and that this will have no impact on their care or how they are treated.

  To further improve information given to patients about the presence of medical students in clinical environments Dr Boddy is collaborating with the NTW Information governance team to develop an information section on the trust intranet, information signage for patients in clinical areas and an addendum to appointment letters. This is to be implemented in the coming academic year.

- All medical staff identifying teaching as part of their duties are appraised against this outcome via appraisal (consultants and career grade staff) or ARCP (training grade staff).

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GMC standard theme 3 – Supporting Learners

- Appropriate guidance and support was available outside of formal teaching
- Students were satisfied with the overall quality of the facilities for students.
- Teaching took place in appropriate settings and surroundings
- Good quality learning resources were available to support learning
- Access to IT facilities was adequate
- The programme of study outlined for the course was delivered

- Base unit leads and teaching fellows share their contact details with students at the introductory day and contact details are also provided in the students' information pack, also available electronically on the LSE (Learning Support Environment), so that students are encouraged to can access guidance and support outside of formal teaching.

Satisfaction scores ESR and EJR

- **Facilities and surroundings**

Overall, the quality of facilities and resources were of a high standard	Northumbria (NTW)	Tyne		Wear (NTW)
		SNH	GH	
Stage 5/ESR 2017(2016)	88.46% (89.74%)	95.74% (96.67%)	90.00% (76.67%)	100% (97.62%)
Stage 3/EJR 2018(2017)	90.00% (90.91%)	84.48% (92.59%)	87.50% (93.1%)	100% (100.00%)

- The main teaching at St Nicholas Hospital continues to be delivered at Jubilee Theatre and Keswick House and at the Medical Education Department at Hopewood Park. The student rooms are maintained at SGP, HWP and SNH and contain PCs. The student room on the St Nicholas Hospital site is rarely used by students (potentially a result of its relative isolation and geographical distance from the Medical Education Department).

- Our longer term goal remains to establish a more permanent teaching facility on one of the main trust sites. This project has reached the next stage and the trust are currently considering plans within the grounds of St Nicholas Hospital with the aim of co-locating teaching facilities and the medical education team.

- **Learning resources**

Good quality learning resources (e.g. LSE, IT, study guides) were available to support my learning	Northumbria (NTW)	Tyne		Wear (NTW)
		SNH	GH	
Stage 5/ESR 2017(2016)	76.92.% (79.49%)	91.49% (86.67%)	90.00% (76.67%)	100% (90.48%)
Stage 3/EJR 2018(2017)	91.00% (90.91%)	91.38% (85.19%)	90.62% (100.00%)	95.24% (97.78%)

- Resources are regularly revised and kept up to date. Learning resources do not differ significantly between Northumbria and Tyne and there is sharing of good practice and resources between North and South of Tyne.

- We carried out an audit of lesson plans and linkage of teaching sessions to the learning outcomes, teaching sessions have been revised in response to this.

- Students have had access to improved WIFI since 2016.

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GMC standard theme 4 – Supporting Educators

- Clinicians / teachers have time in job plans for teaching including educational supervision.

Job planned time

Staff with lead roles in undergraduate education/ teaching have PA time specified in their job plans. SIFT money continues to be aligned to teaching and we continue to budget for teaching fellow posts and have increased the time attached to the Northumbria base unit lead, so that now all base unit leads are apportioned 2 PAs in their **job plan**.

- We continue with our plans to improve identified time for clinical undergraduate teaching for those who do not have identified lead roles, but regularly provide teaching to undergraduate medical students as part of their clinical and SPA time.
  As a first step we have identified the hours of teaching each doctor and service has delivered to medical students over the past year. Dr Boddy and Dr Owen have had meetings with the finance department who have provided information as to how much SIFT money is allocated to each service based on their teaching activity.

  As a next step we are intending to work with relevant managers and clinicians to identify ways in which SIFT money can be used to support and enhance the quality of medical student teaching within the various clinical areas. As part of this we will continue to explore the possibility of accounting for clinicians' undergraduate teaching responsibilities in their individual job plans.

Faculty development:

Teachers are supported through training opportunities, including the NTW and the university's faculty development programme, in-house faculty development includes:

- Biannual in-house MOSLER assessor training (new).

- At the trust's **2018 Medical Education conference** undergraduate medical education formed part of the programme with an update from the course director and a workshop on changes to the MBBS curriculum and mental health rotations. ". The workshop was attended by 42 delegates, mainly consultant psychiatrists; 74% found the workshop useful or very useful.

- The in-house near-peer **'Training Trainees to Teach' (TTTT)** course was run 3 times in 2017/18 to support NTW core trainees in their role as teachers to medical students attending clinical rotations throughout the year. TTTT offers sessions on bedside teaching, small group teaching, large group teaching and assessment. 22 trainees attended TTTT sessions in 2017/18. Feedback shows increased confidence ratings and trainees felt the course helped them to achieve the Intended Learning Outcomes of their various curricula.

- Base unit leads and the AMD attend consultant meetings to keep local clinicians informed and involved in developments.

- Promoting Scholarship in Medical Education:

  Teaching fellows and consultants are supported in developing their scholarship in medical education and sponsored to complete the **Postgraduate Certificate/ Diploma/ Masters in Medical education:**

For 2017/18:
PG Certificate in Medical education:
6 teaching fellows
1 SpR doing special interest sessions
PG diploma in Medical Education:
1 consultant (part-time)
PG Masters in Medical Education:
2 teaching fellows
1 Consultant

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GMC standard theme 5 – Developing and implementing curricula and assessments

- The Trust has processes to ensure those undertaking summative assessments are appropriately trained
- The Trust has a system in place to provide educational supervision
- The Trust has an executive or non-executive director at board level responsible for supporting training programmes

- Assessments:
  The trust follows university guidance for the training of those completing summative assessments. Training is delivered to new assessors prior to them completing assessments.

  Feedback on the assessment process has been consistently high.

- The Director of Medical Education (DME) reports to the Executive Medical Director who is the board level director with responsibility for the delivery of training programmes. The SAR and QIP are presented to the board as is feedback from quality visits. This is done usually by the DME and/ or other members of the medical education team present.

- In her role as course director Dr Boddy has continued to contribute to the redesign of the Newcastle MBBS curriculum and developed new Mental Health learning outcomes. With a voice in the design and implementation of the curriculum the trust is in an excellent position to ensure that outcomes are delivered and assessment meets the standards required. Changes in service provision and current challenges are also fed back into the design of the course.

- The trust have supported the development and delivery of undergraduate mental health teaching in the pre-clinical years and in non- mental health rotations:
  - Anxiety and depression lectures for years 1/2
  - Depression seminars for years 1/2
  - Perinatal psychiatry teaching in the Women's Health rotations in both third and fifth year.
  - Psychiatric history taking and mental state examination for Foundations of Clinical Practice

- Each teaching fellow has been linked to an educational supervisor. Senior clinical members of the medical education team act as supervisors.

- Teaching fellows and base unit leads are active members of the Psychiatry Innovation and Implementation Group, chaired by the course director.

Dr Boddy, Dr Owen and Dr Tim Strange (teaching fellow) created a MOSLER assessment video with a view to using it for MOSLER assessor training. This is used for in-house training at present and is currently under review by Dr Tim Smith with a view to uploading it to the university's Teaching Support Environment website and using it centrally for MOSLER assessor training.

HEE Theme 6 Developing a sustainable workforce

For additional guidance refer to HEE Quality Framework, page 17

Trust's response

Within Section 2.2.1, Theme 6 we have outlined the Trust strategy to address recruitment and develop a sustainable workforce. This includes a number of UG specific components including the work experience programme. In addition to this our focus on SSC's as described above is intended to offer a greater number of students the opportunity to have a longer period of time within psychiatric services, which we anticipate will aid recruitment. This additional focus has led to a 50% increase in the number of students taking SSCs in psychiatry during the reporting year.

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2.4.4. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2). When considering items to list here, please consider the GMC definition of good practice.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice	HEE/GMC Domain(s)	HEE/GMC Standard(s)
Mental Health specific MOSLER training is now provided by the course director as part of the staff faculty development programme. **Dr Frauke Boddy**	We increased the pool of appropriately trained clinicians who can act as MOSLER assessors in order to ensure high quality assessments in line with university policy. A greater understanding of assessment amongst the workforce also has the potential to enhance the quality of clinical teaching provided to students by allowing clinicians to better identify and utilise clinical learning opportunities and providing more useful feedback to students.	4 and 5	4.1 5.2
Out-Patient Clinic SIM session was developed for the ESR 2017 **Drs Jonathan Sanders, Charlotte Allen, Frauke Boddy and Bruce Owen**	By introducing this session we were able to enhance student teaching and better meet their learning needs. They are able to learn to apply knowledge developed about the management in practical scenarios. This is particularly for the final year students as we are preparing them for their time as F1 doctors.	3 and 5	3.1
Perinatal teaching was developed for the Women's health rotation and delivered by MH staff. **Dr Eleanor Romaine**	By teaching the subject within the Women's Health rotation we have fostered integration of the specialties and contribute to improving parity of esteem for Mental Health.	5	5.2
Through the work of the trust's SSC lead we have increased the number of Psychiatry SSCs (from 40 to 64). **Dr Clare McLeod**	This has allowed more students to experience mental health services and has the potential to improve future recruitment.	3 and 6	3.1 6.3

2.4.5. Challenges or important issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section.

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Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the programme this relates to)	HEE/GMC Domain(s)	HEE/GMC Standard(s)
The recruitment crisis in psychiatry poses an increasing challenge to the delivery especially of clinical placements for students, which provide adequate allocation and clinical supervision of tasks. This is particularly noticeable in undergraduate education as the weighting of teaching in core inpatient services is high. In addition to the measures noted above in the SAR to address recruitment we have stated expanding the range of services that students receive clinical teaching in to address this.	3	3.1

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2.4. Academic Training

Please describe how your organisation supports academic learners, including Integrated Academic Training Programmes e.g. NIHR, clearly highlighting any challenges or good practice items.

NTW is the third most research active mental health trust in England and we are able to provide a range of good academic supervision across all psychiatric specialities.

We actively promote the ACF scheme and encourage both foundation and core trainees to consider this.

We have flexible training posts that can accommodate trainees in ACF posts and have taken a flexible approach to how research time is planned, with some trainees doing this in blocks and others regular slots depending on the needs of the research project.

We currently support 4 ACFs.

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Section 3: Reference List of Supporting Information

Organisational policies and processes in support of delivery of the HEE Quality Framework.

This section will need completing once, in subsequent annual returns only changes and updates will need to be highlighted. Please list key policies and processes and provide a brief narrative how the policy helps the organisation to meet the domains and standards. Add as many rows as required.
Please advise which domains and standards are being supported the policy.
Please note, we do not require copies of documents. Please do not embed documents or insert links. If required the quality team will request a copy by exception.
Please advise if you have made a reference to a policy/process in other section(s) of the SAR.

Description of supporting information	HEE/GMC Domain(s)	HEE/GMC Standard(s)	Please advise if document referenced in the SAR e.g. *SAR, section 1.4 and 2.1.1*
"Positive and Safe' Recognition, Prevention and Management of Violence and Aggression Policy NTW(C)16	1	1.1	
Appraisal, Staff, Policy NTW(HR)09	1 4	1.2 4.1/4.3./4.4	
Appraisal-Staff-Training-Develop Need Analysis Process PGN - SA-PGN-01 - NTW(HR)09	1 4	1.2 4.1/4.3./4.4	
Research Governance Policy - NTW(O)47	1	1.2	
Equality, Diversity and Human Rights Policy - NTW(O)	1	1.2	
Revalidation, Nursing, Triennial review - Appraisal PGN - SA-PGN-03 - NTW(HR)09	1 4	1.2 4.1/4.3./4.4	
Induction Policy - NTW(HR)01	1	1.2	
Dignity and Respect at Work Policy - NTW(HR)08	1	1.2	
Research Governance Policy - NTW(O)47	1	1.3	
Learning Lessons - Incident PGN - IP-PGN-05 - NTW(O)05	1	1.3/1.5	
Audit, Internal, Policy - NTW(O)25	1	1.3/1.5	
After Action Review (AAR) - Incident PGN - IP-PGN-03 - NTW(O)05	1	1.3/1.5	
Promoting Engagement with SU's Policy - V03.2 - Issued Dec 17 - NTW(C)	1	1.4/1.5	
07Promoting Engagement-CYP-PGN-V02 - Issued Dec 17 - PE-PGN-01 - NTW(C)07	1.	1.4/1.5	
Equality, Diversity and Human Rights Policy - NTW(O)42	2	2.4	
Equality, Diversity and Human Rights-Impact Assessment PGN - EHDR-PGN-01 - NTW(O)42	2	2.4	

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Safeguarding NTW(C)24 V04.1	2	2.5	
Adults at Risk and Raising Concerns Policy - NTW(HR)06	2	2.5	
Safeguarding Children NTW(C)04 V04.2	2	2.5	
Supporting Staff Involvement in an Incident PGN- IP-PGN-08 - NTW(O)05	2	2.5	
Induction Policy - NTW(HR)01	3	3.1/3.2/3.3./3.4/ 3.5	
Clinical Supervision and Peer Review Policy NTW(C)31 V05	3	3.1/3.2/3.3./3.4/ 3.5	
Raising Concerns Policy - NTW (HR) 06	3	3.1/3.2/3.3./3.4/ 3.5	
Induction Arrangements for Student Nurses - I-PGN-03 - NTW(HR)01	3	3.1/3.2/3.3./3.4/ 3.5	
Study Leave Policy - NTW(HR)23	4	4.1/4.3./4.4	
Whistleblowing policy (NTW (HR) 06)	1	1.1	2.2.1
Supervision of Medical Trainees (Appendix 9 Clinical Supervision Policy NTW © 31 V05	1	1.10	2.2.1
Continuing Professional Development, Study Leave PGN - SL-PGN-01 - NTW (HR)23	4	4.1/4.3./4.4	
IP PGN - 08 (Incident policy) Supporting staff involved in an incident V04.			Section 8.1
IP-PGN-06 Part of NTW(O)05 - Incident Policy			Section 8.1

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Section 4: 17/18 and 18/19 LDA Funding

		Total paid in 17/18	Estimated 18/19 funding
Total paid to the trust in 17/18:		£6,871,312.00	n/a
Total initial 18/19 LDA value *(including undergraduate)*:		n/a	£6,020,934.77
Total for salaries for doctors in training:		£2,482,774.00	£2,462,500.00
Tariff for placement activity			
Postgraduate Medical	Tariff *(as per DoH guidance* £12,152 + MFF)*	£1,401,026.00	£1,388,499.00
	Contribution to basic salary costs *(as per DoH Annex A*)*	£2,482,774.00	£2,462,500.00
	Total	£3,883,800.00	£3,850,999.00
Total Non-medical placement tariff: *(as per DoH guidance* £3,112 + MFF)*		£580,646.00	£580,646.04

*2017-18 Education & training placement tariffs: Tariff guidance and prices from 1st April 2017

A placement in England that attracts a tariff payment must meet each of the criteria in line with the DoH guidance*. Please provide details of how you utilised your 17/18 placement tariff within the financial year April 17 to March 18 to support learners and educators.
Please note figures entered below should reconcile to the 17/18 tariff figures shown in the table above.
Please provide details of expenditure and associated costs.

	Trust's Response
Postgraduate Medical Placement Tariff *The E&T placement tariffs cover funding for all direct costs involved in delivering E&T by the provider, for example (please see DoH guidance page 6):* *Direct staff teaching time within a clinical placement* *Teaching and student facilities, including access to library services* *Administration costs* *Infrastructure costs*	Direct costs: Consultant time for leadership roles in PG education including DME, AMD and Tutors – 18 sessions - £180K Supervisor time – 120 x 0.5 sessions - £600K Non pay teaching costs £150K Administrative costs: Pay - £140K Non-pay £44K Estates: Hopewood - £34K Jubilee Theatre - £160K Keswick Houese - £100K (50% as use also for UG) Total - £1,408,000 This will be underestimate as not included library services or simulation training costs and only included estate costs for central teaching venues.

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Non-Medical Placement Tariff *As above*	Direct costs as per NMET Budget £289k (984929) funds; • Salary costs of Practice Placement Team in order to facilitate, co-ordinate and support all nursing and non-medical placement. This also includes student induction, practice development sessions and mentor updates as well as support in placement. Direct Staff Teaching Time as per NMET budget • A percentage of professional time in placements to mentor and supervise 160 students /trainees in clinical placements includes Psychology, Occupational Therapy, Dietetics, Physiotherapy, Pharmacists, Paramedics £103k • A percentage of nursing time in placements to mentor and supervise 880 students £200k Overheads • Administration £24k • Percentage of library and knowledge services costs £30k Total Cost £646k
Additional Funding *Please confirm how any additional money has been spent.*	n/a

Section 5: Simulation, Patient Safety and Human Factors

5.1. Patient safety

Please consider the following questions below.

Questions	Trust's response
1. Who is the Lead for Patient Safety in your organisation? What support do they receive in delivering this role? E.g. job-planned time, resources etc.	The trusts Executive Lead for Safety is Gary O'Hare, Executive Director Nursing and Operations. There are also Safer Care Directors, Anne Moore, Group Nurse Director and Dr Damian Robinson (4 PA), in addition to this Dr Uri Torres (1PA) is the clinical lead for.
2. Please advise up to three areas relating to patient safety agenda that you have worked on in the last two years and you are most proud of? Could these be applied regionally and be shared with HEE?	• Talk 1st – the trust's Positive and Safe programme to reduce the number of incidents of violence, aggression and restraint in in patient units. • Creating Safer Care – a holistic and integrated approach to sharing and learning • Dedicated Serious Incident Investigators and Family Liaison

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3. In which areas would you like support from HEE? E.g. educational events, funding, specific areas of training for example quality improvement?	The Trust would like to develop in house expertise in human factors (see 5.3) and simulation (see 5.2). This would include in house educational events and training of staff. We would also like to expand awareness and training for Family Liaison Support

5.2. Simulation

Prompt: We advise you to consult with your Simulation Manager or Lead when compiling your response.

Questions	Trust's response
1. Who is the Simulation lead in your organisation? Please advise on name, job title and email address. What support do they receive in delivering this role? E.g. job-planned time, resources etc. Are they linked in with the HEE Simulation Network in their locality?	Dr Sarah Brown is the Medical Simulation Lead within the trust. This is incorporated into her job plan and is supported from within the medical education department. sarah.brown@ntw.nhs.uk. This role is supported by a Simulation and Education Development Lead this full time post which has been occupied since April 2018 val.tippins@ntw.nhs.uk. Both are members of the North east Simulation Network. There are some limited resources to deliver Sim within NTW. Which it is hope can be developed in the future. The resources includes two physical skills labs, limited camera kit, Moulage kit. Strong links have been made with the local Sim centres aimed at sharing good practice and promoting collaborative working. For more complex sims the facilities within the clinical skills centre at the University of Northumbria have are used. Subject to their availability.
2. Who is responsible for keeping an inventory of the simulation equipment within the Trust including all task trainers and low fidelity mannequins?	Marc House who is the Head of NTW Academy currently holds overall responsibility for keeping an inventory of the Simulation equipment within the Trust. marc.house@ntw.nhs.uk
3. How many simulation specific trained faculty does the trust have?	Within Medical Education there are 3 members of the faculty who have completed Simulation faculty training provided externally via the North East Simulation network. With a further two staff who have received Moulage training. There has been an in-house programme of training focussing on debriefing within a simulation context. 31 members of the faculty have attended this training and are able to provide debriefing facilitation. Within NTW academy the two physical skills trainers have both attended introduction to Simulation training delivered by DASH. Respond multi-agency simulation training have several NTW staff who have been trained specifically to facilitate Respond.
4. Which directorates or inter-professional groups are actively engaged with simulation based education within your organisation? How do you encourage equitable access to simulation for all staff?	Simulation based education remains at the early stages of development within NTW. There are two strands of training delivery across all directorates. Both deliver some limited simulation training. Medical education delivers simulation training primarily to undergraduate post graduate medical trainees including outpatient sim for under graduates, emergencies in psychiatry sim and mental health tribunal sim, which has recently

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	developed to include non-medical ACs. The medical education faculty also runs training sessions for the faculty, currently focussed on debriefing. There has been a multidisciplinary development of simulation based training looking at how different emergency services work together - RESPOND. This is now led by a Clinical Police Liaison lead and is an innovative multi-agency training open to nurses, doctors, police, paramedics and AMHPs. The training incorporates elements of simulation working around three scenarios; a crisis in a public place, a crisis in a private residence and a crisis in a mental health ward. NTW Academy delivers training to Nursing and other multi disciplines. The Trust wide PMVA training has incorporated a simulation of a cardiac arrest this is available to all staff within psychiatric inpatients wards. Respond training is also available to all staff trust wide. The trust tissue viability nurse provides training on pressure ulcer prevention and management of laceration again using a SIM based approach, using equipment owned by Acute trusts, It is planned that further joint training initiatives can be developed to enhance multi professional engagement. NTW Academy utilise the ESR system to advertise and book training packages for all of their training packages which can be booked via this route by staff. Medical education advertise their training via the trust intranet, and faculty brochures. It is envisaged that joint initiatives can be developed to enhance multi professional engagement and increased opportunities for Simulation based education to be delivered more inter-professionally.
5. Is there strategic engagement and representation in simulation activity in the organisation i.e. board level, clinical governance, patient safety, incident reviews?	Simulation based training is in the early stages of development within the trust. The value of this in all aspects of training, including management of incident reviews and patient safety is recognised and has been discussed at different levels through the organisation, including board level. As a trust there is strategic engagement in further developing training and SIM is recognised as being an important element of this.

5.3. Human Factors

Questions	Trust's response
1. Who is the Lead for Human Factors in your organisation? What support do they receive in delivering this role? Eg job-planned time, resources etc.	There is no designated HF lead in Northumberland Tyne & Wear trust however, as Clinical Lead for Quality and Safety, Dr Uri Torres has undertaken HF training by the Chartered Institute of Ergonomics and HF. She has 1 session per week (4 hours) to fulfil the Quality & Safety role, however the remit is broader than HF.
2. Please describe the extent to which your HF training covers the following domains:	All the Domains listed are covered within the HF training delivered, we would however recognise that

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• People – the individual & teamwork • Environment – the physical aspects of a workspace • Equipment and technology • Tasks and processes • Organisation • Ergonomics and research methods	currently we are only delivering limited amounts of this training.
3. For the training delivered in the reporting period please also consider and describe the following: • The audience to which HF training is being delivered, including details of multi-professional staff. • Frequency of training, or whether ad hoc events. • Who are the faculty that deliver the training? Please describe their "HF expertise", professional background, specialty, whether they have job-planned time to deliver HF training. • What is the wider Trust context within which HF training is delivered. Is there a link between patient safety incidents, SI investigations, root cause analysis? • To what extent is HF training seen as part of a wider patient quality and safety agenda or integrated into clinical governance structure/process?	We multi-professional training on HF awareness (nurses/doctors/AHP's) and bi-annual HF awareness training to new consultants in the trust and also at ad hoc events. -HF training is not delivered by a faculty but by the Clinical Lead for Quality & Safety who is a consultant psychiatrist. There is no specific job planned time for HF training as this is subsumed into the Quality & Safety role. There is a link between HF training and serious incident investigations. All investigators have been trained in RCA and use a contributory factors framework. An internal audit into the quality of reports was conducted in 2016 and was followed by an independent audit in March 2018. This is with a view to improving the quality of serious incident investigation by using a HF framework as per national guidance. We are hoping to develop a QI infrastructure within NTW that it is aimed will include HF expertise. Currently we are developing links with external partners who have this expertise to deliver HF training as well as to trial a train the trainer type approach.

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Section 6: Equality and Diversity

The HEE Quality Framework states clearly that education and training opportunities should be based on principles of diversity and inclusion.

The HEE equality, diversity and inclusion strategy reflects HEE's commitment to this important area of work and features strategy for HEE employees, as well as the opportunity to influence wider. An example of this is the HEE workforce strategy, used to inform our work in developing a comprehensive system-wide understanding of workforce needs for the future. Diversity and inclusion will be integral in how we look to influence the healthcare system to achieve greater representation and social mobility.

As well as applying these principles across all professional groups, there is also a specific work stream and duty to consider and capture information for doctors in training. The GMC continue their work in equality and diversity, reflecting their standards; promoting excellence.

For medical education, the GMC and local offices continue to consider differential attainment; different rates of attainment between different groups of doctors. This work includes ethnicity and country of primary medical qualification.

Prompt: In the responses below, please consider:

- *Organisation wide themes*
- *Examples of good practice from across professional groups*
- *As well as specific consideration and comment on differential attainment for doctors in training*

Question	Trust Response
Name of Trust Equality, Diversity and Inclusion Lead:	Christopher Rowlands chris.rowlands@ntw.nhs.uk 07920781818
1. How do you ensure that learners with different protected characteristics are welcomed and supported into the trust, demonstrating that you value diversity as an organisation?	The Trust has an Equality Diversity and Human Rights Policy which expressly addresses the importance of this. The Trust's values also embrace diversity. We are also in the process of ratifying a Supporting Learners in Practice Policy which addresses the needs of learners with different protected characteristics. In addition the E&D Lead has well established links with the Training Academy and is consulted on a regular basis about ensuring that our training is accessible to all and meeting the needs of diverse groups.
2. How do you liaise with your trust Equality, Diversity and Inclusion Lead to: • Ensure trust reporting mechanisms and data collection take learners into account? • Implement reasonable adjustments for disabled learners? • Ensure your policies and procedures do not negatively impact learners who may share protected characteristics? • Analyse outcome data (such as exam results, assessments, ARCP outcomes) by protected characteristic?	We ensure these points through our established mechanisms for reporting performance. For reasonable adjustments the Equality and Diversity Lead has well established links with teams recruiting disabled learners to ensure an individually tailored approach to each situation. This is backed by the Trust's Workforce Strategy, Equality Diversity and Human Rights Policy and the draft Supporting Learners in Practice Policy – which formalises the good practice that we already have in place. All relevant policies procedures and functions are impact assessed to ensure that they do not negatively impact learners who share protected characteristics.
3. How do you support learners with protected characteristics to ensure that known barriers to progression can be managed effectively?	Individual plans are drawn up for each learner to address and overcome those barriers to progression. For example we have made adjustments to placement

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	programmes that have addressed visual impairments, through altering how a task is done, but also through engaging with organisation such as Access to Work to provide specialist equipment or admin support by way of any adjustment.
4. How do you educate learners on equality and diversity issues that may relate to themselves, their colleagues, or the local population of the trust?	This is achieved through our statutory and mandatory Equality and Diversity training and through local induction programmes within teams.
5. How do you support your educators to develop their understanding of, and support for, learners with protected characteristics?	Through established links between educators and the Equality and Diversity Lead but also through the development and Equality and Diversity Masterclasses for senior staff in the Trust.

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Section 7: Libraries and Knowledge Services (LQAF)

We recommend that you consult with your Library and Knowledge Services Manager or Lead to complete this section. Please provide narrative and evidence (for 1, 3 and 4) on the following 4 areas for your Library and Knowledge Service. Please also highlight any issues or concerns, including any areas which are not being met. If your Library and Knowledge Service is provided via a service level agreement, please consult with the providing Library and Knowledge Services Manager. Additional prompts have been added under each heading.

1. Describe how your Trust is implementing the ***HEE Library and Knowledge Services Policy*** (https://hee.nhs.uk/sites/default/files/documents/NHS%20Library%20and%20Knowledge%20Services%20in%20England%20Policy.pdf) namely:

   "To ensure the use in the health service of evidence obtained from research, Health Education England is committed to:
   - Enabling all NHS workforce members to freely access library and knowledge services so that they can use the right knowledge and evidence to achieve excellent healthcare and health improvement.
   - Developing NHS librarians and knowledge specialists to use their expertise to mobilise evidence obtained from research and organisational knowledge to underpin decision-making in the National Health Service in England."

   Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. You could provide evidence from your Library and Knowledge Services' strategy or annual action/implementation/business/service improvement plan.

NTW Library and Knowledge Services (LKS) are located across four main sites:

- St Nicholas Hospital, Gosforth
- St Georges Park, Morpeth
- Walkergate Park, Newcastle
- Hopewood Park, Sunderland

A further small, unstaffed library collection is situated at Ferndene, Prudhoe which library staff attend on a 6-weekly basis to hold a library surgery.

NTW staff members also have access to other NHS libraries in the region, including:

- Gateshead Health NHS FT
- Newcastle upon Tyne Hospitals NHS FT
- Northumbria Healthcare NHS FT
- County Durham & Darlington NHS FT
- North Tees and Hartlepool NHS FT
- Tees, Esk & Wear Valley NHS FT

Access to research evidence is also facilitated through online library services via NTW intranet, a Discovery platform and a collection of electronic journals, databases, point of care tools and ebooks.

LKS are managed as a part of NTW Research, Innovation and Clinical Effectiveness department and as such play a key role in disseminating evidence on care and treatment relevant to the Trust's services and providing evidence in response to clinical questions and queries through a clinical effectiveness librarian.

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LKS play a key role in supporting the education and continuous learning of the whole workforce, through links with the NTW Academy and established links with Medical Education. In addition, the team attend a number of Trust conferences to promote services to staff. Library and knowledge services are reflected in a range of other strategies within NTW:

- The NTW Clinical Effectiveness Strategy, in particular its objective to ensure "rapid access to evidence for frontline staff".
- The NTW Nursing Strategy (2014-2019), which aims to promote "safe and effective practice by building a culture of shared knowledge, information and good practice" and takes into account the NMC Code of Practice (2015) which requires nursing staff to practice effectively using the evidence base and the need to revalidate every three years.
- The NTW Research and Development Strategy has a mission to contribute "as much as possible to the generation of new knowledge for the benefit of all patients with mental health and disability problems, as well as rapidly implementing research-informed, evidence-based practice for the direct benefit of patients under its care"
- The NTW Workforce Strategy 2017-2022 aims to "educate and equip staff with the necessary knowledge and skills to do their job".

The LKS Development Framework and implementation plan were refreshed in April 2018 and outline plans for the development of services including:

- Scoping options for LKS to contribute to knowledge mobilisation activities
- Working in partnership to support Integrated Care Systems

Collaboration with NHS and HEI partners to deliver an evidence summary service.

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2. HEE's ***Library and Knowledge Services Policy is*** delivered primarily through local NHS Library and Knowledge Services.
   - Please identify the budget allocated to your Library and Knowledge Service in the current financial year.
   - If possible please identify the sources of this funding, differentiating for example between educational tariff funding and any contribution from your organisation.

   Prompt: Your Finance department and/or your Library and Knowledge Service Manager should be able to supply this information.

NTW receives its funding through different sources and types of contracts. Library and knowledge services do not have their own distinct income stream but are funded from various different income streams to the desired level within our organisation.

The total budget (pay and non-pay) allocated to library and knowledge services for financial year 2017-18 was £349,880.

3. Please tell us about any areas of Library and Knowledge Services good practice that you would like to highlight.

   Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. You could provide evidence of impact on clinical practice, impact on management decision-making (including cost savings) and any innovation submissions originating from your Library and Knowledge Service.

In 2018 NTW LKS have participated in a pilot process for new Quality Improvement Standards. As part of the evidence submission the following examples of good practice were included:

- Data we gather about library activities are regularly reviewed and used to inform decisions on library service developments, ensuring continuous improvement.
- Two special collections have been developed and are proving popular with Trust staff. Health promotion models are available for staff and teams to borrow to help educate services users about healthy lifestyles, whilst our reminiscence resources are used by staff working with people with dementia to encourage conversation and reflection.
- Working with the Workforce team, a process to capture and retain knowledge from staff before they leave or retire is being piloted. This will improve efficiency of handovers between staff and ensure that critical knowledge is not lost.
- In partnership with Tees, Esk and Wear Valley NHS FT and University of York, a knowledge exchange project is developing an evidence summary service to support rapid dissemination of published evidence

An impact survey is demonstrating how LKS are delivering impact, by saving time of busy clinical staff, supporting personal and professional development and improving the quality of care delivered to patients

4. The **Learning and Development Agreement** that Health Education England has with your organisation states that the LKS should achieve a minimum of 90% compliance with the national standards laid out in the current Library Quality Assurance Framework (LQAF).

   If your LKS has a score below 90% please describe the improvements you are planning to attain this minimum requirement in 2018-19.

   Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. The details should be available from the LQAF Action Plan developed following the 2017-18 LQAF.

For 2017 the LQAF score was 96% compliance

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Section 8: Additional Information

8.1 Supporting Learners at Coroners' Court and following Serious Incidents

To help HEE better understand how your organisation supports learners please complete the questions below.

Serious Incidents and Never Events

Questions	Trust's Response
Please provide an account of how your organisation identifies learner involvement in Serious Incidents. How is that degree of involvement defined?	Postgraduate Quality & Safety Lead receives emails regarding incidents. The patient's RiO record is reviewed for the previous 6 months and note made of any trainee contact with the patient. This is then discussed with the AMD who makes a decision on the significance of the trainee's contact with the patient.
What support systems exist to support learners? How are these systems monitored?	Trainee's Clinical Supervisors are contacted and asked to discuss the incident with their trainee. Their Educational Supervisor and TPD are also informed of the incident so can offer additional support. Support is also available from the Medical Education Department.
What feedback do you receive from learners about their experience of being involved in Serious Incidents?	We have not formally collected this although informal feedback suggests that whilst they find the process stressful they feel supported through this. We have had very positive feedback about the support offered to trainees from both their supervisor and from the trust medical education team who have the capacity to offer informal support where trainees want this
What formal organisational links exist between the Governance team coordinating investigations and the Postgraduate team supervising the trainees? the HEIs supporting learners?	There is a link between the Governance team and the postgraduate team that ensures that as soon as trainees are involved in incidents the medical education team are aware and can share this with the trainee's supervisor.
How many patient safety incidents have you reported to NHSI.	NTW process is to STEIS report to commissioners. There were 102 serious incidents reported to STEIS between 01.08.17 and 31.07.18
How many serious incidents impacting on trainees revalidation have you made to your HEE local office within the reporting period? What proportion of these have been resolved/closed after completion of investigations?	11 incidents were reported to HEENE. 6 of these have been resolved/closed.
How does your organisation disseminate learning from Root Cause Analysis reports? How does your organisation promote a patient safety culture?	All Sis are shared with locality group directors who disseminate the learning across services. Action plans are completed to ensure lessons learned and there is a monthly Safer Carer bulletin including 7 minute briefings and a precis of the Sis that have significant learning for staff. The trust monthly Learning and Improvement Group received presentations of SIs.

Coroners Hearings

Questions	Trust's Response
What support is available for learners who are required to provide statements and/or attend Coroners hearings?	All learners who are involved in providing statements for or attending coroner's hearings will receive support from their named supervisor. Trainee doctors may be in the position of providing evidence and in these cases

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	supervisors would provide support both in preparation and the delivery of evidence. In addition to this all learners, whether employed by NTW or not would have access to the support the trust provides for employees outlined in the policy: IP PGN - 08 (Incident policy) Supporting staff involved in an incident V04. The Trust use a standardised template to assist staff in capturing relevant information required by a Coroner as part of an inquest. Support is available from the Patient Safety Team around completion where necessary and the Patient Safety Team Quality Check any report prior to it being submitted to eth Coroner. The Coroner will in the first instance generally request that a report is prepared by the person best placed to give an overview of the deceased's involvement with Trust. This allows the Trust some control over who completes the report and it would be unusual for a learner to be asked to complete this. If after review of initial information the Coroner requests a learners involvement, either by way of a witness statement or they are required to attend court as a witness the learner would be supported to complete said statement with Staff from Patient Safety and on occasion with the assistance of DAC Beachcroft Solicitors who represent the Trust in Coronial Matters. Opportunities would be offered to the potential witness to attend another inquest as an observer as preparation and 1:1 and group preparation sessions are offered to any staff member attending an inquest to give evidence in relation to the care and treatment provided by /on behalf of the Trust.
How is your organisation involving learners in responding to Duty of Candour responsibilities?	Trainee induction includes within it a session on professionalism and trainee responsibilities. This includes covering Duty of Candour. All higher trainees are encouraged to spend a day with the trust safety team and then follow up on an incident from after-action review to SUI panel. This helps trainees understand their responsibilities. Within the trust there is a PGN which defines how the trust has adopted the principles of the National Patient Safety Agency's 'Being Open' Policy into local practice. Whilst the Being Open Policy has been written as a separate document, it is also fully embedded into subsequent Incident Policies. A Practice Guidance Note defines how the Trust and the staff working within it will fulfil the Duty of Candour in line with the requirements of The Health and Social Care Act 2008 (Regulated Activities) (Amendment). The PGN outlines the way in which the Trust will fulfil its

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	obligation within Duty of Candour by supporting staff to follow the processes of being open which are well established within the Trust and described within the PGN. Learners are expected to meet the requirements of the PGN. Duty of Candour is covered in Learners curriculum and in Trust Induction. Whilst the guidance applies to serious incidents, those graded moderate, severe and catastrophic in line with National Reporting and Learning System Guidance, the reality within healthcare is that the principles of Duty of Candour and Being Open can be applied to all incidents that occur and impact on patients and staff without causing significant harm and we adhere to the 10 Principles of Being Open.

Guardians of Safe Working

Questions	Trust's Response
10. Please describe the interrelationship between the GOSW and the Director of Education?	The GOSW and DME work together closely to look at supporting trainees. Whilst there are clear differences in each's responsibilities there are considerable overlaps and in practice we have found goals to be very much aligned. The Guardian Forum chair is alternated between the DME and GOSW which works well. Trainees are able to meet the DME and GOSW separately or jointly through different fora.
11. Please provide a summary of the exception reports you have received within the reporting period, number, type and time to resolve.	August 17 –February 18 30 hours & rest 3 education February – August 18 16 hours & rest 2 education

8.2. Educational Opportunities during winter pressures

Please describe how your organisation Maintains curriculum delivery opportunities during winter pressures

Questions	Trust's response
1a) Please describe how winter pressures in 2017/18 affected your ability to deliver training to all learners within your organisation? 1b) Please detail the specific areas, placements and programmes which were adversely affected by last winter's pressures.	
2. Please describe what strategies you used to protect training for all learners across their whole placement with your organisation in 2017/18 e.g. moving educational sessions to times of less pressure, ringfencing specific clinics, lists etc for training	
3. Please describe what plans you are putting in place to mitigate the effects of winter service pressures on training in 2018/19.	

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Agenda item

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th October 2018

Title and Author of Paper:
Staff Friends and Family Test Update Quarter Two 2018/19
Ross Phillips, Senior Information Analyst Commissioning & Quality Assurance

Executive Lead:
Lynne Shaw, Acting Executive Director of Workforce & OD
Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This paper includes the results of the Qtr2 18/19 Staff Friends and Family Test Survey administered to all staff accessing the Trust network via an NTW Login.
- Response rates this quarter slightly decreased to 46% from 47% in Qtr1 18/19.
- There was a 2% decrease in positive responses to the question "How likely are you to recommend the organisation to friends and family as a place to work?" from 72% to 70%.
- However 'Extremely Unlikely' responses have improved by 3% in Qtr2 18/19 to 3%.
- There was a 1% decrease in positive responses to the question, "How likely are you to recommend our services to friends and family if they needed care or treatment?" from 79% to 78%.
- The trend for staff being more likely to recommend the Trust to family and friends for care and treatment than as a place to work continues. Staff continue to be less likely to recommend the Trust for care and treatment than those service users and carers responding to the FFT question.
- There appears to be no seasonal pattern to results.
- The Trust remains above the national and sector average for the percentage of staff who would recommend the Trust as a place to work and below the national average for those who would recommend for care and treatment but still remain above the sector average.
- The actions undertaken by the Groups to address themes which emerged from Qtr1 18/19 are reported in Appendix 6 and trend analysis has been included in Appendices 1-3.

Risks Highlighted: N/A

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required / Recommendations: For information and action

Link to Policies and Strategies: Workforce & OD Strategy

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Staff Friends and Family Test (FFT) Update Quarter Two 2018/19

1. Executive Summary

1. The proportion of staff recommending the organisation to friends and family as a place to work:
    a. Has decreased in the quarter from 72% to 70%.
    b. Remains higher than the most recently published national average of 66%.
    c. Medical and Dental staff and Administrative and Clerical are the staff groups most likely to recommend the organisation as a place to work, while the staff group least likely to recommend are Nursing and Midwifery as well as Additional Clinical Services.
    d. The Directorates most likely to recommend NTW as a place to work are the Medical Directorate, CEO Office and Deputy Chief Executive Office. The directorates least likely to recommend are the North and Central Locality Groups.
    e. The Directorates with the biggest change in the quarter are North Locality Care Group with a reduction from 71% to 66% and Deputy Chief Executive Office with an increase from 73% to 83%.

2. The proportion of staff recommending the organisation to friends and family if they needed care and treatment:
    a. Has decreased in the quarter from 79% to 78%.
    b. Is below the most recently published national average of 81%.
    c. Medical & Dental, Allied Health Professionals, Admin & Clerical and Estates & Ancillary Staff Groups are those most likely to recommend NTW for care and treatment, while the Staff Groups least likely to recommend are Additional Clinical Services Staff Group.
    d. The Directorates with the biggest change in the quarter are the Chief Executive Office from 67% to 76% and Workforce Directorate with a decrease from 95% to 76%.

3. The response rate in the period has decreased to 46% from 47% of staff (those presented with FFT questions when logging onto the Trust network). 3,280 staff responded during the period.

4. Analysis of the respondents suggests that the proportion of respondees by Staff Group is broadly in line with the Trust staff demographic, with the exception of Estates and Ancillary staff – this may be reflective of lower access to the Trust network by employees within this staff group.

5. A total of 948 comments and suggestions from staff have also been collected and analysed.

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2. Introduction

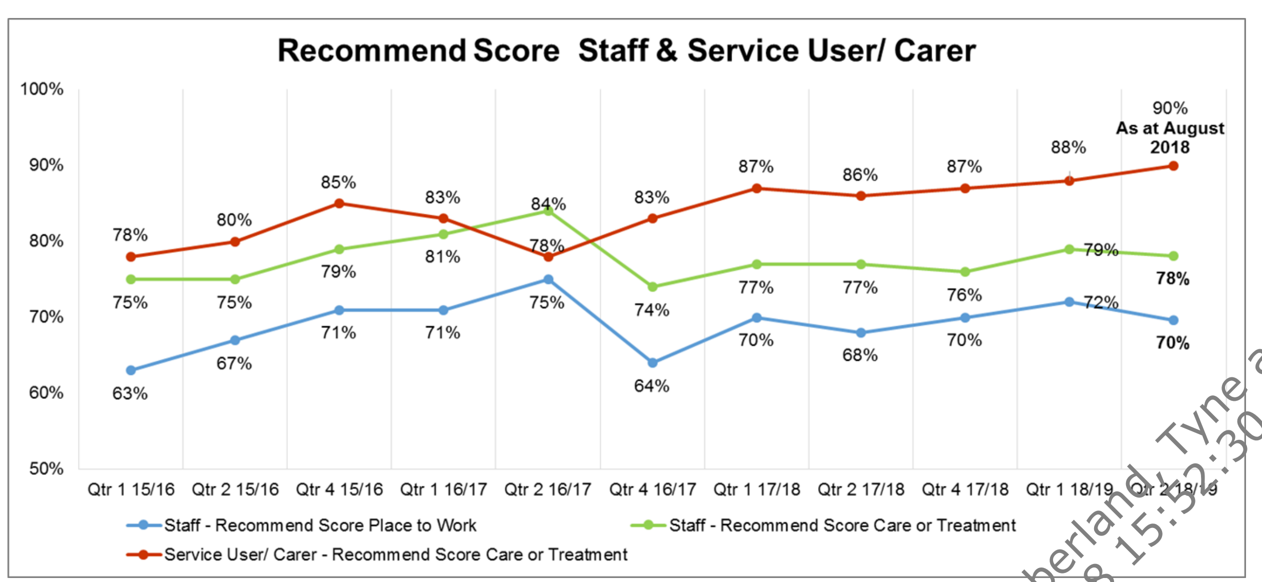
All NHS Trusts are required to ask staff their responses to the two Staff Friends and Family Test (FFT) questions, which are also included with the national staff survey conducted in Qtr3 of each year. The two Staff FFT questions are as below, with answer options ranging from ‘extremely likely’ to ‘extremely unlikely’ (6-point Likert scale, including ‘don’t know’ option):

1. **How likely are you to recommend the organisation to friends and family as a place to work? (‘work’ question)**
2. **How likely are you to recommend our services to friends and family if they needed care and treatment? (‘care’ question)**

NTW provides staff with the opportunity to feedback their views on the organisation throughout the year via a range of mechanisms, such as the annual Staff Survey, the Staff FFT (which is administered quarterly except Qtr3), SpeakEasy events and the Chatterbox facility. Since 16/17, all staff have been asked their views in every quarter, therefore significantly increasing the volume of Staff FFT responses in the year.

The Staff FFT responses are published nationally, allowing for national benchmarking to take place. Internally, anonymised responses to the staff FFT are made available to managers via the Trust dashboard.

The graph below shows the recommend score from both the staff and service users/ carers’ FFT over a quarterly time period:



N.B. Quarter 3 results are not included above as the Staff FFT is asked via the Staff Survey during this quarter.

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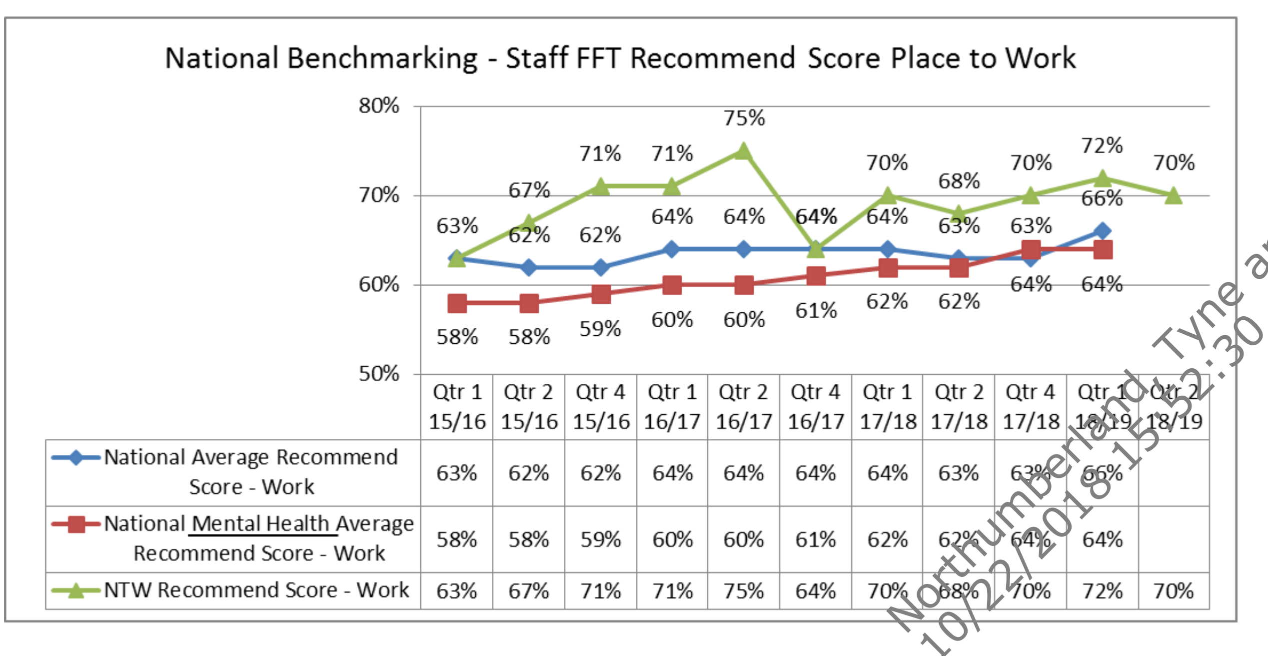
3. National Benchmarking Data - Update Quarter 2 - 2018/19

The table below shows the responses to the Staff FFT questions from Northumberland, Tyne and Wear NHS Foundation Trust in comparison to the National and Local Area responses. The data below is the most recently published NHS England Staff FFT for Qtr1 18/19

	Total Response	HSCIC Workforce Headcount	Work		Care	
			% Recommend	% Not Recommend	% Recommend	% Not Recommend
National	**146,654**	**1,141,893**	**66%**	**16%**	**81%**	**6%**
NHS England Cumbria & North East	9,984	85,196	70%	12%	82%	5%
Northumberland, Tyne and Wear NHS Foundation Trust	3,319	5,692	72%	9%	79%	5%
Tees, Esk and Wear Valleys NHS Foundation Trust	2,709	6,601	71%	13%	82%	6%

N.B. Qtr 2 18/19 data is due to be published 22nd November 2018
Qtr 4 18/19 data is due be published 30th May 2019

It can be seen that in Qtr1 18/19 the Trust was above the national averages for the percentage of staff who would recommend the Trust as a place to work and below the national average for those who would recommend the Trust for care and treatment. If the national position remains unchanged from Qtr1 18/19 to Qtr2 18/19, at 66% the most recent (Qtr218/19) results NTW would be above the national average for recommending the Trust as a place to work, and at 78% be below the national average of 81% for recommending the organisation for care and treatment.



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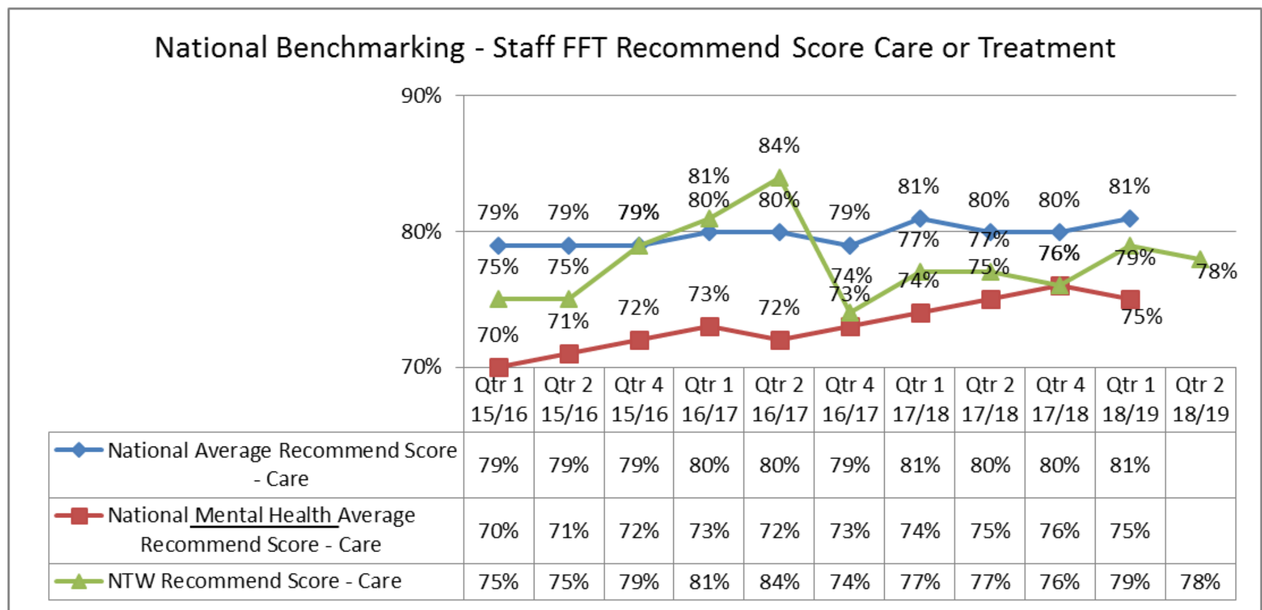
The above graph illustrates that the Trust has been above or equal to the national average, and above the sector average since Qtr1 15/16 for the percentage of staff who would recommend the Trust as a place to work.



	Qtr 1 15/16	Qtr 2 15/16	Qtr 4 15/16	Qtr 1 16/17	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19
National Average Recommend Score - Care	79%	79%	79%	80%	80%	79%	81%	80%	80%	81%	
National Mental Health Average Recommend Score - Care	70%	71%	72%	73%	72%	73%	74%	75%	76%	75%	
NTW Recommend Score - Care	75%	75%	79%	81%	84%	74%	77%	77%	76%	79%	78%

As illustrated above the Trust has been above or equal to the sector average since Qtr115/16 for the percentage of staff who would recommend the Trust as a place for care and treatment. During Qtr4 16/17 the Trust recommend score was marginally above the sector average by 1% and equal to the sector average in Qtr4 17/18.

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4. Results for Quarter 1 - 2018/19

4.1 Response rates

Appendix 1 shows the response rates by Group/Directorate over time. In Qtr2 18/19 the Trust response rate was 46%, receiving a total of 3,280 responses this is a decrease of 1%. The lowest response rate of those staff was from NTW Solutions (44%) and the highest response rate was from Chief Executive Office (81%).

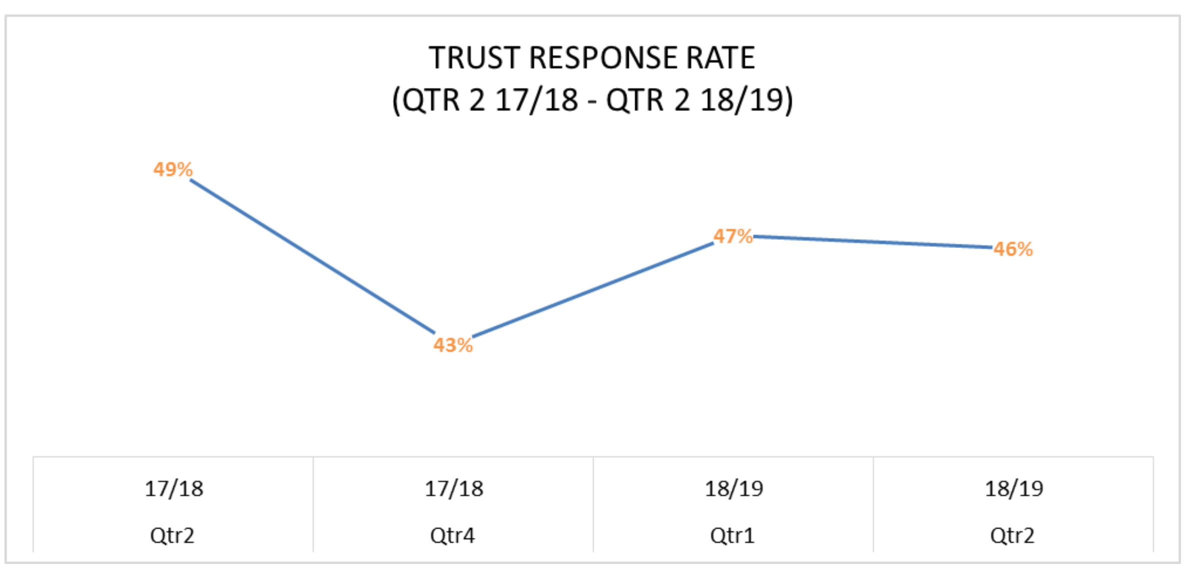

Table 1 – Response rates by Group/Directorate

Response rate – proportion of responses of those offered the Staff FFT through their NTW login	**Qtr 2 17/18**	**Qtr 4 17/18**	**Qtr 1 18/19**	**Qtr 2 18/19**
Trust	**49%**	**43%**	**47%**	**46% ↓**
Specialist Care Group	52%	-	-	-
Community Care Group	54%	-	-	-
In-Patient Care Group	51%	-	-	-
Deputy Chief Executive	45%	41%	44%	48% ↑
Nursing & Chief Operating Officer	57%	60%	64%	61% ↓
Medical Directorate	45%	44%	42%	53% ↑
Commissioning & Quality Assurance	65%	65%	63%	60% ↓
Workforce & Organisational Development	58%	59%	58%	55% ↓
Chief Executive	60%	81%	95%	81% ↑
NTW Solutions	45%	41%	46%	44% ↑
North Locality Group	-	43%	49%	49% ↔
Central Locality Group	-	44%	48%	48% ↔
South Locality Group	-	46%	51%	51% ↔

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Table 2 – Breakdown by staff group of those who responded in Qtr1

Breakdown by staff group - proportion of responses of those offered the Staff FFT through their NTW login	**Response Breakdown**				**Proportion of Staff Group (source:ESR)**
	Qtr 2 17/18	**Qtr 4 17/18**	**Qtr 1 18/19**	**Qtr 2 18/19**	
Add Prof Scientific and Technical	7%	5.95%	6.03%	6.40%	5.89%
Additional Clinical Services	24%	23.78%	24.13%	24.39%	27.43%
Administrative and Clerical	20%	20.50%	20.49%	21.13%	19.93%
Allied Health Professionals	4%	4.89%	5.24%	5.21%	4.86%
Estates and Ancillary	2%	2.12%	2.11%	2.10%	7.88%
Medical and Dental	4%	4.34%	4.09%	3.99%	4.06%
Nursing and Midwifery	28%	27.90%	29.01%	28.96%	29.95%
Other	11%	10.52%	8.90%	7.80%	N/A
Total	100%	100%	100%	100%	100%

N.B. included in the Trust total includes staff "other" within the breakdown of staff group these staff have an NTW login but are not held on ESR e.g agency staff.

4.2 Responses by answer options and recommend score

Question 1:- How likely are you to recommend the organisation to friends and family as a place to work? (Work Question)

Table 3 shows the findings from Question 1 work question by answer.

N.B. positive responses refer to 'extremely likely' and 'likely' responses, this is also known as the 'recommend score'.

Table 3 – **Responses by Answer for Question 1**

Question 1 **- How likely are you to recommend the organisation to friends and family as a place to work?**	**Qtr 2 17/18**	**Qtr 4 17/18**	**Qtr 1 18/19**	**Qtr 2 18/19**	
Extremely Likely	24%	23%	26%	24% ↓	While comparing the Qtr2 percentages with the same period last year 17/18, there has been an overall increase in positive responses (or recommend score) from 68% to 70%. However this is a decrease of 2% from the last Qtr (Qtr1 18/19). There has been an increase in unlikely responses (3%) compared to the previous quarter. However extremely unlikely has decreased by 3% in Qtr2 18/19 to 3%.
Likely	44%	47%	46%	46% ↔	
Total Recommend	***68%***	**70%**	***72%***	***70%*** ↓	
Neither	17%	17%	16%	18% ↑	
Unlikely	7%	6%	3%	6% ↑	
Extremely Unlikely	3%	3%	6%	3% ↓	
Don't Know	3%	3%	3%	2% ↓	

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Table 4 shows the comparison of staff who would 'recommend' the Trust as a place to work by Group/Directorate.

Table 4 - Results table: **Recommend Score for Question 1 by Group/Directorate**

Question 1 **- How likely are you to recommend the organisation to friends and family as a place to work?**	**Qtr 2 17/18**	**Qtr 4 17/18**	**Qtr 1 18/19**	**Qtr 2 18/19**	There has been a decrease in recommend score across the 3 locality Groups (North Central & South) whereas the majority of the Corporate Directorates have all seen an increase in their recommend score, most notably CEO Office and Deputy Chief Executive however the nursing Directorate has seen a decrease in their recommend score.
Trust	68%	70%	72%	70% ↓	
Specialist Care Group	67%	-	-	-	
Community Care Group	66%	-	-	-	
In-Patient Care Group	66%	-	-	-	
Deputy Chief Executive	71%	76%	73%	83% ↑	
Corporate Nursing Directorate	71%	74%	75%	74% ↓	
Corporate Medical Directorate	73%	75%	73%	81% ↑	
Commissioning and Quality Assurance	81%	79%	76%	78% ↑	
Workforce Directorate	73%	64%	76%	76%↔	
CEO Office	83%	82%	78%	88% ↑	
NTW Solutions	69%	73%	66%	73% ↑	
North Locality Group	-	68%	71%	66% ↓	
Central Locality Group	-	64%	68%	66% ↓	
South Locality Group	-	70%	71%	70% ↓	

Table 5 is a comparison of the staff who would 'recommend' the Trust as a place to work by staff group.

Table 5 - Results table: **Recommend Score for Question 1 by Staff Group**

Question 1 **- How likely are you to recommend the organisation to friends and family as a place to work?**	**Qtr 2 17/18**	**Qtr 4 17/18**	**Qtr 1 18/19**	**Qtr 2 18/19**	Comparing the recommend scores in Qtr1 18/19 with Qtr2 18/19 there has been a decrease in 4 of the 7 Staff Groups, most notably in Nursing Midwifery, AHP's and Add Prof Scientific and Technical all decreasing
Trust	68%	70%	72%	70% ↓	
Add Prof Scientific and Technical	68%	69%	73%	70% ↓	
Additional Clinical Services	63%	66%	67%	65% ↓	

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Administrative and Clerical	72%	74%	73%	76% ↑	by 3-4%. There has been a significant increase in recommend score across the Estates and Ancillary staff group with an increase of 13% when compared with Qtr1 18/19 where there recommend score dramatically decreased.
Allied Health Professionals	72%	75%	77%	74% ↓	
Estates and Ancillary	66%	68%	59%	72% ↑	
Medical and Dental	68%	71%	74%	77% ↑	
Nursing and Midwifery	68%	66%	71%	67% ↓	

Appendix 2 illustrates the percentage of staff who would recommend, not recommend (rating extremely unlikely or unlikely) and those who are unsure (rating either neither or don't know) to question 1 by Group/Directorate over time (Qtr2 17/18 to Qtr2 18/19).

Question 2:- How likely are you to recommend our services to friends and family if they needed care or treatment? (Care Question)

Table 6 shows the findings from Question 2 Care Question by answer.

Table 6 – Results table: **Responses by Answer for Question 2**

Question 2 **- How likely are you to recommend our services to friends and family if they needed care or treatment?**	**Qtr 2 17/18**	**Qtr 4 17/18**	**Qtr 1 18/19**	**Qtr 2 18/19**	While comparing the Qtr2 percentages with last year (Qtr2 17/18), there has been an overall increase in the recommend score (positive responses) for this question (from 77% to 78%). This has decreased from Qtr2 18/19. When comparing the negative responses with the same period last year the percentages remain unchanged and have been stable over the course of the year.
Extremely Likely	29%	28%	31%	28% ↓	
Likely	48%	49%	48%	50% ↑	
Total Recommend	***77%***	***76%***	***79%***	***78%*** ↓	
Neither	13%	14%	13%	14% ↑	
Unlikely	4%	4%	4%	4% ↔	
Extremely Unlikely	2%	2%	3%	2% ↓	
Don't Know	4%	4%	2%	3% ↑	

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Table 7 is a comparison of staff who would 'recommend' the Trust for care or treatment by Group/Directorate.

Table 7 - Results table: **Recommend Score for Question 2 by Group/Directorate**

Question 2 **- How likely are you to recommend our services to friends and family if they needed care or treatment?**	**Qtr 2 17/18**	**Qtr 4 17/18**	**Qtr 1 18/19**	**Qtr 2 18/19**	Overall there has been a decrease in the recommend score (positive responses) when comparing Qtr1 18/19 to Qtr2 18/19, this is due to a decrease across 5 of the 9 Directorates. The most notable decrease in the recommend score is across the Workforce Directorate with a decrease of 19%, material changes in percentage increase or decrease can occur due to there being smaller staff numbers in the directorate. The North and Central Locality have both seen decreases in their recommend score during the quarter whilst the South Locality recommend score increased. There were notable increases in recommend score across the Medical Directorate, Chief Executive Office and NTW Solutions.
Trust	77%	76%	79%	78% ↓	
Specialist Care Group	76%	-	-	-	
Community Care Group	78%	-	-	-	
In-Patient Care Group	73%	-	-	-	
Deputy Chief Executive	64%	76%	68%	67% ↓	
Corporate Nursing Directorate	81%	83%	85%	83% ↓	
Corporate Medical Directorate	73%	71%	76%	84% ↑	
Commissioning and Quality Assurance	81%	79%	85%	85%↔	
Workforce Directorate	68%	86%	95%	76% ↓	
CEO Office	83%	71%	67%	76% ↑	
NTW Solutions	80%	80%	76%	81% ↑	
North Locality Group	-	75%	79%	74% ↓	
Central Locality Group	-	72%	75%	74% ↓	
South Locality Group	-	79%	80%	81% ↑	

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Table 8 is a comparison of staff who would ‘recommend’ the Trust for care or treatment by Staff Group.

Table 8 - Results table: **Recommend Score for Question 2 by Staff Group**

<table>
<tr><td>Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?</td><td>Qtr 2 17/18</td><td>Qtr 4 17/18</td><td>Qtr 1 18/19</td><td>Qtr 2 18/19</td><td rowspan="9">Comparing the recommend scores in Qtr2 17/18 with Qtr2 18/19 there have been increases in 4 of the 7 Staff Groups Additional Clinical Services, Administrative and Clerical, Allied Health Professionals and Medical and Dental the most notable increase was in the Medical & Dental staff group. When comparing Qtr2 18/19 against the previous quarter (Qtr1 18/19) there has been an increase in recommend score in 3 of the 7 Staff Groups most significant in Medical & Dental. There was decrease in the recommend score for 3 of the 7 staff groups Add Prof Scientific and Technical, Additional Clinical Services and Nursing and Midwifery all 3 have seen a 2% decrease in recommend score across the quarter.</td></tr>
<tr><td>Trust</td><td>77%</td><td>76%</td><td>79%</td><td>78% ↓</td></tr>
<tr><td>Add Prof Scientific and Technical</td><td>81%</td><td>75%</td><td>79%</td><td>77% ↓</td></tr>
<tr><td>Additional Clinical Services</td><td>72%</td><td>73%</td><td>75%</td><td>73% ↓</td></tr>
<tr><td>Administrative and Clerical</td><td>80%</td><td>81%</td><td>82%</td><td>82% ↔</td></tr>
<tr><td>Allied Health Professionals</td><td>81%</td><td>82%</td><td>84%</td><td>85% ↑</td></tr>
<tr><td>Estates and Ancillary</td><td>78%</td><td>80%</td><td>73%</td><td>78% ↑</td></tr>
<tr><td>Medical and Dental</td><td>71%</td><td>73%</td><td>73%</td><td>78% ↑</td></tr>
<tr><td>Nursing and Midwifery</td><td>77%</td><td>74%</td><td>79%</td><td>77% ↓</td></tr>
</table>

Appendix 3 illustrates the percentage of staff who would recommend, not recommend and those who are unsure to Question 2 by Group/Directorate over time (Qtr2 17/18 to Qtr2 18/19).

4.3 Results by Thematic Analysis

Staff also have the opportunity to provide comments in response to the following questions:

1. **Please suggest any improvements to make NTW a better place to work.**
2. **Please suggest any changes NTW can make to improve the care or treatment offered.**

Table 9 is the number of free text comments made.

Table 9 – **Number of Free Text Comments and Response Rate**

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	Question 1 – 'Work' question		Question 2 – 'Care' question	
	No of free text comments	% of respondents	No of free text comments	% of respondents
Qtr 2 18/19	497	15%	451	14%

19% of the staff who responded also made further suggestions as how NTW can make improvements, overall there is a reduction in free text comments 224 less in the quarter coupled with small drop in completed questionnaires.

Several repeating themes emerged during Qtr2 and this thematic analysis is shown in tables 10 ('Work' question) and 11 ('Care' question) by Locality/Group

Table 10 – Top 3 themes per category for Question 1 (find full list in Appendix 4) by Locality/Group

North Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	4	3%
	Organisational Change	2	2%
Staff Feedback - Patient Care	Staffing levels	35	30%
	Environment / Facilities	2	2%
	Food	1	1%
Staff Feedback - Policy and Practice	Recruitment & Induction	7	6%
	Pay and Conditions (includes flexible working)	6	5%
	Case Loads / Work Load	4	3%
Staff Feedback - Wellbeing	General	12	10%
	Management Support / Supervision	4	3%
	Communication	3	3%

Central Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	1	1%
Staff Feedback - Patient Care	Staffing levels	16	15%
	Environment / Facilities	5	5%
	Localised Services	1	1%
Staff Feedback - Policy and Practice	Pay and Conditions (includes flexible working)	10	9%
	Recruitment & Induction	7	7%
	Training and Development	5	5%
Staff Feedback - Wellbeing	General	15	14%
	Senior Management Structure	4	4%

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	Administrative Process	3	3%

South Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	Organisational Change	2	1%
	General	1	1%
Staff Feedback - Patient Care	Staffing levels	36	20%
	Parking / Transport	6	3%
	Patient Care	1	1%
Staff Feedback - Policy and Practice	General	11	6%
	Pay and Conditions (includes flexible working)	11	6%
	Training and Development	10	5%
Staff Feedback - Wellbeing	General	21	11%
	Management Support / Supervision	9	5%
	Administrative Process	5	3%

Table 11 – Top 3 themes per category for Question 2 (find full list in Appendix 5) per Group

North Locality Care Group - Treatment Question			
Treatment Category	Theme	Total	% of Responses
Staff Feedback - Patient Care	Staffing Levels	44	38%
	Waiting Times	13	11%
	Treatment / Pathways	9	8%
Staff Feedback - Policy and Practice	Recruitment & Induction	7	6%
	Available resources	5	4%
	Training and development	4	3%
Staff Feedback - Wellbeing	Engagement	2	2%
	Administrative Process	1	1%

Central Locality Care Group - Treatment Question			
Treatment Category	Theme	Total	% of Responses
Staff Feedback - Organisational Change	Organisational Change	4	4%
Staff Feedback - Patient Care	Staffing Levels	29	30%
	Waiting Times	13	13%
	Treatment / Pathways	9	9%
Staff Feedback - Policy and Practice	Recruitment & Induction	5	5%
	Training and development	5	5%
	General	3	3%
Staff Feedback - Wellbeing	Administrative Process	6	6%
	Respect	1	1%
	Engagement	1	1%

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South Locality Care Group - Treatment Question			
Treatment Category	Theme	Total	% of Responses
Staff Feedback - Organisational Change	Organisational Change	2	1%
Staff Feedback - Patient Care	Staffing Levels	47	30%
	Waiting Times	26	16%
	Treatment / Pathways	6	4%
Staff Feedback - Policy and Practice	Recruitment & Induction	9	6%
	Training and development	5	3%
	General	3	2%
Staff Feedback - Wellbeing	Administrative Process	3	2%
	Management Support / Supervision	2	1%
	Well-Being support (classes)	2	1%

From the thematic analysis, it is evident that 'Patient Care - Staffing Levels' is the most prevalent theme for each Group, for both questions (table 10 and 11). In relation to Question 1, 'Policy and Practice - Pay and Conditions (includes flexible working)' emerged as a repeating theme for each Group. For both North and Central Locality Care Group, out of the top prevalent themes, 'Recruitment & Induction' was a common theme where 30% of responders would 'Not Recommend' the Trust. For South Locality Care Group the lack of 'Wellbeing- Management Support / Supervision' and 'Organisation Change - General' staff feel less likely to recommend NTW as a place to work.

In relation to Question 2 'Patient Care - Staffing Levels' and 'Waiting times' were common themes across all three Groups. Although these themes highlight areas for improvement, these themes do not make staff less likely to recommend the Trust to family or friends for treatment i.e. all three Groups 'Waiting time' emerged as a negative, the average recommend score across the Groups was 75% would still recommend the Trust as a place for treatment.

The FFT results are available anonymously via the dashboards. Clinical Groups and Operational Departments are again asked to consider their results, not only for the quarter but over the time the FFT has been running to determine themes and local issues as well as to consider actions to address those identified.

Included below are examples of improvement comments received by staff in Qtr2 (who identified they were happy for their comments to be published):

Improvements to make NTW a better place to work:

"Since devolution has been introduced I feel that the Trust has made significant changes that are making it a very nice place where people could work."

"There are lots of ways to improve but the key area is to provide adequate staffing levels for our wards so that the patients are more likely not just to be housed on the wards but also receive MDT interventions.

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I also think that our hospital sites should have either a designated response team or security team"

"The opportunity for in-house or likewise management and leadership training for nursing staff who want to progress in there role. Rather than new management having to "learn on the job" and become overwhelmed, also giving more staff the confidence to apply for management posts.

Better supervision for nursing staff."

"*supervision and clinical training need to be regular and a priority. caseloads need to be monitored and capped if needed. areas where there is poor staff retention and high levels of staff sickness need to looked at and questions asked why"*

"I think HR would benefit from support to deliver more compassionate, supportive services to NTW employee's."

Changes NTW can make to improve the care or treatment offered:

"Support from management, listening to Nursing Assistants and ward staff, inductions to be carried out in a timely manner as 4months on ward and still no local induction carried out "

"significant waiting lists for CCAMHS ; simply not enough permanent staff, experienced members of the MDT leaving regularly due to ineffective service and floor management."

"More frequent contact made with people awaiting assessments to take place . Some assessments can take months to be allocated after referral and people often feel like they have been forgotten."

"NTW are placing staff under more and more demands due to increase in work capacity which means service user are not receiving the best treatment and care. Teams are carrying vacancies or posts are not being back filled when people leave which places staff under further strain. All roles are expanding with very little training and staff are expected to deliver gold standard care with little support."

"Quicker from point of referral to diagnosis in the case of autism services."

5. Conclusion

All departments are asked to note their results from quarter four in conjunction with other staff feedback mechanisms, and consider appropriate actions in response to staff views.

Lisa Quinn, Executive Director of Commissioning and Quality Assurance
September 2018

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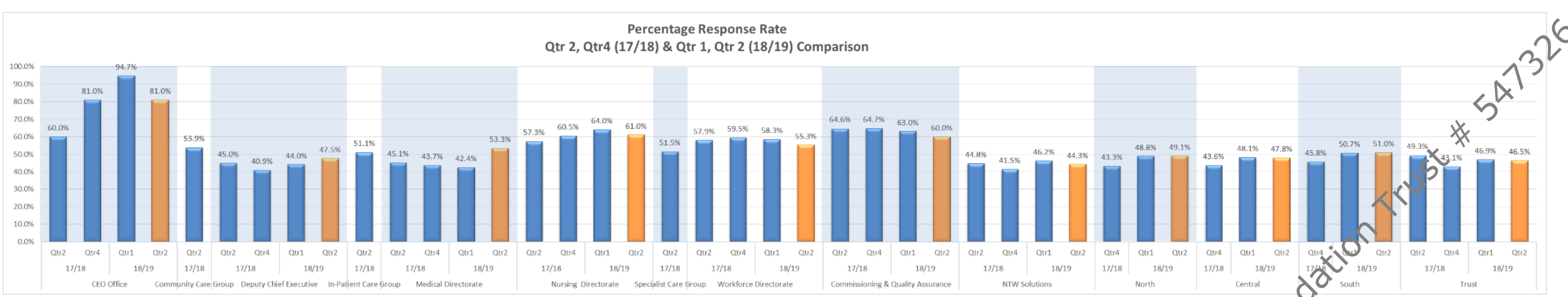
Appendix 1

Response Rates



Response rate	Qtr 2 17/18	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 2 18/19 number of responses
Trust	49%	43%	47%	46%	3,280
Specialist Care Group	52%	-	-	-	-
Community Care Group	54%	-	-	-	-
In-Patient Care Group	51%	-	-	-	-
Deputy Chief Executive	45%	41%	44%	48%	48
Nursing Directorate	57%	61%	64%	61%	130
Medical Directorate	45%	44%	42%	53%	96
Commissioning and Quality Assurance	65%	65%	63%	60%	72
Workforce Directorate	58%	60%	58%	55%	21
CEO Office	60%	81%	95%	81%	17
NTW Solutions	45%	42%	46%	44%	139
North Locality Group	-	43%	49%	49%	750
Central Locality Group	-	44%	48%	48%	723
South Locality Group	-	46%	51%	51%	892

~ In Qtr2 response rates have decreased to 46% there have been less respondents than Qtr1 1/19 (39 less respondents).

~ 2 out of 9 Directorates have seen an increase in response rates, the most significant increase in response rate was seen from the Medical Directorate (from 42% to 53%).

~ 4 Directorates have seen a decrease in response rates.

~ The 3 Clinical Directorates (North, Central, South) response rate remanded the same between Qtr1 – Qtr2 18/19.

NB the Staff FFT questionaire is not asked in Qtr3 due to the staff survey being undertaken.

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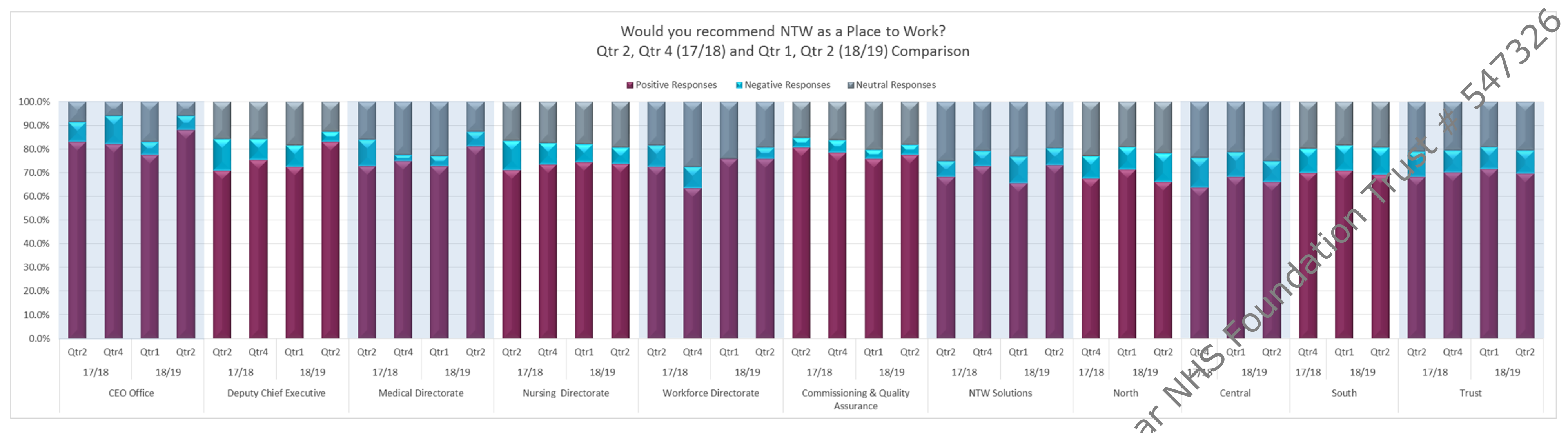
Appendix 2



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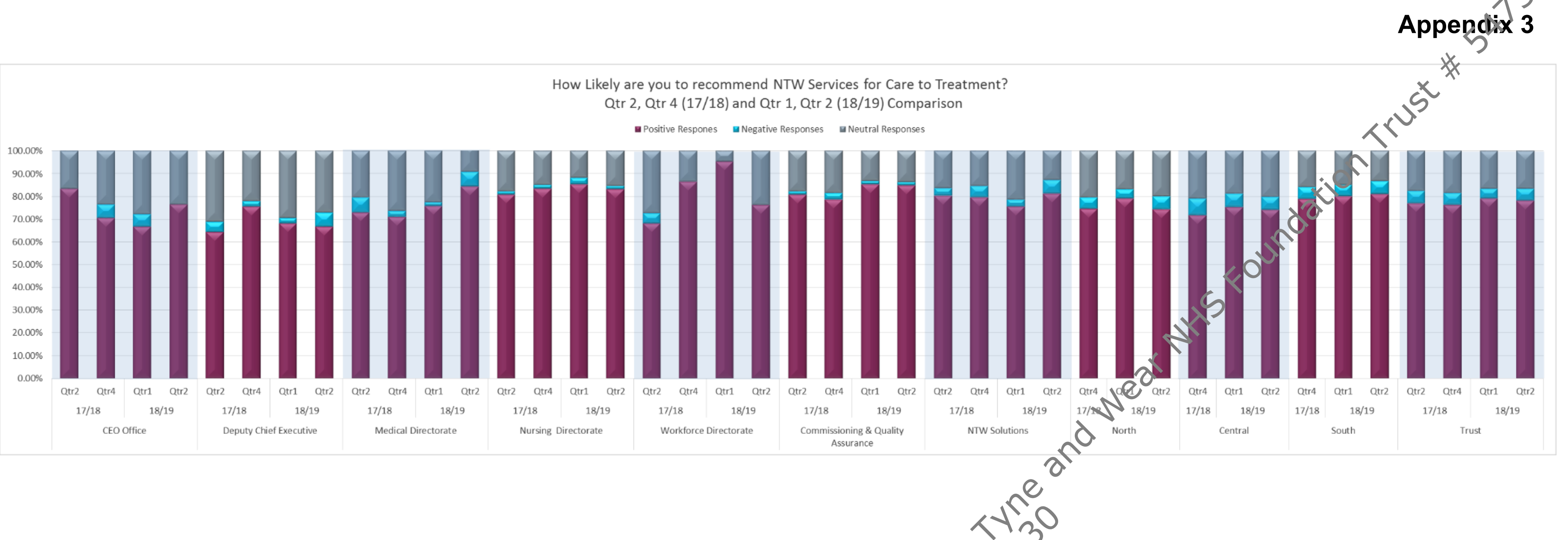
Appendix 3



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Appendix 4

North Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	4	3%
	Organisational Change	2	2%
Staff Feedback - Organisation Change Total		**6**	**5%**
Staff Feedback - Patient Care	Staffing levels	35	30%
	Environment / Facilities	2	2%
	Food	1	1%
Staff Feedback - Patient Care Total		**38**	**32%**
Staff Feedback - Policy and Practice	Recruitment & Induction	7	6%
	Pay and Conditions (includes flexible working)	6	5%
	Case Loads / Work Load	4	3%
	Information Technology	3	3%
	Training and Development	3	3%
	Available Resources	2	2%
	General	1	1%
	Bureaucracy	2	2%
	Career Progression	2	2%
	Transparency	2	2%
	Raising concerns	1	1%
	Use of Time	1	1%
Staff Feedback - Policy and Practice Total		**34**	**29%**
Staff Feedback - Wellbeing	General	12	10%
	Management Support / Supervision	4	3%
	Communication	3	3%
	Working Conditions	3	3%
	Respect	3	3%
	Rewarding environment / Value / praise	3	3%
	Senior Management Structure	2	2%
	Being listened too	2	2%
	Stress at work	2	2%
	Engagement	1	1%
	Manager's Knowledge	1	1%
	Morale	1	1%
	Politics	1	1%
	Management Support / Supervision	1	1%
Staff Feedback - Wellbeing Total		**39**	**33%**
Grand Total		**117**	**100%**

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Central Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	1	1%
Staff Feedback - Organisation Change Total		**1**	**1%**
Staff Feedback - Patient Care	Staffing levels	16	15%
	Environment / Facilities	5	5%
	Localised Services	1	1%
	Parking / Transport	1	1%
	Patient Care	1	1%
Staff Feedback - Patient Care Total		**24**	**22%**
Staff Feedback - Policy and Practice	Pay and Conditions (includes flexible working)	10	9%
	Recruitment & Induction	7	7%
	Training and Development	5	5%
	Shift Patterns	5	5%
	Use of Time	5	5%
	General	4	4%
	Case Loads / Work Load	2	2%
	Career Progression	2	2%
	Sickness Policy	2	2%
	Transparency	1	1%
	Service collaboration	1	1%
Staff Feedback - Policy and Practice Total		**44**	**41%**
Staff Feedback - Wellbeing	General	15	14%
	Senior Management Structure	4	4%
	Administrative Process	3	3%
	Communication	3	3%
	Working Conditions	3	3%
	Rewarding environment / Value / praise	3	3%
	Management Support / Supervision	2	2%
	Access to / Visibility of Management	1	1%
	Respect	1	1%
	Being listened too	1	1%
	Bullying and Harassment	1	1%
	Manager's Knowledge	1	1%
Staff Feedback - Wellbeing Total		**38**	**36%**
Grand Total		**107**	**100%**

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South Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	Organisational Change	2	1%
	General	1	1%
Staff Feedback - Organisation Change Total		**3**	**2%**
Staff Feedback - Patient Care	Staffing levels	36	20%
	Parking / Transport	6	3%
	Patient Care	1	1%
	Waiting Times	1	1%
Staff Feedback - Patient Care Total		**44**	**24%**
Staff Feedback - Policy and Practice	General	11	6%
	Pay and Conditions (includes flexible working)	11	6%
	Training and Development	10	5%
	Shift Patterns	10	5%
	Recruitment & Induction	9	5%
	Case Loads / Work Load	7	4%
	Career Progression	5	3%
	Information Technology	4	2%
	Available Resources	3	2%
	Sickness Policy	3	2%
	Transparency	2	1%
	Use of Time	1	1%
	Staff Retention	1	1%
	Training and Development Available resources	1	1%
Staff Feedback - Policy and Practice Total		**78**	**42%**
Staff Feedback - Wellbeing	General	21	11%
	Management Support / Supervision	9	5%
	Administrative Process	5	3%
	Working Conditions	5	3%
	Being listened too	5	3%
	Respect	5	3%
	Communication	3	2%
	Rewarding environment / Value / praise	2	1%
	Senior Management Structure	2	1%
	Engagement	1	1%
	Manager's Knowledge	1	1%
Staff Feedback - Wellbeing Total		**59**	**32%**
Grand Total		**184**	**100%**

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Appendix 5

North Locality Care Group - Treatment Question			
Treatment Category	Theme	Total	% of Responses
Staff Feedback - Patient Care	Staffing Levels	44	38%
	Waiting Times	13	11%
	Treatment / Pathways	9	8%
	Patient Care	4	3%
	Communication / Interaction (SU/Carer/Families)	3	3%
	More Beds	2	2%
	Involvement & Callaboration (SU)	2	2%
	Food	1	1%
	Environment / Facilities	1	1%
	Appointments	1	1%
	Involvement & Callaboration (Carer/Families)	1	1%
	Activities	1	1%
	Staff Attitude	1	1%
	Localised Services	1	1%
Staff Feedback - Patient Care Total		**84**	**72%**
Staff Feedback - Policy and Practice	Recruitment & Induction	7	6%
	Available resources	5	4%
	Training and development	4	3%
	General	3	3%
	Pay and conditions (includes flexible working)	3	3%
	Use of time	1	1%
	Bureaucracy	1	1%
	Consistency	1	1%
	Shift Patterns	1	1%
	Transparency	1	1%
	Staff Retention	1	1%
	Sickness Policy	1	1%
	Information Technology	1	1%
Staff Feedback - Policy and Practice Total		**30**	**26%**
Staff Feedback - Wellbeing	Engagement	2	2%
	Administrative Process	1	1%
Staff Feedback - Wellbeing Total		**3**	**3%**
Grand Total		**117**	**100%**

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Central Locality Care Group - Treatment Question			
Treatment Category	Theme	Total	% of Responses
Staff Feedback - Organisational Change	Organisational Change	4	4%
	Staff Feedback - Organisational Change Total	**4**	**4%**
Staff Feedback - Patient Care	Staffing Levels	29	30%
	Waiting Times	13	13%
	Treatment / Pathways	9	9%
	Patient Care	4	4%
	Access	3	3%
	More Beds	2	2%
	Environment / Facilities	2	2%
	Communication / Interaction (SU/Carer/Families)	1	1%
	Appointments	1	1%
	Parking / Transport	1	1%
	Activities	1	1%
	Service Gaps	1	1%
	Staff Feedback - Patient Care Total	**67**	**69%**
Staff Feedback - Policy and Practice	Recruitment & Induction	5	5%
	Training and development	5	5%
	General	3	3%
	Available resources	2	2%
	Staff Retention	1	1%
	Information Technology	1	1%
	Staff Feedback - Policy and Practice Total	**17**	**18%**
Staff Feedback - Wellbeing	Administrative Process	6	6%
	Respect	1	1%
	Engagement	1	1%
	Working conditions	1	1%
	Staff Feedback - Wellbeing Total	**9**	**9%**
	Grand Total	**97**	**100%**

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South Locality Care Group - Treatment Question			
Treatment Category	Theme	Total	% of Responses
Staff Feedback - Organisational Change	Organisational Change	2	1%
Staff Feedback - Organisational Change Total		**2**	**1%**
Staff Feedback - Patient Care	Staffing Levels	47	30%
	Waiting Times	26	16%
	Treatment / Pathways	6	4%
	Patient Care	4	3%
	Access	6	4%
	Communication / Interaction (SU/Carer/Families)	4	3%
	More Beds	4	3%
	Appointments	3	2%
	Involvement & Callaboration (Carer/Families)	1	1%
	Waiting Times Service Gaps	1	1%
	Parking / Transport	4	3%
	Smoking Ban	2	1%
	Activities	1	1%
	Service Gaps	2	1%
	Staff Attitude	1	1%
	Use of Bank / Agency Staff	1	1%
	Localised Services	1	1%
	Involvement & Callaboration (SU)	1	1%
Staff Feedback - Patient Care Total		**115**	**73%**
Staff Feedback - Policy and Practice	Recruitment & Induction	9	6%
	Training and development	5	3%
	General	3	2%
	Case Loads / Work Load	3	2%
	Available resources	2	1%
	Use of time	3	2%
	Pay and conditions (includes flexible working)	3	2%
	Service Collaberation	1	1%
	Staff Retention	1	1%
	Information Technology	1	1%
Staff Feedback - Policy and Practice Total		**31**	**20%**
Staff Feedback - Wellbeing	Administrative Process	3	2%
	Management Support / Supervision	2	1%
	Well-Being support (classes)	2	1%
	Being listened too	1	1%

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	Working conditions	1	1%
	Access to / Visability of Management	1	1%
Staff Feedback - Wellbeing Total		**10**	**6%**
Grand Total		**158**	**100%**

Appendix 6

Actions being taken by Group/Directorate in response to improvement suggestions raised in Qtr2 18/19

North Locality Care Group:

Staffing –

- We've implemented the Lord Carter work at St. Georges Park and it is being rolled out in CYPS and at Mitford. - This has now also being rolled out across CYPS both Community & ICTS.

- Mitford are in the process of implementing a new shift pattern at the request of staff. – The new shift pattern in now place.

- Work continues to try to reduce sickness absence. – Work continues across the Locality to reduce the sickness absence.

- There are a number of registered nursing vacancies at St. Georges Park and these are looking to be backfilled by a combination of newly Qualified Nurses and Nursing Assistants to provide some stability and consistency of staffing. - In place.

Additional Clinical Services Staff Group -

- We would like to understand why, in general, the results are lower in this staff group. At our Speak Easys we found out that our Nursing Assistants would like to be more involved in MDT working and care planning, so we will be further exploring this and other reasons at our next round of Speak Easys in June/July and via some semi-structured interviews at St. Georges Park, again, in June and July. – Results have improve the semi-structured interviews are complete and the feedback is currently being collated.

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Central Locality Care Group:

Staffing

The central locality are in the process of rolling out the Carter work in all areas. This is looking at from a staffing perspective the level loading and the review of all flexible working agreements to ensure they are still meaningful for both the delivery of service and the individual's circumstances.

Workforce Plans have been developed with engagement from clinical teams. Additional post have been added to the establishment in areas in order to support with the caseloads and waiting times. Additional unqualified staff have also been recruited to the inpatients service areas to support the team.

Work has been ongoing with the management of sickness absence to ensure that staff feel supported to remain at work where they can to support with the staffing compliment.

The central speak easy event on 27th September will look at some key aspects that effect staff including morale, organisational change and what they expect from an outstanding CQC rated organisation. There has also been an ongoing program of local Speak Easy events and also communication and engagement events for upcoming change.

Waiting Times

Work is continuing to address waiting times and this feeds into the Trustwide work. There are waiting lists initiatives in community services and in some areas a group of staff ring fenced to look at those on the waiting list.

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South Locality Care Group:

Workforce –

- There continues to be a number of qualified and unqualified nursing vacancies across the inpatient wards at Hopewood Park, however we have had new preceptorship nurses come into post in September and will continue to recruit to the additional vacancies that remain. Walkergate Park's position on qualified nursing has significantly improved with the additional International nursing staff who have now joined the Trust.

- Workforce plans have been developed for each CBU which detail the workforce challenges within the locality, and will support future planning of recruitment to vacancies, as well as look at skill-mix across the CBUs.

- Work continues with Managers across the CBUs through supported discussions to address absence in their areas, what strategies can be used to support staff and manage absence robustly.

- OD interventions have been developed with areas where there have been requests to support newly formed teams, where there may be cultural or team issues.

- A scoping exercise is being carried out to better understand the flexible working arrangements across the locality, to understand what is in place to review and support managers with requests in line with the Carter review work.

- A workforce action plan is being developed to be reviewed monthly through the Locality workforce group which will cover key areas including sickness absence and health and wellbeing, workforce planning, recruitment and retention, learning and development, staff engagement and will link into trust wide initiatives such as the retention work with NHSI.

- Staff drop in sessions and speak easy events continue to run on a rolling basis across all CBU's, addressing key themes such as health and wellbeing and staff engagement. Themes from these sessions are part of the staff survey action plans for each area, and will continue to be reviewed and updated with themes from the staff friends and family test and the annual staff survey.

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th October 2018

Title and Author of Paper:

Quarter 2 update - NHS Improvement Single Oversight Framework

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The Trust position against the Single Oversight Framework remains assessed by NHS Improvement as segment 1 (maximum autonomy).

2. Finance templates are submitted to NHS Improvement on a monthly basis. The Trust's Use of Resources rating is a 3 at Q2.

3. From October 2016, NHSI introduced a Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. At Q2 the Trust is reporting it will achieve its year-end control total so this statement is not required.

4. Information on the Trust's Workforce is submitted to NHSI on a monthly basis. This report includes a summary of the information which has been submitted in quarter 2 of 2018/19.

5. Information on agency use including any price cap breaches and longest serving agency staff is submitted to NHSI on a weekly basis. The attached report includes a summary of this information for quarter 2 of 2018/19.

6. Governance Information/Updates, any changes to Trust Board and Council of Governors; any adverse national press attention during quarter 2 of 2018/2019 has been included within the report.

Risks Highlighted to Board: None

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submissions which are approved by the Director of Finance/Deputy Chief Executive on behalf of the Board are submitted to NHS Improvement on a weekly and monthly

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basis during the year.

To note the Quarter 2 self-assessed position against the requirements of the Single Oversight Framework.

Link to Policies and Strategies: N/A

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BOARD OF DIRECTORS

24th October 2018

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 2 2018-19

BACKGROUND

NHS Improvement oversees foundation trusts using the Single Oversight Framework. NHS Improvement have assessed NTW as segment 1 – maximum autonomy.

Until October 2016, Monitor provided all Trusts with ratings in relation to continuity of services and governance risk ratings. These are now overseen by NHS Improvement using the Single Oversight Framework who have assessed the Trust for Quarter 2 of 2018-19 as segment 1 – maximum autonomy, this is the same as the segmentation at Q1 and during 2017-18.

A summary of the Trust ratings since the start of financial year 2016-17 are set out below:

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 & 2 18-19
Single Oversight Framework Segment	n/a	2	1	1
Use of Resources Rating	n/a	2	1	3
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a

Key Financial Targets & Issues

A summary of delivery at Month 6 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis):-

	Year to Date			Year End		
Key Financial Targets	**Plan**	**Actual**	**Variance/ Rating**	**Plan**	**Forecast**	**Variance/ Rating**
Monitor Risk Rating	3	3	Amber	3	3	Amber
I&E – Surplus /(Deficit)	(£0.2m)	£1.4m	£1.6m	£3.5m	£3.5m	£0.0m
FDP - Efficiency Target	£4.4m	£4.4m	£0.0m	£12.6m	£12.6m	£0.0m
Agency Ceiling	£4.2m	£3.6m	(£0.6m)	£8.0m	£6.4m	(£1.6m)
Cash	£15.7m	£18.6m	(£2.9m)	£19.6m	£19.6m	£0.0m
Capital Spend	£4.7m	£2.8m	(£1.9m)	£13.2m	£13.2m	£0.0m
Asset Sales	£0.3m	£0.2m	(£0.1m)	£0.3m	£0.3m	£0.0m

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Risk Rating

		Year to Date		Year-End	
Risk Ratings	Weight	Plan	Risk Rating	Plan	Risk Rating
Capital Service Capacity	20%	4	4	4	4
Liquidity	20%	1	1	1	1
I&E Margin	20%	3	2	1	1
Variance from Control Total	20%	1	1	1	1
Agency Ceiling	20%	1	1	1	1
Overall Rating		**3**	**3**	**3**	**3**

From October 2016, NHSI introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. This quarter the Trust is reporting achievement of its control total so this statement is not required.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 2 2018-19. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	Month 4 Actual WTE	Month 5 Actual WTE	Month 6 Actual WTE
Total non medical - clinical substantive staff	3,934	3,912	3,932
Total non medical - non-clinical substantive staff	1,589	1,592	1,591
Total medical and dental substantive staff	326	344	346
Total WTE substantive staff	**5,850**	**5,848**	**5,868**
Bank staff	262	257	296
Agency staff (including, agency and contract)	123	120	129
Total WTE all staff	**6,235**	**6,225**	**6,293**

Agency Information

The Trust has to report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff.

The table below shows the number of above price cap shifts reported during Quarter 2 2018-19.

Staff Group	July	Aug	Sept
	2/7 - 30/7	6/8 - 27/8	3/9 - 24/9
Medical	105	79	64
Nursing	25	20	20
Total	**130**	**99**	**84**

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At the end of September the Trust was paying 3 medical staff above price caps (1 consultant and 2 associate specialists).

At the end of September, the top10 highest paid agency staff were all consultants. The one above cap is costing the Trust £99.98/hour and the Trust were also paying for 10 consultants at the cap rate of £76.10/hour.

The length of time the top 10 longest serving agency staff have been with the Trust is shown in the table below:-

Post	8 to 9 years	4 to 5 years	2 – 3 years	1 – 2 years
Consultant	1		1	2
Associate Specialist		1		1
Speciality Doctor				1
AHP			1	
Qualified Nurses				2

GOVERNANCE

There is no longer a requirement to submit a governance return to NHS Improvement; however there are specific exceptions that the Trust are required to notify NHS Improvement and specific items for information, it is these issues that are included within this report.

Board & Governor Changes Q2 2018-2019

Board of Directors:

No changes.

Council of Governors:

- Appointed Governor, Gateshead Council – Cllr Helen Haran appointed 30 July 2018
- Appointed Governor, Northumbria University – Rev Prof Pauline Pearson resigned 21 Sept 2018

Present vacancies

- Carer Governors x 3 (Adult Services, Children and Young People's Services and Learning Disability Services)
- Public Governor for Newcastle/Rest of England and Wales

To note: The Trust will be running governor elections during Oct/Nov for a new term of office to start on 1 Dec 2018.

Never Events

There were no never events reported in Quarter 2 2018 - 2019 as per the DH guidance document.

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Adverse national press attention Q2 2018-19

Media Report (July – September)

July

Nothing of note

August

Health Service Journal 30 August 2018 – Hundreds of children wait more than a year for specialist help (Number of children and young people assessed as needing Tier 3 child and adolescent mental health services following FOI requests)

September

- Health Service Journal 5 September 2018 – Spike in reports of sexual assault across mental health Trusts (HSJ investigation via FOI's find more than 3,000 reported sexual assaults, rise of 17%)
- Sunday Mirror (Ulster) and Sunday Mirror 16 September 2018 – Kids waiting three years for mental health help (The longest waiting time was 20 weeks, recorded by NTW with 232 children actually on the list for over a year – information request following an FOI)

Other items for consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:-

Weekly
- Total number of bank shifts requested/total filled (from October 17)

Monthly
- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually
- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

Carter Review
- Community and Mental Health (Productivity) – Community services
- Corporate Benchmarking – First submission in 16/17.

RECOMMENDATIONS

To note the information included within the report.

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development
October 2018

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