





Board of Directors Meeting (PUBLIC)

28 November 2018, 13:30 to 15:30
Large Training Room, Hopewood Park, SR2
ONB.

Agenda

- | | | |
|-----------|--|---|
| 1. | Service User/Carer Experience | 10 minutes
Information
Fiona Regan/Caroline Wills |
| 2. | Apologies
Apologies received from:
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer. | Information
Chair |
| 3. | Declarations of Interest | Information
Chair |
| 4. | Minutes of the previous meeting: Wednesday 24 October 2018 | Decision
Chair |
| |  4. DRAFT minutes - Board held in Public 28 November 2018.pdf (8 pages) | |
| 5. | Action list and matters arising not included on the agenda | Discussion
Chair |
| |  5 - Action List.pdf (1 pages) | |
| 6. | Chair's Remarks | Information
Chair |
| 7. | Chief Executive's Report | Information
Chief Executive |


-  7.1 - CE Report Nov 2018 FINAL.pdf (4 pages)
-  7.2 Appendix 1 - NHS Providers Briefing - October 2018 Budget.pdf (8 pages)

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance Report (Month 7)

Decision




Executive Director of Commissioning and Quality Assurance

-  8. BoD Monthly Commissioning Quality Assurance report Month 7.pdf (5 pages)

9. 'Flu Assurance Report

Decision



Executive Nursing Director / Chief Operating Officer

-  9.1 Flu Board Assurance paper- front sheet.pdf (2 pages)
-  9.2 healthcare worker flu vaccination best practice checklist.am.pdf (5 pages)
-  9.3 49125_20180907-hcw-flu-vaccination-letter-final.pdf (5 pages)

10. CQC Community Mental Health Survey

Information

Executive Director of Commissioning and Quality Assurance

-  10.1 Board CQC Service User Survey November 2018 FINAL.pdf (16 pages)
-  10.2 Board CQC Service User Survey November 2018 FINAL Appendix 6.pdf (14 pages)

11. No Waste

Information

Deputy Chief Executive/ Executive Director of Finance


-  11. No Waste.pdf (2 pages)

Strategy and Partnerships

**12. Gateshead Health and Care partnership :
Memorandum of Understanding**

Decision


Executive Director of Finance/
Deputy Chief Executive

 12. Gateshead Health and Care Partnership MOU
Board Paper November 2018.pdf (13 pages)


13. Charity Committee Annual Report and Accounts

Decision

Deputy Chief Executive/ Executive
Director of Finance

 13.1 Charity Cover page 2018.pdf (2 pages)

 13.2 Charity Committee report October 2018 final.pdf (11 pages)

 13.3 Charity Annual Report and Accounts 2018
FINAL.pdf (38 pages)


Workforce


14. Workforce Directorate Quarterly update

Discussion

Acting Executive Director of
Workforce and Organisational

 14.1 Quarterly Workforce Report - Nov 2018.pdf (8 pages)


 14.2 Quarterly Workforce Report - Appendix 1
Retention Action Plan Version 7 ...pdf (10 pages)

 14.3 Quarterly Workforce Report - Appendix 2
Workforce Retention KPI Dashboar....pdf (2 pages)

15. Freedom to Speak Up - 6 month update

Discussion

Acting Executive Director of
Workforce and Organisational

 15. FTSUG report - Nov 2018.pdf (6 pages)

16. Freedom to Speak Up Self-Assessment

Discussion

Acting Executive Director of
Workforce and Organisational

 16. Freedom to Speak Up Self-Review Tool.pdf (27 pages)

17. Fit and Proper Person Test update

Discussion


Acting Executive Director of
Workforce and Organisational

 17. FPPT - Board November 2018 (002).pdf (6 pages)

18. Equality and Diversity Strategy

Decision

Acting Executive Director of
Workforce and Organisational


 18. Equality and Diversity Strategy 2018 Revision 2.0
November 2018.pdf (35 pages)

Safer Staffing

19. Safer Staffing - Exception Report September 2018

Information

Executive Nursing Director / Chief
Operating Officer

 19.1 Safer Staffing Report for sep 2018 (002) (002)
(003).pdf (6 pages)

 19.2 group data sept.pdf (3 pages)

Minutes/Papers for Information

20. Committee updates

Information

Non-Executive Directors

21. Council of Governors' Issues

Information

Chair

22. Any other Business

Information

Chair

23. Questions from the Public

Discussion

Chair

Date, time and place of next meeting:

- 24. Wednesday, 23 January 2019, 1:30pm to 3:30pm,
Conference Room 1 & 2, Ferndene, Prudhoe, NE42 5PB**

Information

Chair

Board of Directors Meeting (PUBLIC)

24 October 2018, 13:30 to 15:30

Conference Rooms 1 & 2, Ferndene, NE42 5PB.

Attendees

Board members

Ken Jarrold (Chair) , John Lawlor (Chief Executive) , Les Boobis (Non-Executive Director) , Alexis Cleveland (Non-Executive Director) , Martin Cocker (Non-Executive Director) , James Duncan (Executive Director of Finance and Deputy Chief Executive) , Miriam Harte (Non-Executive Director) , Rajesh Nadkarni (Executive Medical Director) , Gary O'Hare (Executive Director of Nursing and Chief Operating Officer) , Lisa Quinn (Executive 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

Jennifer Cribbes (Corporate Affairs Manager) , Anne Moore (Group Nurse Director, Safer Care) , Bruce Owen (Consultant Psychiatrist) , Tony Gray (Head of Safety & Security, Patient Safety)

Meeting minutes

1. Service User/Carer Experience

Verbal

Ken Jarrold opened the meeting and welcomed those in attendance.

Paul Farley delivered a verbal presentation to share his personal experience of using NTW services.

In response to a question raised by James Duncan, Paul advised that he had received good support from his CPN and Community Mental Health Team for approximately 3 years.

John Lawlor advised that it was important for Recovery Colleges to be independent and asked Paul to advise him if he felt there were any gaps between the support provided at Recovery Colleges and NTW's professional services.

In response to a question raised by Peter Studd, Paul explained that he felt the Recovery College was a very supportive environment that offers a variety of courses delivered by volunteers and students.

Ken Jarrold on behalf of the Board, thanked Paul for sharing his story.

2. Apologies

Verbal

No apologies were received for this meeting.

Chair

3. Declarations of Interest

Verbal

There were no conflicts of interest declared for this meeting.

Chair

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

Decision

[Item 14 - Integrated Commissioning and Quality Assurance Report \(Month 5\)](#)

Chair

The sentence at the end of the second paragraph to be changed to read 'Gary confirmed that Cumbria Partnership NHS Foundation Trust reported much lower sickness rates of around 4%', not 2% as previously stated.

The Board agreed that the minutes, as amended, of the 26 September 2018 were a true and accurate record of the meeting.

 4. Draft Minutes Board PUBLIC 26.09.18.pdf

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

Discussion
Chair

Action list

Item 8 - Annual Security Management Report

Gary O'Hare advised that the action had been completed. An update of the progress in relation to lone working devices was included in the Safer Care report for quarter 2, agenda item 8.

Item 17 - Board Assurance Framework and Corporate Risk Register

Lisa Quinn advised that the action had been completed and the involvement with Cumbria was included in the Corporate Risk Register as provided for item 14 of this agenda.

The Board reviewed and noted the action check list.

 5 - Action List.pdf

6. Chair's Remarks

Verbal
Chair

Ken Jarrold provided a verbal update and referred to the services he had visited since the last meeting and stated that he continued to be impressed by everywhere visited and the people he meets.

Ken further highlighted changes in relation to the implementation of the Integrated Care System and advised that while NTW must be engaged and play a full part in the change, we must stay focused on delivering the best services that we can.

7. Chief Executive's Report

Information
Chief Executive

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


John provided further details in relation to the seasonal Flu vaccination, staff survey, senior operations team, clinical waste contract issues, Integrated Care System, planning guidance and Brexit.

In relation to the clinical waste contract issues, James Duncan advised that there has been no impact on NTW services to date and there is no impact expected. However, contingency plans are in place.

Lynne Shaw advised that work had been conducted to understand how many EU nationals work within the Trust. Lynne advised that there are approximately 120 identified so far who the Trust will engage with to provide support with the settlement process.

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

 7.1 VERSION 2 CE Report Oct 2018 FINAL.pdf

 7.2 VERSION 2 Appendix 1. NHSE I Joint Planning Update Letter.pdf

Quality, Clinical and Patient Issues

8. Safer Care Report (Q2)

Anne Moore spoke to the enclosed report to update the Board on safety related activity for the period July to September 2018. Anne provided further details in relation to the thematic review, reduction in restraint and staff assault during the quarter, complaints relating to children's services and subsequent actions, areas of good practice and the pilot of a body-cam project.

Miriam Harte raised concerns in relation to the waiting times for Children and Young People's Services. Anne advised that significant discussions had taken place at the Business Delivery Group to understand how the waiting times can be improved.


In response to a question raised by Martin Cocker in relation to lone working devices, Gary O'Hare advised that the lone working device is a dual system and the GPS Tracker can identify where staff are located for safety purposes.

John Lawlor advised that a Trust at the HSJ Mental Health Awards judging presented a project where they had piloted staff wearing body-cams on two wards. The project was said to be very successful and received good feedback from both staff and service users.

James Duncan and Lisa Quinn requested a further review to understand the reduction in the use of restraint and assaults on staff. Anne agreed to review this further with the Positive and Safe team.

Ken Jarrold commented on the importance of the Learning and Improvement Group. Anne advised that the Learning and Improvement Group meetings had been very well received by clinical teams and that individuals are now able to join the meeting via Skype to broaden the exposure in the Trust.

The Board received and noted the contents of the Safer Care Report for quarter 2.

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


9. Safer Staffing Levels (Q2)


Anne Moore spoke to the report to provide the Board with an update in relation to safer staffing compliance for quarter 2. This included the ratio of qualified to unqualified staff and exceptions.

Anne provided details in relation to the process for planning establishments, areas experiencing pressures, new nurses commencing work and a recent recruitment campaign.

In response to a question raised by Miriam Harte regarding the bank and agency usage, it was agreed that the graph in question would be amended.

The Board received and noted the contents of the Safer Staffing Levels report for the quarter 2 period.

 9.1 Safer Staffing Q2 report - v1.pdf

 9.2. Safer Staffing Quarter 2 data 2018-19.pdf

10. Guardians of safe working hours (Q2)

Rajesh Nadkarni introduced Bruce Owen, Consultant Psychiatrist and Director of Postgraduate Education who spoke to the enclosed report to update the Board on safe working hours of Junior Doctors, July to September 2018.

Bruce highlighted the months of July and August due to the number of junior doctor vacancies and advised that the Trust had to use emergency cover. Discussion took place relating to the reasons for the vacancies and the Junior doctors rotation and annual leave were considered to be contributing factors.

Further discussion took place relating to the pros and cons of setting up a doctors' staff bank. Concerns were raised in respect of doctors breaching safe working hours.

Miriam Harte referred to a discussion that took place at the Board away day in relation to level loading holidays.

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

 10. Safe Working Hours Report.pdf

11. Service User and Carer experience (Q2)

Lisa Quinn spoke to the enclosed report to update the Board on the service user and carer experience feedback received for quarter 2. Lisa highlighted that the overall score for quarter 2 was 89%, which was a slight increase on the previous quarter's score of 88%. The score was further confirmed to be in line with the National average.

Discussion took place relating to the methods of gaining feedback and how the Trust can improve to gain more feedback from service users and carers.

The Board received and noted the Service User and Carer Experience report for quarter 2.

 11. BoD Service User and Carer Report Q2.pdf

Discussion
Executive Director Of
Commissioning And Quality
Assurance

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

Tony Gray, Head of Safety, Security and Resilience spoke to the enclosed report to provide assurance on the Trust's Emergency Preparedness, Resilience and Response.

Tony further referred to the enclosed NHS England core standards submission 2018/19 and advised that substantial assurance had been identified with three minor actions to report.

The Board received the Emergency Resilience and Response Annual Report 2017/18 (Including NHS England Core Standards Assessment 2018 / 19).

 12. EPRR - Board of Directors - Annual Report 2017 - 2018.pdf

Discussion
Executive Director Of
Nursing And Chief Operating
Officer

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

Lisa Quinn spoke to the report to update the Board in relation to the Trust's position against the Single Oversight Framework (SOF). Lisa advised that there had been little change since last month and waiting times continue to be a key challenge which are one of the Trust's quality priorities.

Lisa further advised that the final position in relation to staff sickness for September had decreased to 5.8 % from 5.9 % that was reported last month.

James Duncan provided an update on the Trust's financial position detailed within the report and confirmed that the Trust is broadly on track with the 2018/19 financial plan. James advised that the Trust's strategy to reduce the use of agency staff remains under tight review and that the Trust is focusing on delivering a sustainable position going forward.

The Board received the Integrated Commissioning and Quality Assurance report.

 13. BoD Monthly Commissioning Quality Assurance Report Month 6.pdf

Discussion
Executive Director Of
Commissioning And Quality
Assurance

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

Lisa Quinn spoke to the Board Assurance Framework and Corporate Risk Register to update the Board on the Quarter 2 position. Lisa advised that all risks had been reviewed by the relevant executive leads and committees during the Quarter and that there had been little change from the previous quarter.

Lisa further advised that she was working with Martin Cocker on the Board Assurance Framework and Corporate Risk Register to look at how further assurance can be provided.

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

 14.1 Board of Directors Trust-Wide Risk Management Report October 2018.pdf

 14.2 Q2 BAF CRR 2018 - 2019 V1.pdf

Discussion
Executive Director Of
Commissioning And Quality
Assurance

15. Visit feedback themes (Q2)

Gary O'Hare presented the report to update the Board on visits that have been reported as having been undertaken by Senior Managers during the last quarter and the issues raised. Gary advised that the comments within the reports have been taken directly from submissions and are generally positive.

Decision
Executive Director Of
Nursing/ Chief Operating
Officer

Alexis Cleveland requested a visits programme for non-executive directors.

In response to a question raised by Miriam Harte, Gary O'Hare advise that he would follow up the comment regarding a band 8b post with the individual.

In response to a question raised by Peter Studd, Gary O'Hare advised that a lot of work is been conducted to support staff working in Children and Young People's services.

The Board recieved and noted the visit feedback themes for the quarter 2 period.

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

16. The First Tier Tribunal Report

Ruth Thompson spoke to 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. Ruth advised that the report highlights practice changes, areas for improvement and current good practice.


Discussion
Mental Health Legislation
Committee Chair

Rajesh Nadkarni, informed the Board that the report had received very good feedback from the steering group. James Duncan agreed and stated that it was a very useful report that details interesting changes that will impact on tribunals going forward.

Ken Jarrold highlighted the importance of conducting tribunals to the highest standard.

The Board recieved and noted the contents of the First Tier Tribunal Report.

 16.1. The First tier Tribunal report.pdf

 16.2. Tribunal report for committee 4th version 120718.pdf

Strategy and Partnerships


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


Lisa Quinn spoke to the enclosed briefing paper to update the Board on the progress made in relation to the establishment of the All Together Better Alliance in Sunderland that aims to achieve an integrated Out of Hospital Health and Care Model.

Discussion
Executive Director Of
Comissioning And Quality
Assurance

Lisa advised that NTW would have responsibility for leading the part of the alliance that delivers Mental Health and Learning Disability services.

The Board formally supported the recommendations as set out within the briefing paper, including the new ATBA Terms of Reference.

 17.1 BoD - ATBA Briefing Paper and Terms of Reference Sept 18.pdf

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

18. Applied Research Collaboration

Rajesh Nadkarni spoke to the report to update the Board on the NENC Applied Research Collaboration application. Rajesh reminded the Board that NTW is the host organisation for the North East and North Cumbria ARC application which is worth £9m over five years. It was explained that a decision on whether the application is successful is expected to be made in December.

Discussion
Executive Medical Director

The Board recieved the Applied Research Collaboration update for information.

 18.1. NIHR ARC application update front sheet Oct Board.pdf

 18.2. NIHR ARC NENC Executive summary final v2.pdf

19. 2018 Education and Training Self-Assessment Report

Decision
Executive Medical Director

Bruce Owen and Anne Moore spoke to the enclosed reports and delivered a presentation to update the Board on how the undergraduate and postgraduate medical training and multi-professional training delivered in the Trust meets the GMC and HEE quality standards.

In response to a question raised by Martin Cocker regarding the quality and accuracy of the data provided, Bruce and Anne described the various streams of data that are used to confirm that the data is correct. This included data gathered from the GMC survey, students progression, feedback from trainers, incidents, patient feedback, student feedback and various meeting forums.

Bruce Owen assured Peter Studd that external reviews of standards are also conducted.


Lisa Quinn raised the issue of gender imbalance in relation to nursing staff. Anne Moore advised that it was a priority to attract and recruit more male nursing staff.

Alexis Cleveland asked if the Board could receive an assurance map that demonstrates the various levels of assurance when being asked to formally sign off a report.

In response to a question raised by Martin Cocker, Bruce advised that the scoring is published publically and that a good rating for the training delivered in the Trust is likely to attract more doctors to apply.

The Board approved the 2018 Education and Training Self Assessment report.

 19. Board 24.10.18 SAR18.pdf

 19.1. NTW Self-Assessment Report (SAR) 2018.pdf

 19 - PRESENTATION SAR board 2018.pdf

Workforce

20. Staff Friends & Family Report

Discussion
Acting Executive Director Of
Workforce And
Organisational Development

Lynne Shaw spoke to the enclosed report to update the Board on the quarter 2 results of the Staff Friends and Family Survey. Lynne highlighted that the Trust remains above the national average in relation to the proportion of staff recommending NTW to friends and family as a place to work and results had slightly decreased in the quarter from 72% to 70%.

Discussion took place to understand the data and consider any further actions that could be taken to make the position better.

The Board received and noted the Staff Friends and Family Report for quarter 2.

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

Regulatory

21. Quarterly Report to NHS Improvement and submissions

Discussion
Executive Director Of
Commissioning And Quality
Assurance

Lisa Quinn referred to the enclosed report that provides an update in relation to the Trust's position against the Single Oversight Framework in quarter 2.

The Board received and noted the Trust's quarter 2 position.

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

Minutes/Papers for Information

22. Committee updates

Information
Non-Executive Directors

Audit Committee

Martin Cocker advised that the Trust will be going out to tender for external auditors in the near future.

There were no further updates for the Board.

23. Council of Governors' Issues

Verbal
Chair

Ken Jarrold provided a verbal update on the Council of Governors current issues. These included the ongoing Governor Elections, the recent presentation on Trust Innovations and valued care delivered to a meeting of the Council of Governors and a Governor visit to East London NHS Trust.

Ken further advised that Anne Carlile, Carer Governor for Adult services had been appointed as Deputy Chair of the NHS Providers Governor Advisory Committee.

Miriam Harte requested that Governors be reminded that they can attend Board of Directors meetings held in public.

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

24. Any other Business

Verbal
Chair

Flu Campaign

Anne Moore, Group Nurse Director provided a verbal update in relation to the Trust's Flu campaign and advised that 41% of staff had been vaccinated to date.

There was no further business to note for this meeting.

25. Questions from the Public

Discussion
Chair

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

Date, time and place of next meeting:

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

Information
Chair

Board of Directors Meeting

Action Sheet

Item No.	Subject	Action	By Whom	By When	Update/Comments
Month October 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	
(19) 24.10.18	Board Assurance	The Board to receive an assurance map for agenda items that require formal approval.	Board Secretary	27/02/19	
Complete					
(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	Completed – update provided within agenda item 8, Safer Care Report, Board of Directors meeting in Public - 24 October 2018
(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	Completed - Agenda Item 14 Board of Directors meeting in Public - 24 October 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 November 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 updates

1. Positive and Safe Conference 'Putting People First'
2. Stonewall Diversity Champions
3. Senior Trainee Residential Event
4. EU Settlement Scheme
5. Annual staff Awards
6. Staff Survey
7. Group Nurse Director Appointment

National updates

8. Collaborative Working – Tackling governance challenges in practice
November 2018 – Budget
Prevention is better than cure

Outcome required: For information

Chief Executive's Report

28 November 2018

Trust updates

1. Positive and Safe Conference 'Putting People First'

This was the first joint Positive and Safe conference bringing together staff from TEWV & NTW. The event, held at the Stadium of Light, was attended by 400 people from both organisations, from a variety of disciplines.

The day was chaired by Guy Cross, Regulatory Officer at the Care Quality Commission and consisted of a number of nationally renowned speakers. Each organisation hosted 10 workshops, notably many of these workshops were co-facilitated by current and former service users alongside staff members. The conference celebrated the excellent work being delivered and developed across both Trusts to reducing restrictive practice.

There was great energy in the room and delegates have reflected that this was a great opportunity to share best practice between both Trusts. It will form the basis for future joint working and sharing of ideas. The full range of services were in attendance and each were represented in the workshops on offer. The conference reaffirmed the desire of both organisations to deliver person-centred human rights based care.

2. Stonewall Diversity Champions

The Trust has signed up the Stonewall Diversity Champions programme – and is one of over 750 organisations, including many NHS Trusts who are now members. Stonewall is Europe's largest lesbian, gay, bi and trans (LGBT) charity. Stonewall will advise and work with the Trust in a number of areas of work including workplace activities to support LGBT staff, policies and procedures and best practice.

Work has already commenced to complete the Workplace Equality Index and is being fully supported by the Trust's LGBT+ Staff Network who will be instrumental in taking this work forward.

As a partner of Stonewall the Trust will be able to display the Stonewall logo and branding to highlight our commitment to LGBT equality and will feature in careers guides and Stonewall's exclusive LGBT job site.

3. Senior Trainee Residential Event

A residential event was held at Matfen Hall in Northumberland for senior trainees and career grade doctors on the 8th and 9th November 2018. This follows the highly successful event in 2017, which received excellent feedback, and resulted in a number of trainees taking up consultant posts within the Trust.

Day 1 of the programme focused on approaches to getting the ideal job, preparations for the consultant interview, and use of simulation and presentations to support the training objectives. Day 2 began with a team building exercise outdoors, followed by information about the role of the Medical Director, organisational and system changes and challenges regionally and the approach to finance within the NHS. The afternoon concluded with workshops on transition from higher trainee to consultant, and medical education and research opportunities. We are in the process of collecting formal written feedback from the event.

The verbal feedback on the day was excellent, with one trainee stating “This is the best course I have ever been on”. A big thank you goes to Dr Rachel Gore, Higher Trainee Tutor, for her leadership in developing and organising the event, along with all of the consultants, senior nurses, managers, Workforce and Medical Education Staff who contributed to the planning, facilitation and presentation on the 2 days. Hopefully it will once again lead to a number of the trainees choosing consultant positions with the Trust in future.

4. EU Settlement Scheme

The EU Settlement Scheme opens for health and social care staff on 29 November 2018. The Scheme will allow EU citizens and their families to continue to live and work in the UK following Brexit. It was agreed at the Executive Director’s meeting on 19 November 2018 that the Trust will support our EU staff to apply for settled status and fund the £65 fee. Approximately 78 staff will be affected and they will be contacted over the next few weeks to ensure that appropriate advice and support is given.

This approach is one which is supported nationally and local Trusts are working together to ensure consistency across the region.

5. Annual Staff Awards

The annual Staff Awards are now in their tenth year and continue to be an excellent opportunity for individuals and teams across the Trust to showcase the excellent work that they do on a day to day basis. The deadline for nominations is Friday 30 November 2018. The awards evening will take place on Friday 8 March 2019 at Newcastle Civic Centre.

6. Staff Survey

The Staff Survey 2018 will close on 30 November 2018 and all remaining reminders have been sent to wards/teams. The latest response rate for the survey is 63% which is very close to last year’s final return figure of 64% and so it looks like we will improve again on the previous year’s figure. It is anticipated that the first results will be published late December 2018.

7. Group Nurse Director Appointment

Following a recent recruitment process I am delighted to announce that Anthony Deery has been appointed to the post of Group Nurse Director, South Locality. Anthony is currently the Clinical Lead (North) for the NHSE / NHSI Mental Health Programme and will re-join the Trust in December 2018.

National updates

8. The following documents have been published since the last Board meeting. The first is helpful in describing some of the challenges in developing systems working across the NHS and local government in particular the governance challenges this creates. The Chairman and I caught up with North Cumbria and NE ICS Lead, Alan Foster to discuss some of these issues to enable such concerns to be considered and addressed locally.

8i. Collaborative Working – Tackling Governance Challenges in Practice

The publication aims to support provider boards and their partners in identifying what the most important considerations are when developing new governance mechanisms to underpin collaborative relationships.

Link to the briefing: [Collaborative working: Tackling governance challenges in practice](#)

8ii. November 2018 – Budget

Attached as *Appendix 1* – The NHS Providers On the day briefing which outlines the economic headlines within the Budget, key announcements for health and the wider economy and the NHS Providers' response.

8iii. Prevention is better than cure

The below document is the new Secretary of State's strategy and vision for how we put prevention at the heart of our nation's health. A key strand of the strategy is how we can move the NHS towards a health improvement service and away from a sickness service.

Link to the Department of Health & Social Care Report:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention is better than cure 5-11.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf)

November 2018 Budget

Overview

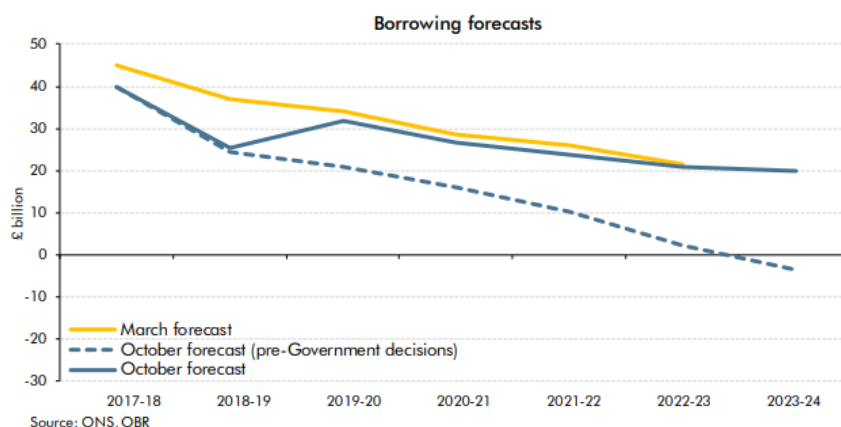
Chancellor Philip Hammond delivered his final Budget before the UK is due to leave the EU and ahead of the 2019 Comprehensive Spending Review with a positive message that “austerity is coming to an end”, and a signal that he is preparing the economy and country for a “new chapter”. In a marked change of tone from his previous Budgets, the Chancellor set out a raft of spending measures designed to offer a promise of a brighter tomorrow for the British people whose hard work, after eight years of austerity, “has paid off”.

An unexpected £13bn windfall, resulting from better than expected tax receipts, meant that the Chancellor was able to honour the commitment to grant an additional £20.5 billion over 5 years to the NHS without raising taxes. Other big announcements included raising the personal tax free allowance, increasing the living wage and providing a £1bn boost to support the rollout of Universal Credit.

This briefing outlines the economic headlines within the Budget, key announcements for health and the wider economy, and NHS Providers’ response.

Economic Overview

- Public sector net borrowing has fallen faster than expected, and the OBR has revised its forecasts accordingly. The UK government is now expected to borrow £25.5bn this year, which is £11.9bn less than previously forecast. This change is the result of stronger tax revenues and lower spending on welfare and debt interest than expected.



THE OBR BORROWING FORECAST

- This year’s GDP growth has been revised down from 1.5% to 1.3%, primarily because of the snowy conditions experienced during winter. However growth has been revised upward for the subsequent years, following the publication of new employment data.
- These revisions to borrowing and growth have created a ‘fiscal windfall’, most of which will be used to fund the NHS settlement announced by the prime minister in June. It means the Government can avoid certain tax rises to fund these commitments. In 2018/19 the deficit is set to fall to 1.3% of GDP but will

rise to 1.6% the following year. The OBR is forecasting a deficit of 0.8% in 2023/24, leaving the government only two years to reach its target of balancing the budget.

- Employment has risen by 240,000 during the first six months of the financial year, almost three times more than expected. Since March CPI inflation has declined in line with forecasts, but following recent rises in oil prices inflation is expected to grow throughout the second half of the year at 2.6%.
- The OBR has continued to apply the same broad-brush assumptions to its post-Brexit forecasts as it has used since the referendum. The current forecast assumes a 'relatively smooth exit from the EU next year'. It warns that, although difficult to predict, a 'disorderly' exit may lead to severe short-term implications for the economy, particularly on public finances.

OBR GDP forecast growth: 2018 to 2023						
	2018	2019	2020	2021	2022	2023
November 2018 forecast	1.3%	1.6%	1.4%	1.4%	1.5%	1.6%
March 2018 forecast	1.5%	1.3%	1.3%	1.4%	1.5%	

Department of Health spending profile

Overview of Department of Health spending: revenue and capital

- The Government has increased NHS England's budget by £7.2bn, in line with the Prime Minister's announcement in June. This includes an additional recurrent £1.25bn, on top of the core revenue increase, to fund an increase in NHS employer pension contributions.
- However, the Department of Health and Social Care's (DHSC) budget, which includes the NHS England budget, will rise more slowly, by £6.3bn. The means there are likely to be cuts to budgets outside the NHS ring fence, including funding for public health, training, and the budgets of national organisations such as the Care Quality Commission.
- The Red Book also gives five-year projections for both NHS England spending. As revealed in June, NHS England's budget will rise to £149bn in 2023/24.

NHS England budget						
Year	2018/19	2019/20	2020/21	2021/22	2022-23	2023-24
NHS England budget (£bn)	114.6	121.8	128.2	134.4	141.1	149.0

- The DHSC capital budget for this year is given as £5.9bn. This is £500m less than the figure given for 2018/19 in last year's Red Book.
- Beyond this year, capital budgets are set to rise, to £6.7bn in 2019/20 and £6.8bn in 2020/21.

Department of Health budget: revenue and capital		
Year	2018-19	2019-20
DH revenue budget (£bn)	123.3	129.6
DH CDEL (£bn)	5.9	6.7
Total (£bn)	£129.2	£136.3

Health specific announcements

- The Budget gives new detail on the future efficiency requirement for the NHS. It says the NHS long term plan must set out how the NHS will achieve cash-releasing productivity growth of at least 1.1% a year, as one of the government's five financial tests for the plan.
- The five financial tests, which were first outlined in June, are restated in full. The NHS long term plan must set out how the NHS will:
 - (including providers) return to financial balance
 - achieve cash-releasing productivity growth of at least 1.1% a year (with a final number to be confirmed in the plan), with all savings reinvested in frontline care
 - reduce the growth in demand for care through better integration and prevention (with a final number to be confirmed in the plan)
 - reduce variation across the health system, improving providers' financial and operational performance
 - make better use of capital investment and its existing assets to drive transformation.
- As also set out in June 2018, the government will consider proposals from the NHS for a multi-year capital plan to support transformation, and a multi-year funding plan for clinical training places. The government will also ensure that public health services help people live longer healthier lives. Budgets in these areas will be confirmed at Spending Review 2019.
- In addition, the government has made provision for NHS pension costs until 2023-24, which will be adjusted in line with the confirmed Superannuation Contributions Adjusted for Past Experience (SCAPE) rate change.

Mental health

- The government has committed that funding for mental health services will grow as a share of the overall NHS budget over the next five years. Although £2bn additional spending on mental health was widely reported before the Chancellor's speech, the figure is not in the Red Book. The government has promised to extend mental health crisis services, at a cost of £250m per year by 2023/24. These include:
 - Giving 24/7 mental health support via NHS 111;
 - Crisis teams in every part of the country for children and young people;

- Comprehensive mental health support in every major accident and emergency department;
 - More mental health specialist ambulances; and
 - More community services such as crisis cafes.
- The NHS will also prioritise mental health services in schools. For adults, access to the individual placement support programme will be expanded to help people with severe mental illness find and stay in work, with the aim of helping 55,000 people by 2023/24.

Social care

- A number of short term measures have been announced on social care funding. The government has repeated its commitment to addressing longer term funding in the forthcoming social care Green Paper.
- In addition to the already announced £240m social care funding for 2018/19, another £240m is set aside for adult social care in 2019/20. The intention of these measures is to free up NHS beds over winter.
- A further £410m has been made available for adult's and children's social care in 2019/20. Again, the government has made it clear this money should improve social care provision to ease demand for NHS services.
- A final £55m will be channelled via the Disabilities Facilities Grant in 2018/19 to provide home aids and adaptations for disabled children and adults on low incomes.
- The Budget also makes £84m available for 20 local authorities to improve children's social care over the next five years. The intention is for this money to help more children stay at home with their families.

Other health related announcements

- The government is making £10 million of capital funding available to air ambulances in England.
- In his speech the Chancellor said the government would continue to back public/private partnerships, where they add value for the public and transfer risk to the private sector. However the government has found Private Finance 2 (PF2), which succeeded the private finance initiative (PFI), to be "inflexible and overly complex", and announced in the budget it would no longer use it for new projects. No new PF2 schemes have been started since 2016. In its economic and fiscal outlook report, the OBR said PFI and PF2 both represented a "source of significant fiscal risk to the government". A new centre of best practice in the DHSC will be established with the aim of improving management of existing PFI contracts.
- As part of the government's wider package for research and development, around £50m has been made available to fund research in the most pressing areas. The Budget mentions this might include public health and cyber security.
- The duty rates on beer, most cider and spirits will be frozen. Duty on most wine and higher strength sparkling cider will rise by RPI inflation from 1 February 2019.

- Duty rates on all tobacco products will increase by 2% above RPI inflation until the end of the Parliament. Hand rolling tobacco will increase by an additional one percentage point. This change will come into effect from 6pm on 29 October 2018.
- The Minimum Excise Tax for cigarettes will rise to £293.95 per 1,000 cigarettes. This will take effect from 29 October 2018.

Overview of other key / relevant announcements in the budget

Brexit

- A further £1.5billion will be set aside in 2019/20 over the next two years to ensure that the UK is prepared for every possible outcome in the Brexit negotiations. This is in addition to the £2.2billion allocated to departments for Brexit preparations.

Welfare

- The Budget confirms that the OBR forecasts welfare spending to remain within the Government's welfare cap and margin set at Autumn Budget 2017.
- The government is providing additional support for Universal Credit in the Budget, announcing a package of support, including;
 - Increasing the amount that households with children and people with disabilities can earn before their Universal Credit is withdrawn, the Work Allowance, by £1000 from April 2019, meaning £630 of extra income each year.
 - Housing benefit claimants will receive an additional payment providing 2 weeks worth of support during the transition to Universal Credit
 - Extending the 12-month grace period for self-employed people.
- The government announced the introduction of a new statutory entitlement to two weeks of leave for employees who suffer the death of a child under 18, or a stillbirth after 24 weeks of pregnancy.

Taxation

Income tax, national insurance and employee benefits

- From April 2019 the personal allowance and higher rate threshold will increase to £12,500 and £50,000 respectively.
- The government will reform the off-payroll working rules (IR35) in the private sector, following a consultation and the roll out of reform in the private sector.
- The government will publish a consultation on how to make the taxation of trusts simpler, fairer, and more transparent.
- Following the call for evidence published in March 2017, the government is launching the National Retraining Scheme and skills pilots to help those in work, including the self-employed.

Charity taxes

- From April 2019, the government will introduce a package of measures to reduce administrative burdens on charities including increasing the upper limit for trading that charities can carry out without incurring a tax liability. This will increase from £5,000 to £8,000 where turnover is under £20,000, and from £50,000 to £80,000 where turnover exceeds £200,000.

Business and corporate tax

- The government will introduce a new 2% tax on the revenues of big digital businesses.

Property tax

- The government will extend first-time buyers relief in England and Northern Ireland to qualifying shared ownership property purchasers. This will be backdated to 22 November 2017 and be applied to relevant transactions with an effective date on or after 29 October 2018.

National Living Wage (NLW) and National Minimum Wage (NMW)

- The government has accepted the recommendations of the independent Low Pay Commission (LPC), and will increase the National Living Wage (NLW) by 4.9% from £7.83 to £8.21 from April 2019. Living Wage will increase to £8.21 in April 2019.
- The government will announce a remit for the Low Pay Commission for the years beyond 2020 next year.

Fuel duty

- The government has announced that fuel duty will be frozen for a ninth successive year.

Business rates

- The government announced that it would be providing additional support to businesses, cutting business rates for small shops by one third.

Pensions and savings

- The lifetime allowance for pension savings will increase in line with CPI, rising to £1,055,000 for 2018/19.

Environmental taxes

- The government will introduce a new tax (subject to consultation) on plastic packaging which does not contain 30% recyclable material.
- The government will not introduce a tax on disposable cups, but will look at the best way to tackle the environmental impact of cups in the Resources and Waste Strategy, expected later this year.

- The government will provide £15 million to charities and others to distribute surplus food to avoid food waste.

Implications for the NHS and the provider sector

- The government has signalled its intention to provide budgets for capital, clinical training places and public health in the 2019 Comprehensive Spending Review. This means that trusts will have a longer wait to access to the capital they need to enable the productivity improvements they are committed to delivering.
- While the additional money for social care is welcome, we still await the Social Care Green Paper and with it details of how to achieve a long term, sustainable system of social care provision. We are clear that short term fixes and injections of money can only go so far.
- At a time when workforce is the number one concern for trusts, the lack of funding for training places and the absence of the long awaited work force strategy is worrying.
- Despite the Secretary of State for Health and Social Care's welcome identification of prevention as a key priority for the health service, there was no mention of public health in the Budget, representing a significant omission.

Press statement

NHS Providers press statement setting out our response to the Budget is below and also accessible online [here](#).

Commitments to mental health sends right message but more support for core services needed -NHS Providers response to the Budget

The chief executive of NHS Providers, Chris Hopson, said:

For immediate release

"We welcome the commitments made to mental health in the Budget. We were also pleased to hear confirmation from the chancellor of the £20.5 billion increased funding commitment made to the NHS over the next five years, which will underpin the new NHS long term plan.

"The allocated money for mental health sends the right message about the importance of ensuring parity with physical health services. However while this funding is directed at specific new programmes, it is vital that we also see more support for core services for people with severe and long term mental health problems. And given previous commitments on mental health funding it is particularly important to ensure that, this time; any additional money does actually reach the front line.

"The extra funding for social care will offer more support to local authorities and the NHS. However, despite this, it is clear that total social care funding will still fall well short of what is needed to keep up with extra demand. It's also vital that the forthcoming Green Paper and the Spending Review provide a long

term, sustainable, resolution for social care funding, rather than forcing local authorities to rely on an endless series of short term stop-gap solutions.

“For the NHS funding settlement to deliver real value, recover performance and deliver integrated health and care, it’s also vital that the forthcoming Spending Review provides the right settlement for public health, training and NHS capital. Prevention, as the health and social care secretary has flagged, must be a priority and trusts need the right buildings and equipment and the right numbers of staff with the right skills to provide outstanding care. These issues all remain unresolved while the budget for them is squeezed.

“Whilst we note the Chancellor’s announcement on the future of PFI, a number of trusts with particularly onerous existing PFI contracts will need further financial support if they are to meet the Prime Minister’s stipulation that no NHS organisation should be in financial deficit over the medium term. We will need the forthcoming review of NHS capital spending to set out how trusts can fund big building projects in the future.

“Attention will now turn to the publication of the NHS long-term plan later this year. This will rightly be ambitious, but it must also be realistic about what the service can be expected to deliver, given the competing priorities for resources, the steep and relentless rise in demand for care and the current financial and performance gaps the NHS currently has.”

ENDS

Useful links

The full Budget document can be accessed [here](#)

The full text of the Chancellor’s speech is accessible [here](#)

OBR figures are available [here](#)

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 28th November 2018

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 7 October 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:

1. This report provides an update of Commissioning & Quality Assurance issues as at 31st October 2018, please see Executive Summary overleaf.

Risks Highlighted: waiting times and physical health CQUIN

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

Executive Summary:

1. The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
2. There has been three Mental Health Act reviewer visit during the month to Fraser, Rose Lodge and Cleadon wards. There were actions noted as partly resolved from a previous visit
3. Northumberland fully achieved the contract requirements during month 7. Other contracts achieved most contract requirements with exceptions largely relating to 7 day follow up, delayed transfers of care and CPA metrics.
4. All of the CQUIN scheme requirements have been internally forecast to be achieved for Quarter 3.
5. The number of people waiting more than 18 weeks to access services has decreased this month in both adult and children's community services. 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.
6. Training rates have continued to see most courses above the required standard. There are two courses more than 5% below the required standard which is MHA Combined Training (77.1% was 77.0% last month) and PMVA Basic Training 79.0%. Information Governance and appraisal figures in Corporate Services are areas for improvement.
7. Reported appraisal rates have remained at 86.1% in the month Trustwide, meeting the Trust standard.
8. The sickness rate has decreased during the month, the provisional in month sickness absence rate for October 2018 is reported at 5.54%, which is a decrease in comparison to September 2018, (now confirmed as 5.7%). The 12 month rolling average sickness rate has slightly decreased to 5.75%.
9. At Month 7, the Trust has a year to date surplus of £1.8m which is £1.6m ahead of plan. The Trust's finance and use of resources score is currently a 3

Commissioning and Quality Assurance Summary Dashboard – October 2018

Regulatory	Single Oversight Framework								
	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).					Use of Resources Score:		3
	CQC								
	Overall Rating	Number of "Must Dos"	There has been three Mental Health Act reviewer visit during the month to Fraser, Rose Lodge and Cleadon wards. There were actions noted as partly resolved from a previous visit						
Outstanding	3								
Contract	Contract Summary: Percentage of Quality Standards achieved in the month:								
	NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG	
	87%	100%	80%	90%	80%	93%	62%	75%	
	<p>Northumberland fully achieved the contract requirements during month 7 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. Sunderland IAPT service has reported a decrease in those moving to recovery in recent months, now at 46% against 50% standard due to staff turnover.</p> <p>There have been no Commissioner quality visits during the month</p> <p>The Specialised Mental Health data submission quality score has increased to 87.6% at the last submission and work is ongoing to improve this further</p> <p>For Quarter 1 2018-19 the Trust has meet 34 positive standards, 8 neutral and 2 negative standards within the Specialised Services Quality dashboards. The standards are now being monitored quarterly and failure to achieve for two consecutive quarters will be raised as an issue by NHS England.</p>								
CQUIN - Quarter 3 forecast RAG rating:									
Staff Health	Physical Health	Improving MH needs at A&E	CYPS Transitions	Alcohol and Tobacco	Health & Justice	Recovery colleges for medium and low secure	Discharge & Resettlement	CAMHS Inpatient Transitions	Reducing Restrictive Practices
There is a current risk to the Physical Health CQUIN at Quarter 4 due to challenges providing GPs with summary care plan information and discharge summaries within required timescales.									
Internal	Accountability Framework								
	North Locality Care Group Score: Oct 2018		Central Locality Care Group Score: Oct 2018			South Locality Care Group Score: Oct 2018			
	4	The group is below standard in relation to the elements of the physical health CQUIN, CPP metrics and training elements	4	The group is below standard in relation to the elements of the physical health CQUIN, CYPS DNA requirements and a number of internal requirements		4	The group is below standard on waiting times, training and CPP metrics. IAPT recovery is below the 50% requirement		

Quality Priorities: Quarter 3 forecast RAG rating

Improving the inpatient experience	Improve Waiting times for referrals to multidisciplinary teams	Implement principles of the Triangle of Care	Embedding Trust Values
------------------------------------	--	--	------------------------

Waiting Times

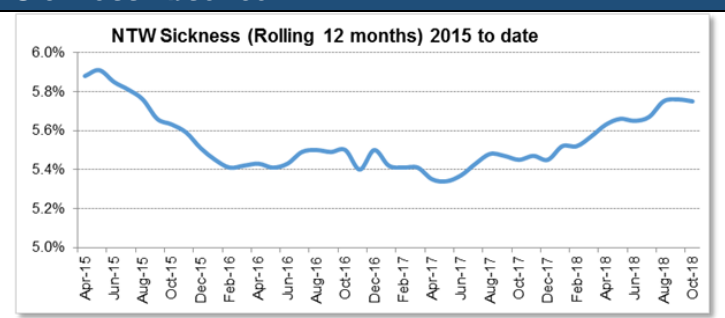
The number of people waiting more than 18 weeks to access services has decreased this month in both adult and children's community services. While there are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team. The total waiting to access adult services has decreased significantly this month

Workforce

Statutory & Essential Training:

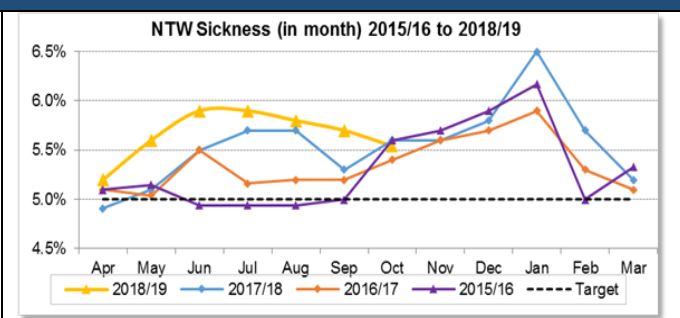
Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):	Information Governance (91.0%) is within 5% of the required standard, MHA combined training (77.1%) and PMVA Basic training (79.0%) remain more than 5% below the standard.	Appraisals: Appraisal rates have remained static at 86.1% in October 18 (was 86.1% last month).
16	1	2		

Sickness Absence:



The provisional "in month" sickness absence rate is above the 5% target at 5.54% for October 2018

The rolling 12 month sickness average has decreased to 5.75% in the month



Finance

At Month 7, the Trust has a surplus of £1.8m which is £1.6m ahead of plan. Agency spend is £4.1m which is £0.7m below the trajectory to hit our NHSI allocated agency ceiling of £8.0m but £0.9m above Trust planned spend. The forecast surplus is £3.5m, including Provider Sustainability Funding of £2.0m, which is in line with the control total, although there are some risks to achieving this.

The Trust's finance and use of resources score is currently a 3 and the forecast year-end risk rating is also a 3. The main financial pressures relate to pay, slippage on financial delivery plan schemes and reductions in secure services income. The Trust needs to reduce pay costs and spending on temporary staffing (agency, bank and overtime) for the Trust to achieve planned spend and this year's control total. Work is ongoing to improve efficiency and productivity and deliver the required staffing reductions.

Financial Performance Dashboard

NTW Income & Expenditure

	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	185.8	185.6	0.2
Pay	(147.6)	(147.9)	0.3
Non Pay	(38.0)	(35.9)	(2.1)
Surplus/(Deficit)	0.2	1.8	(1.6)

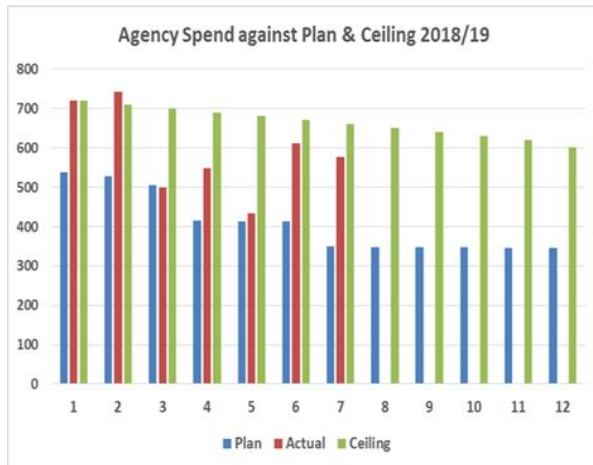
Control Totals

	YTD Plan £m	YTD Actual £m	YTD Variance £m
North	13.3	13.7	(0.4)
Central	14.1	13.3	0.8
South	16.9	17.7	(0.8)
Central Depts	(44.1)	(42.9)	(1.2)
Surplus/(Deficit)	0.2	1.8	(1.6)

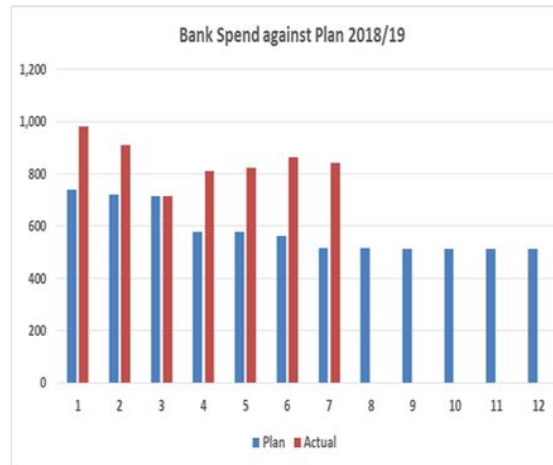
NTW Key Indicators

Key Indicators	YTD	Plan / Forecast
Risk Rating	3	3
Agency Spend	£4.1m	£6.6m
FDP Delivery	£5.5m	£12.6m
Cash	£21.1m	£19.6m
Capital Spend	£3.1m	£7.7m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £1.8m surplus at Mth7 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 Mth7 & the forecast year-end rating is a 3.
- Pay costs reduced slightly this month. 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 Mth7 is £4.1m which is £0.7m below the ceiling trajectory but £0.9m above plan.
- Financial Delivery Plan - Savings of £5.5m have been achieved at Mth7 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 – £21.1m at Mth7 which is £3.2m above plan.
- Capital Spend - £3.1m at Mth7 which is £2.8m less than plan.

Reporting to NHSI – Number of Agency shifts and number of shifts that breach the agency cap

	01/10/2018		08/10/2018		15/10/2018		22/10/2018		29/10/2018	
Medical	91	16	104	17	109	17	109	17	99	17
Qual Nursing	75	5	75	5	75	5	71	5	63	5
Unq Nursing	392		342		297		366		327	
A&C	87		101		72		81		82	
Total	645	21	622	22	553	22	627	22	571	22

In October the Trust reported an average of 22 price cap breaches (17 medical and 5 qualified nursing). In October 3 medics were paid over the price cap.

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: November 2018

Title and Author of Paper: Flu Vaccination Assurance

Carole Rutter IPC Matron
Anne Moore Deputy Director of Nursing, DIPC

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

NHS England have written to all Chief Executives seeking assurance from Trust Boards of the committed leadership to achieve 100% flu vaccine uptake in health care workers who have direct patient contact (attached).

NHSE has specifically requested we ensure greatest protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. The evidence suggests that in these 'higher-risk' clinical environments more robust steps should be taken to limit the exposure of patients to unvaccinated staff and move as quickly as possible to 100% staff vaccination uptake.

At a minimum these higher-risk departments include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas may be identified locally where there are a high proportion of patients who may be vulnerable, and are receiving close one-to-one to clinical care. In NTW potential areas of high risk could be Walkergate Park Neuro Rehabilitation, Beadnall, Mother and Baby, and Older Peoples services Trust wide

NHSE have requested that in these higher-risk areas, staff should confirm to their clinical director / head of nursing / head of therapy whether or not they have been vaccinated. This information should be held locally so that trusts can take appropriate steps to maintain the overall safety of the service, including considering changing the deployment of staffing within clinical environments if that is compatible with maintaining the safe operation of the service.

A self-assessment best practice management checklist is to be completed (attached) and presented to the Trust Board before the end of 2018.

Trusts are asked to:

- Identify areas of high risk and consider how to manage poor vaccination uptake in these areas and discuss possible redeployment into areas of less risk. Frontline staff working in areas

of “higher risk” e.g. Walkergate Park Hospital, Beadnell (mother and baby unit) and Older Peoples services are expected to be vaccinated. If not vaccinated a redeployment plan is to be considered.

- Collate reasons why staff refuse to be vaccinated this in turn to be collated nationally.
- Overall Trust vaccination performance to be reported to the trust board by February 2019

Risks Highlighted to Board :

- Potential non achievement of the required 100% uptake across front line services.

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required: Assurance on

Link to Policies and Strategies:

Appendix 1 – healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2018

A	Committed Leadership (number in brackets related to references list below the table)	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of frontline healthcare workers being vaccinated and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	Board are committed to 100% vaccination uptake in front line HCWs. “Opt out” questionnaires will be sent to staff who have decided not to be vaccinated to understand reasons why. Questionnaire will be sent to staff at the end of February, this will enable continued efforts to persuade staffing to to change their decision during the campaign. The questions are aligned to the NHS letter to CEOs on the 7 th September Appendix 1, to enable national data to be collected.
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1)	Quadrivalent vaccine ordered and supplied as in the 2017/18 campaign. This will be the second year the quad vaccine has been used to vaccinate staff and patients. The adjuvanted trivalent vaccine a (TIV) has been provided for patients who are 65 years and over.
A3	Board receive an evaluation of the flu programme 2017/18 including data, successes, challenges and lessons learnt (2,6)	Lessons learnt paper incorporated into flu plan for 2018/19, as in previous years.
A4	Agree on a board champion for flu campaign (3,6)	Chief Executive, John Lawlor
A5	Agree how data on update and opt-out will be collected and reported	Weekly reporting to Business Delivery Group and Executive Director meeting Opt out information will be collected and

		shared in the lessons learnt for the 2019/20 campaign.
A6	All board members receive flu vaccination and publicise this (4,6)	Vaccinated 26 th September 2018. Self-declaration forms have been received for those board member who have been vaccinated elsewhere.
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives(3,6)	Wide representation on the flu team, TOR available.
A8	Flu team to meet regularly from August 2018 (4)	The flu team had its inaugural meeting on the 31 st May and has met monthly since. Extra meetings are held when targeted actions required.
B	Communications Plan	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions	Weekly trust bulletin articles, Safer Care bulletin, dedicated Trust intranet site with access to myth busters, clinical evidence, posters. NHS employers promotional material used alongside NTW campaign material. Communications plan available.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Planned clinics across all hospital sites, Flu trailer for 2 weeks of the campaign. Posters, leaflets sent to all services advertising clinic dates. Available dates advertised on the Intranet site. All user e-mails to advertise clinics. Face book and Twitter are used to advertise campaign on social media. Trained vaccinators advertise drop in clinics in local areas
B3	Board and senior managers having their vaccinations to be published (4)	Weekly reporting includes frontline staffing including all senior managers across the Trust. Following advice from

		Information Governance, the information regarding an individual vaccination status is classed as personal health information and should not be disclosed publicly. Therefore Individual names are not identified to ensure compliance
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	Flu clinics are held at all induction programmes, staff in the training department are trained vaccinators and are also offer bespoke clinics.
B5	Programme to be publicised on screensavers, posters and social media (3,5,6)	Facebook page, twitter accounts are being used to deliver key messages and information regarding flu clinics. Screen saver used to inform staff of % uptake across the Trust. The intranet page has links to the flu campaign material. Weekly bulletin article informing staff of clinic dates and flu information.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	Weekly reports are sent on Thursday afternoon to all CBU and Locality Care group including peer vaccinators.
C	Flexible Accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered (3,6)	There are 189 peer vaccinators across the Trust, all have support from senior management to vaccinate and deliver ad hoc clinics. Vaccinators cross cover sites and are empowered to do this
C2	Schedule for easy access drop in clinics agreed (3)	Vaccinators hold drop in clinics eg Hopewood park offer vaccination at lunch time throughout the week. IPC Matrons hold drop in sessions. Peer vaccinators provide “walking flu clinics”

		by calling onto wards ad hoc to offer vaccination at random times.
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	Night shift mobile clinics agreed, including weekends. Night coordinator trained as a vaccinator, Peer vaccinators across all sites are available to vaccinate night staff.
D	Incentives	
D1	Board to agree on incentives and how to publicise this (3,6)	Pens, stickers, sweets at the time of vaccination. Door stickers to those teams who achieve 75% front line staff vaccination uptake. "Treats and Goodies" hampers to 20 teams who achieve a 75% uptake
D2	Success to be celebrated weekly (3,6)	Flu jab o meter circulated weekly, teams who achieve 75% are highlighted in the Trust bulletin. 75%.Door stickers to teams who achieve target.

Reference links

1. <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Vaccine-ordering-for-2018-19-influenza-season-06022018.pdf?la=en&hash=74BF83187805F71E9439332132C021EFA3E6F24C>
2. <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/Reviewing-your-campaign-a-flu-fighter-guide.pdf>
3. <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Flu-fighter-infographic-final-web-3-Nov.pdf>
4. <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-acute-trusts-TH-formatted-10-June.pdf>
5. <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-ambulance-trusts-TH-formatted-10-June.pdf>

6. <https://www.nice.org.uk/guidance/ng103/chapter/Recommendations>



Wellington House
133-155 Waterloo Road
London SE1 8UG
martin.wilson1@nhs.net

Friday 7 September 2018

To: Chief Executives of NHS Trusts and Foundation Trusts

Dear Colleague

Health care worker flu vaccination

We know you appreciate the importance of all healthcare workers protecting themselves, their patients, their colleagues and their families by being vaccinated against seasonal flu, because the disease can have serious and even fatal consequences, especially for vulnerable patients. Your leadership, supported by the Flu Fighter campaign and the CQUIN has increased take-up of the flu vaccine, with some organisations now vaccinating over 90% of staff. Our ambition is for 100% of healthcare workers with direct patient contact to be vaccinated.

In February, the medical directors of NHS England and NHS Improvement wrote to all Trusts to request that the quadrivalent (QIV) vaccine is made available to all healthcare workers for winter 2018-19 because it offers the broadest protection. This is one of a suite of interventions that can and should be taken to reduce the impact of flu on the NHS.

Today we are writing to ask you to tell us how you plan to ensure that every one of your staff is offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Healthcare workers with direct patient contact need to be vaccinated because:

- a) Recent National Institute for Health and Care Excellence (NICE) guidelines¹ highlight a correlation between lower rates of staff vaccination and increased patient deaths;
- b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues;
- c) Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence;
- d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated.

¹ <https://www.nice.org.uk/guidance/ng103>

In order to ensure your organisation is doing everything possible as an employer to protect patients and staff from seasonal flu we ask that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of 2018.

Where staff are offered the vaccine and decide on the balance of evidence and personal circumstance against having the vaccine, they should be asked to anonymously mark their reason for doing so by completing a form, and you should collate this information to contribute to the development of future vaccination programmes. We have provided an example form [appendix 2] which you may wish to tailor and use locally, though we suggest you use these opt out reasons to support national comparisons.

We specifically want to ensure greatest protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. The evidence suggests that in these 'higher-risk' clinical environments more robust steps should be taken to limit the exposure of patients to unvaccinated staff and you should move as quickly as possible to 100% staff vaccination uptake. At a minimum these higher-risk departments include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas may be identified locally where there are a high proportion of patients who may be vulnerable, and are receiving close one-to-one to clinical care.

In these higher-risk areas, staff should confirm to their clinical director / head of nursing / head of therapy whether or not they have been vaccinated. This information should be held locally so that trusts can take appropriate steps to maintain the overall safety of the service, including considering changing the deployment of staffing within clinical environments if that is compatible with maintaining the safe operation of the service.

We would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce; to identify and minimise any barriers; to discuss and agree which clinical environments and staff should be defined as 'higher-risk'; and to ensure that the anonymous information about reasons for declining the vaccine is managed with full regard for the dignity of the individuals concerned. Medical and nurse director colleagues will need to undertake an appropriate risk assessment and discuss with their staff and trade union representatives how best to respond to situations where clinical staff in designated high risk areas decline vaccination.

It is important that we can track trusts' overall progress towards the 100% ambition. Each trust shall continue to report uptake monthly during the vaccination season via 'ImmForm'. However from this year you are also required to report how many healthcare workers with direct patient contact have been offered the vaccine and opted-out. This information will be published monthly by Public Health England on its website.

By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as 'higher-risk'. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by

asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2.

You can find advice, guidance and campaign materials to support you to run a successful local flu campaign on the NHS Employers Flu Fighter website www.nhsemployers/flufighter

Finally we are pleased to confirm that NHS England is once again offering the vaccine to social care workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely

- signed jointly by the following national clinical and staff side professional leaders -

Prof Stephen PowisNational Medical Director, NHS England
and on behalf of National Escalation Pressures Panel

Prof Paul Cosford .. Medical Director & Director of Health Protection, Public Health England

Prof Jane Cummings Chief Nursing Officer, NHS England

Sara Gorton (Unison)..... Co-chair, National Social Partnership Forum

Prof Dame Sue Hill..... Chief Scientific Officer, NHS England

Dame Donna Kinnair. Acting Chief Executive & General Secretary, Royal College of Nursing

Prof Carrie MacEwen Chair of the Academy of Medical Royal Colleges

Ruth May..... Executive Director of Nursing, NHS Improvement

Dr Kathy Mclean..... Executive Medical Director NHS Improvement

Danny Mortimer (NHS Employers)..... Co-chair, National Social Partnership Forum

Pauline Philip National Director of Urgent and Emergency Care

Suzanne Rastrick..... Chief Allied Health Professions Officer, NHS England

Keith Ridge Chief Pharmaceutical Officer, NHS England

John StevensChairman, Academy for Healthcare Science

Gill Walton Chief Executive, Royal College of Midwives

Appendix 1 - Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2018

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	
A4	Agree on a board champion for flu campaign (3,6)	
A5	Agree how data on uptake and opt-out will be collected and reported	
A6	All board members receive flu vaccination and publicise this (4,6)	
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6)	
A8	Flu team to meet regularly from August 2018 (4)	
B	Communications plan	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions (3,6)	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	
B3	Board and senior managers having their vaccinations to be publicised (4)	
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered (3,6)	
C2	Schedule for easy access drop in clinics agreed (3)	
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	
D	Incentives	
D1	Board to agree on incentives and how to publicise this (3,6)	
D2	Success to be celebrated weekly (3,6)	

Reference links

- <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Vaccine-ordering-for-2018-19-influenza-season-06022018.pdf?la=en&hash=74BF83187805F71E9439332132C021EFA3E6F24C>
- <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/Reviewing-your-campaign-a-flu-fighter-guide.pdf>
- <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Flu-fighter-infographic-final-web-3-Nov.pdf>
- <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-acute-trusts-TH-formatted-10-June.pdf>
- <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-ambulance-trusts-TH-formatted-10-June.pdf>
- <https://www.nice.org.uk/guidance/ng103/chapter/Recommendations>

Appendix 2 – Example opt out forms for local adaptation and use

Form to be potentially co-branded by NHS organisation and key trade unions

Dear colleague,

Did you know that 7 out of 10 front line NHS staff had the flu vaccine last year, and in some departments more than 9 out of 10 staff were vaccinated?

The flu jab gives our body the information it needs to fight the flu, which stops us from contracting and spreading the virus. For those of us who work in care settings, getting the flu jab is an essential part of our work. In vaccinating ourselves we are protecting the people we care for, and helping to ensure that we are able to provide the safest environment and effective care for patients.

We want everyone to have the jab. The sooner you get it, the more people you can protect. We hope that you will agree to having the vaccine – this really helps to protect patients, you and your family. But, if you choose not to have the flu vaccine, we want to understand your reasons for that by filling in this anonymous form.

Signed

Chief Executive, Medical Director, Director of Nursing, and Trade Union representative

Please tick to confirm that you have chosen not to have the vaccine this year:

I know that I could get flu and have only mild symptoms or none at all; and that because of this I could give flu to a patient. I know that vaccination is likely to reduce the chances of me getting flu and of me passing it to my patients. But I still don't want the vaccine.

Please tick each of the boxes below that apply to your decision not to have the jab.

I DON'T WANT TO BE FLU VACCINATED BECAUSE:

- I don't like needles
- I don't think I'll get flu
- I don't believe the evidence that being vaccinated is beneficial
- I'm concerned about possible side effects
- I don't know how or where to get vaccinated
- It was too inconvenient to get to a place where I could get the vaccination
- The times when the vaccination is available are not convenient
- Other reason – please tell us here ▶

Thank you for completing this form.

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 November 2018

Title and Author of Paper:

CQC Community Mental Health Survey 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

Key Points to Note:

- The purpose of this paper is to share with the Board of Directors the results of the recently published CQC Community Mental Health Survey 2018.
- The Trust overall results are within expected ranges.
- There are no questions where NTW performed worse than expected.
- There are three questions where NTW scored significantly higher than expected.
- The full results of the survey are to be considered by clinical services and improvement plans developed as appropriate.

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: Paper for Information

Link to Policies and Strategies: n/a

CQC Community Mental Health Service User Survey 2018

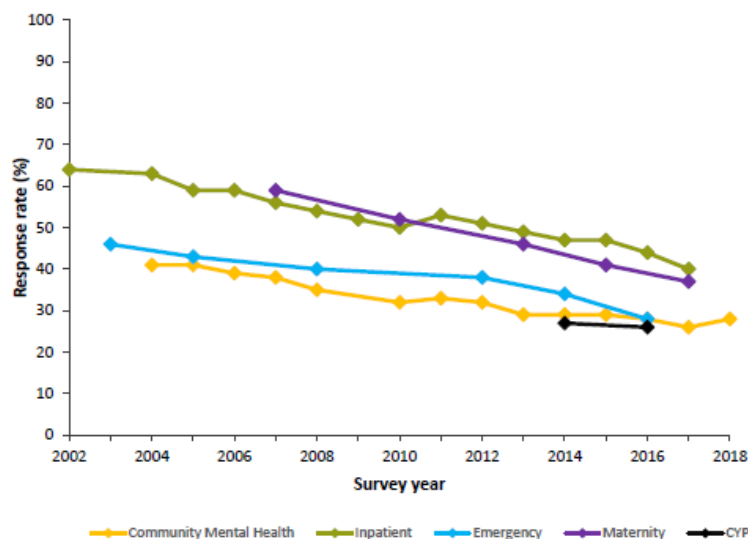
1. EXECUTIVE SUMMARY

- 1.1 The CQC 2018 Community Mental Health survey highlights a national decline in people's experiences of community mental health services with less than a third of respondents (30%) rating their overall experience of community mental healthcare as nine out of 10 or above - down from 34% in 2017. The equivalent NTW score, at 36%, remains above the national average, however the Trust also saw a decline compared to 2017 when the NTW result was 42%.
- 1.2 This translates into an overall Trust score of 7.0 (out of 10), which was within the expected range for the Trust and is a slight decrease compared with 7.2 in 2017.
- 1.3 Nationally, there is a continuing decline in survey respondents who were "always" treated with respect and dignity at 71%. The NTW score for this question has improved from 76% to 77% and is above the national average.
- 1.4 Last year (2017), the Trust scored worse than expected for one question which has since improved to within expected results. There are no areas identified as worse than expected in 2018.
- 1.5 The two questions which in 2017 scored better than expected for NTW (i.e. not through chance) are now both within expected ranges. The 2018 NTW survey has three different questions scoring better than expected.
- 1.6 All other questions remain within the expected ranges for the Trust and one question improved significantly compared to 2017.
- 1.7 Quantitative comments made by survey respondents can be grouped into the following themes:
 - Waiting times
 - Medication issues
 - Continuity of care
 - Accessing services in a crisis

2. CONTEXT

- 2.1 This report provides a high level analysis of the 2018 CQC Community Mental Health survey, published on 22 November 2018. This mandatory national survey gathered information from over 12,000 adults who were in receipt of community mental health services between September and November 2017.
- 2.2 All English providers of NHS Mental Health services were included in the survey and NTW's response rate, at 27%, was in line with the national response rate of 28% and also in line with a national increase in response rate, reversing a previously declining trend (see figure 1 below).

Figure 1: Response rates for National Patient Surveys. Source: CQC 2018 Community Mental Health Survey: Quality and Methodology Report



- 2.3 This annual survey is a helpful national benchmarking analysis, and complements the findings of our internal service user and carer experience tool (Points of You) with a broader range of questioning. It also provides the opportunity to compare performance against previous years and track trends, and helps to evaluate long term progress in achieving our Quality Goal of “Working with you, your carers and your family to support your journey”.
- 2.4 CQC use the survey results to identify outlier trusts, and shares the results with NHS England and NHS Improvement. Statistical techniques are used to take demographic differences into account and calculate expected ranges, and outlier results are considered very unlikely to have occurred by chance. NTW overall is considered to be within expected results.
- 2.5 Trust level results are published as separate reports and the 2018 NTW report is provided separately at Appendix 6.

2.6 The survey consists of 28 scored questions, encompassing the following eleven sections:

- Health and social care workers
- Organising care
- Planning care
- Reviewing care
- Medicines
- Treatments
- Support and wellbeing
- Overall views of care and services
- Changes in who people see
- Overall experience
- Crisis care

2.7 Scores for each question are calculated out of ten, with 0 representing the worst possible result and 10 the best. CQC has highlighted concerns nationally around access to care, care planning and support for people with mental health conditions in relation to physical health needs, financial advice or benefits.

2.8 There are further questions in the survey which are not scored. These give further information on the services received by the respondents, and their demographics.

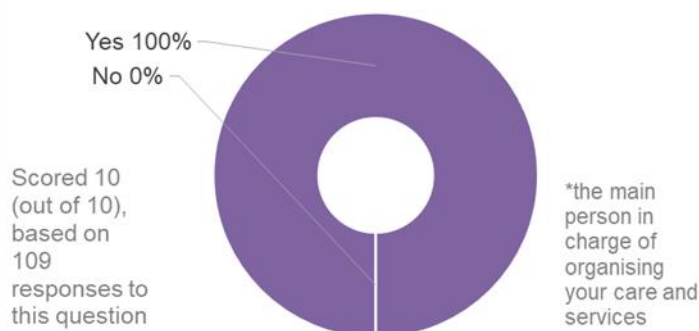
3. NTW 2018 RESULTS

3.1 When comparing results with other providers, CQC identifies whether a Trust performed “better”, “worse” or “about the same” as the majority of trusts for each question. NTW is “about the same” as other Trusts overall.

3.2 At individual question level, there are three areas in 2018 where NTW performed better than other trusts to an extent that is not considered to be through chance. These are:

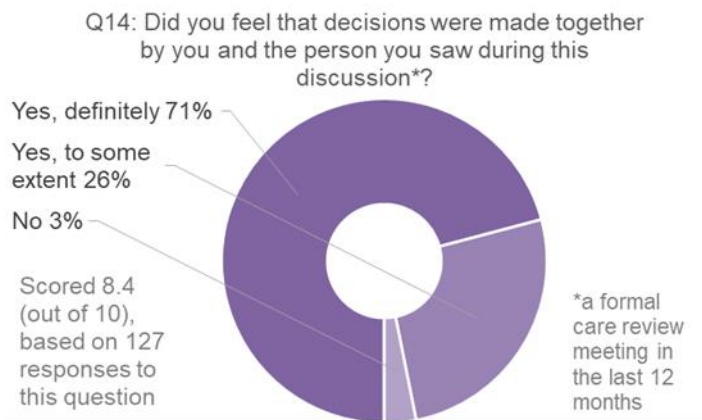
3.2.1 Question 8 (*answered by all who were told who was in charge of their care and services*) Do you know how to contact this person if you have a concern about their care?

Q8: Do you know how to contact this person* if you have a concern about your care?



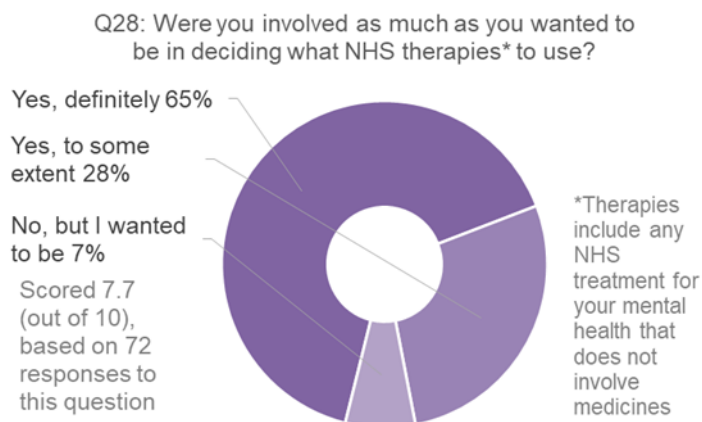
NB NTW was the only Trust participating in the survey to achieve 100% of respondents answering “yes” to this question.

3.2.2 Question 14 (*answered by all who had a formal meeting to discuss their care with someone from NHS mental health services in the last 12 months*) Did you feel that decisions were made together by you and the person you saw during this discussion?



NB NTW saw a statistically significant improvement in this question, with the “yes, definitely” score increasing from 57% in 2017 to 71% in 2018 (the highest score achieved of all survey participants).

3.2.3 Question 28 (*answered by those who have been receiving NHS therapies in the previous 12 months*) Were you involved as much as you wanted to be in deciding what NHS therapies to use?



The national average “yes, definitely” score was 49%, and the NTW score was 65%.

7% of NTW respondents stated “no”, compared with the national average of 13%.

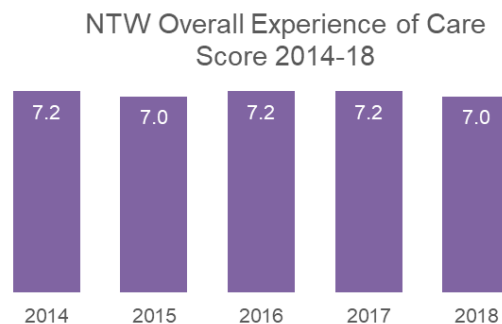
3.3 There are no questions where NTW did not perform worse than expected for any questions. This is an improvement from 2017, when 56% of NTW respondents answered no to question 32 (*in the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?*). This has improved to 44% in 2018, while the national average has declined.

3.4 Two questions considered better than expected in 2017 have returned to within expected ranges for NTW in 2018. These are:

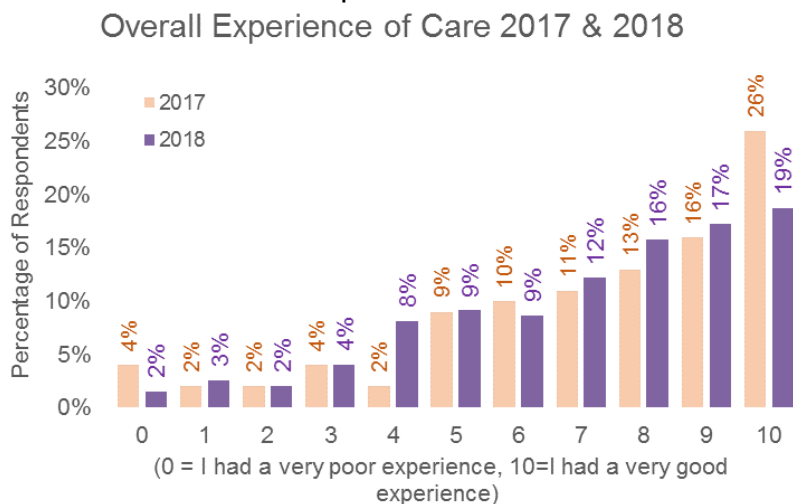
3.4.1 Question 16 (*answered by all for whom the person they see had changed in the previous 12 months, for reasons other than requesting the change themselves or moving home*) Were the reasons for this change explained to you at the time? NTW proportion answering “no” in 2017 was 11% deteriorated to 20% in 2018 (national average = 23%).

3.4.2 Question 35 - have NHS mental health services involved a member of your family or someone else close to you as much as you would like - 59% of NTW respondents answered “yes, definitely” to this question in 2018, a reduction from 67% last year. Note that this score remains above the national average, which also declined in 2018.

3.5 The overall experience question (question 37) is used to evaluate long term progress against the Trust’s service user and carer experience Quality Goal. In 2018, the NTW overall score (weighted to take into account the age and gender of respondents) was 7.0/10 (a slight decrease from 7.2 from 2017), with the national range of results ranging from 5.6 to 7.5. The NTW result for this question has been relatively constant for the last five years.



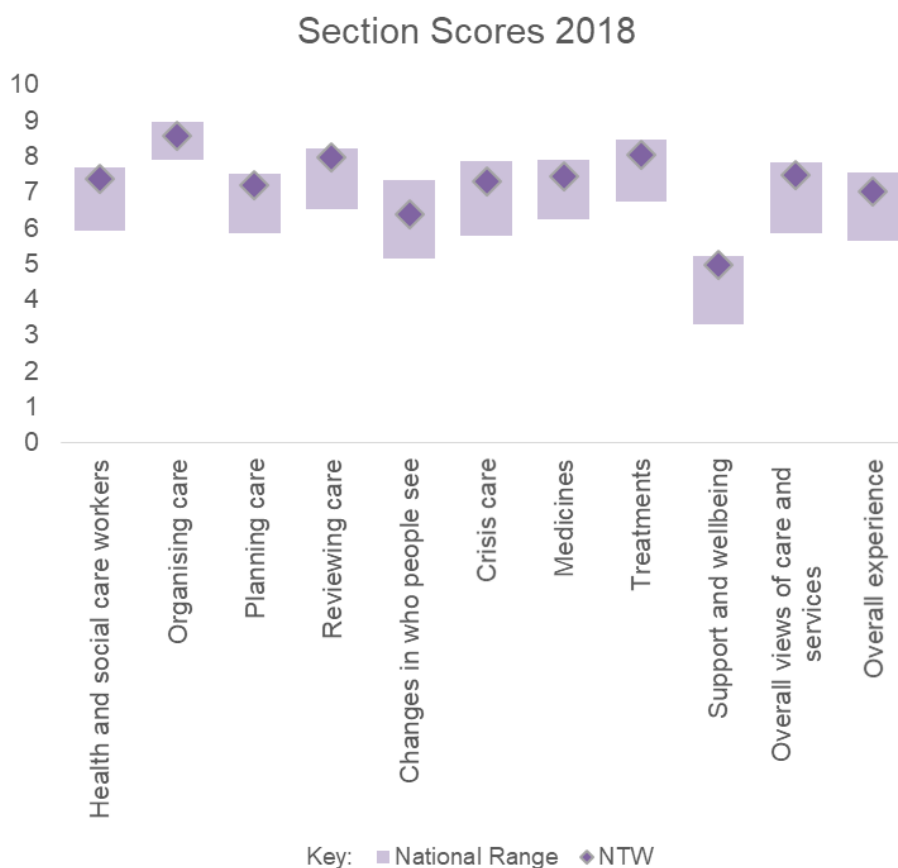
3.6 A breakdown of the full range of NTW responses to the overall experience questions is shown below, highlighting a concerning decrease in scores. While 36% of respondents scored the Trust as 9 or 10 (out of 10), which is above national average, the score has decreased from 42% in 2017 (note the national average also declined, from 34% to 30%). Note also, however, that the proportion of “zero” scores has improved from 4% to 2%:



3.7 The NTW scores by survey section are shown below, highlighting that NTW scores in the upper range of scores for all sections:

Section scores:	NTW 2018	Lowest trust score achieved 2018	Highest trust score achieved 2018
Health and social care workers	7.4	5.9	7.7
Organising care	8.6	7.9	9.0
Planning care	7.2	5.9	7.5
Reviewing care	8.0	6.5	8.2
Changes in who people see	6.4	5.1	7.3
Crisis care	7.3	5.8	7.9
Medicines	7.5	6.2	7.9
Treatments	8.0	6.7	8.5
Support and wellbeing	5.0	3.3	5.2
Overall views of care and services	7.5	5.8	7.8
Overall experience	7.0	5.6	7.5

3.8 This information is also shown in graph form below, with the bar representing the range of trust scores and the diamond representing the NTW 2018 score:



3.9 Other key findings for NTW in 2018 include:

- 3.9.1 The number of respondents seen within the last 3 months has improved from 69% to 81% and is above national average (76%).
- 3.9.2 46% of respondents have been in services more than 5 years and 33% more than 10 years.
- 3.9.3 21% of respondents felt that they did not see services often enough.
- 3.9.4 Nearly one quarter of respondents did not know who is in charge of their care, however, of those who did, 100% knew how to contact them with concerns and over 90% felt that their care was organised very or quite well.
- 3.9.5 Nearly 85% of respondents agreed definitely or to some extent that they have agreed the care they will receive, most of these (93%) were involved as much as they would like to be and 95% felt that the agreed care takes into account their personal circumstances.
- 3.9.6 While decisions made together in formal reviews are highly scoring (see 3.2.2), nearly one quarter of respondents reported not having a formal review in the last 12 months. Despite this being an improvement from 2017 (29%) and better than the national average (29%) this is an area for improvement.
- 3.9.7 Forty percent of respondents had a change in the people they see (not requested by them) in the last 12 months. This is an improvement from 49% last year, and is in line with national average. However, less than half of these respondents had the reason for the change explained to them, which is a deterioration from last year when two thirds of changes were explained. The impact on care received was a deterioration in 35% of cases and this is an area for improvement.
- 3.9.8 Almost one quarter of respondents do not know who to contact in a crisis out of office hours.
- 3.9.9 87% of respondents have received medicines for their mental health needs in the last 12 months, an increase from 82% last year, while the national figure decreased in the year. Nearly 90% of these felt that the medication had helped, which is above the national average of 86%. Eighty percent of those on medication for 12+ months had a medication review in the last 12 months, above the national average of 79%.

3.9.10 Nearly a quarter of respondents would have liked to have received therapies but did not. Of those who did, almost all had the therapy explained to them, 93% were involved as much as they wanted in the decision (see 3.2.3 above – much better than expected) and 90% felt that the therapy had helped (compared with a national average of 83%). However, almost 30% waited more than 6 months for therapy (national average is 25%).

3.9.11 NTW has scored above average for support and wellbeing questions, and it is interesting to note that the national average score for helping with physical health needs has deteriorated while the NTW score remains above average and has improved since 2017. There is room for improvement (both in NTW and nationally) for other support questions relating to benefits/financial advice and advice re work, despite the improvement NTW has seen in year.

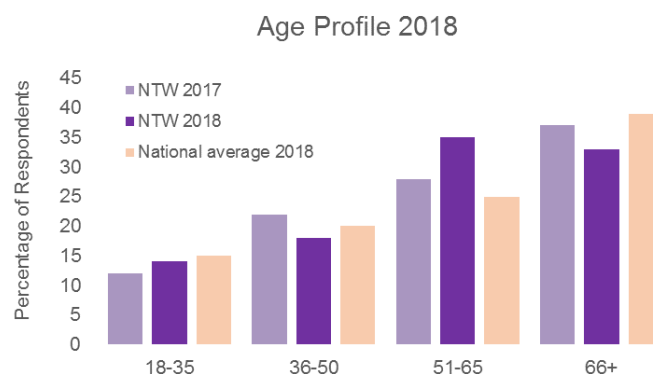
3.9.12 There has been a concerning reduction in support from people who have experience of similar mental health needs, with 51% of NTW respondents not receiving this information compared with 42% last year. The 2018 score is now in line with the national average (which has decreased).

3.9.13 There is a new analysis of health conditions which shows a lower rate of dementia in NTW respondents than the national average (12% vs 20%), this may be linked to the age profile of respondents which, for NTW in 2018, has fewer respondents from the age 66+ category (33% vs 39%).

3.9.14 There has been an increase in 2018 of surveys completed by friends/relatives (increase from 16% to 22%) whereas the proportion of surveys completed by friends/relatives and service users together has decreased from 17% to 12%.

3.9.15 The NTW survey gender profile was 45% male : 55% female, compared with 42% male : 58% female nationally.

3.9.16 The age profile of NTW respondents varies more year on year than the national average, which is fairly constant:



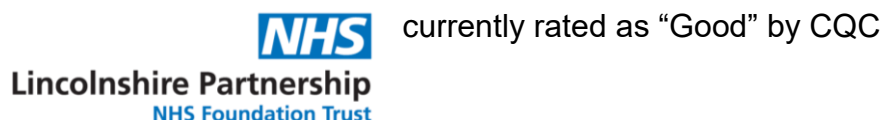
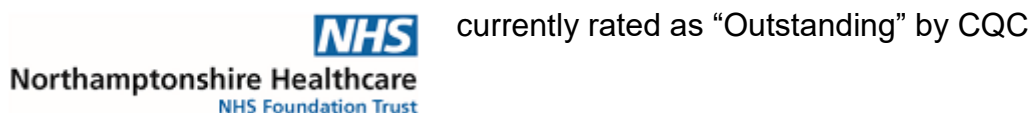
4. NATIONAL RESULTS

- 4.1 CQC categorises each trust according to their results. While no trusts have been categorised as “**much better than expected**”, respondents from the four trusts below experienced care that was “better than expected” (note all four trusts are rated currently “Good” by CQC):

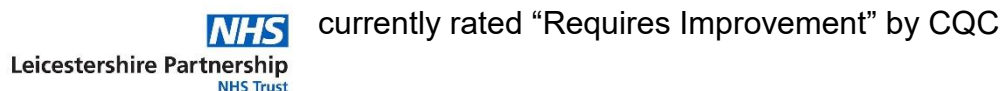
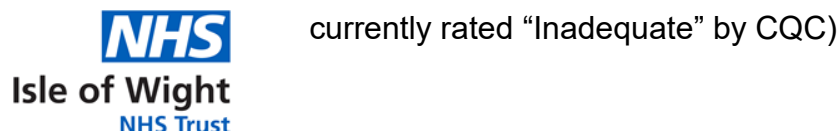


Nb 2gether had the highest response rate of all trusts at 36%.

- 4.2 Two trusts have been identified as achieving “**worse than expected**” results that indicate patient experience that was substantially worse than elsewhere:



- 4.3 Two trusts have been identified as achieving “**much worse than expected**”:



- 4.4 A benchmarking analysis of trust results has been included at Appendix 4, showing the number of questions that were rated within the categories “worse than expected”, “better than expected” and “about the same as other trusts”.

5. NEXT STEPS AND RECOMMENDATIONS:

- 5.1 This high level analysis will be considered further by locality groups to identify actions to be taken in response to the survey results.
- 5.2 Further breakdown by condition and demographic analysis is also to be undertaken.
- 5.3 Further comparisons with NTW Points of You results, CQC findings, benchmarking reports and productivity analysis are recommended.
- 5.4 The Board of Directors are asked to note the information included in this report and supporting documents and consider any areas for improvement.

Anna Foster

Deputy Director of Commissioning & Quality Assurance

November 2018

Appendix 1

2018 CQC Community Mental Health Survey - NTW Results

		Score out of 10, higher is better	Change on 2017
Health and social care workers	Q4: Were you given enough time to discuss your needs and treatment?	7.7	-0.0
	Q5: Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.0	-0.4
Organising care	Q6: Have you been told who is in charge of organising your care and services? (This person can be anyone providing your care, and may be called a "care coordinator" or "lead professional").	7.5	+0.2
	Q8: Do you know how to contact this person if you have a concern about your care?	10.0	not comparable
	Q9: How well does this person organise the care and services you need?	8.3	not comparable
Planning care	Q10: Have you agreed with someone from NHS mental health services what care you will receive?	6.3	+0.3
	Q11: Were you involved as much as you wanted to be in agreeing what care you will receive?	7.6	+0.3
	Q12: Does this agreement on what care you will receive take your personal circumstances into account?	7.7	+0.0
Reviewing care	Q13: In the last 12 months, have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7.6	+0.4
	Q14: Did you feel that decisions were made together by you and the person you saw during this discussion?	8.4	+0.9
Changes in who people see	Q16: Were the reasons for this change explained to you at the time?	6.4	-1.2
	Q17: What impact has this had on the care you receive?	6.4	-0.0
Crisis care	Q18: Do you know who to contact out of office hours if you have a crisis?	7.5	+0.3
	Q19: In the last 12 months, did you get the help you needed when you tried contacting this person or team?	7.1	not comparable
Medicines	Q21: Were you involved as much as you wanted to be in decisions about which medicines you receive?	7.4	-0.0
	Q22: Were you given information about your medicines in a way that you were able to understand?	7.0	not comparable
	Q25: In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?)	8.0	-0.1
Treatments	Q27: Were these NHS therapies explained to you in a way you could understand?	8.4	not comparable
	Q28: Were you involved as much as you wanted to be in deciding what NHS therapies to use?	7.7	not comparable
Support and wellbeing	Q31: In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?	5.5	-0.0
	Q32: In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	4.4	+1.1
	Q33: In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	4.0	+0.1
	Q34: In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	5.0	not comparable
	Q35: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	7.1	-0.6
	Q36: Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	3.6	-0.7
Overall views of care and services	Q3: In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.3	-0.1
	Q38: Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.6	+0.1
Overall experience	Q37: Overall...	7.0	-0.2

Scores that are statistically significant are shown in green

Some questions are not comparable to previous years due to changes in the wording of the questions.

CQC COMMUNITY MENTAL HEALTH SURVEY 2018 NTW 2017 vs 2018 Comparison:

There are 11 sections of the survey and a comparison between the 2017 and 2018 scores for each section are shown below. The Treatments section from 2017 has been divided between Medicines and Treatments (NHS Therapies). Scores improved in 5 sections (sections 2, 3, 4, 6 and 10), scores deteriorated in 4 (sections 1, 5, 9 and 11). None of the year on year score changes are considered statistically significant, please note that changes to some questions make comparisons inappropriate.

Section	2017 NTW (Lowest – Highest Trust Score)	2018 NTW (Lowest – Highest Trust Score)
1. Health and social care workers	7.8 (6.4 – 8.1)	7.4 (5.9 - 7.7)
2. Organising care	8.5 (7.8 – 9.0)	8.6 (7.9 - 9.0)
3. Planning care	7.0 (6.0 – 7.5)	7.2 (5.9 - 7.5)
4. Reviewing care	7.4 (6.2 – 8.3)	8.0 (6.5 - 8.2)
5. Changes in who people see	6.7 (4.6 – 7.3)	6.4 (5.1 - 7.3)
6. Crisis care	6.2 (5.1 – 7.3)	7.3 (5.8 - 7.9)
7. Medicines	7.6 (6.3 – 8.2)	7.5 (6.2 - 7.9)
8. Treatments		8.0 (6.7 - 8.5)
9. Support and wellbeing	5.1 (3.5 – 5.9)	5.0 (3.3 - 5.2)
10. Overall views of care and services	7.4 (5.9 – 7.9)	7.5 (5.8 - 7.8)
11. Overall experience	7.2 (5.9 – 7.5)	7.0 (5.6 - 7.5)

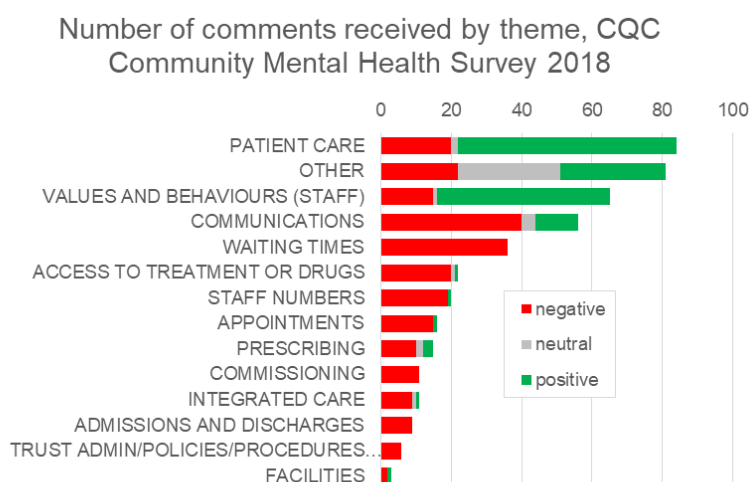
The following seven individual questions saw the most change from the previous year, only the first of which is considered statistically significant:

Section	Question	2017	2018	Comments
Reviewing Care	Q14: Did you feel that decisions were made together by you and the person you saw during this discussion?	7.4	8.4	2018 score is also better than expected
Changes in who people see	Q16: Were the reasons for this change explained to you at the time?	7.5	6.4	Deterioration
Support and wellbeing	Q32: In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	3.3	4.4	Improvement
	Q35: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	7.8	7.1	Deterioration
	Q36: Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	4.3	3.6	Deterioration

CQC COMMUNITY MENTAL HEALTH SURVEY 2018

QUALITATIVE QUESTIONS

Alongside the survey results, the Trust has received and analysed qualitative comments made by NTW respondents to the following three questions open, as categorised by NTW.



Is there anything particularly good about your care?

Patient Care, and Values and Behaviours of staff were the main themes with many examples of good practice

- *“My life has totally turned around. I was in deep dark place and can now laugh, smile and see a future. I can’t thank NHS mental health services enough.”*
- *“The person that I see for my mental health has really understood how I have been feeling and has given me a lot more confidence.”*

Is there anything that could be improved?

The main categories were **Waiting Times** (there were also other issues regarding time between appointments and difficulty accessing services)

- *“Following my diagnosis I didn’t have contact even via telephone for over a month with my allocated workers. I then had to be in crisis before a face to face meeting was arranged.”*

Communications was also a significant factor

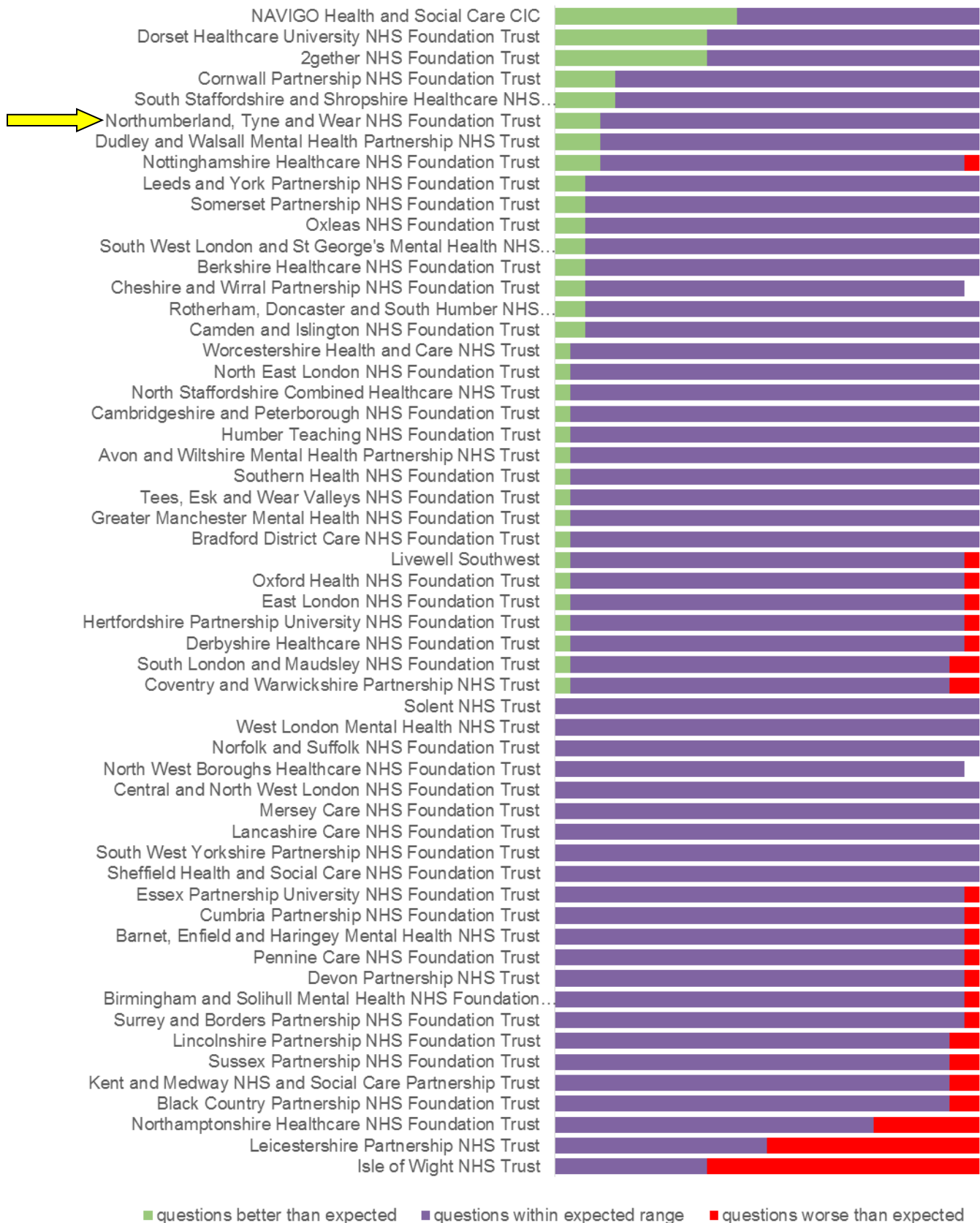
- *“The crisis team needs to improve the way they talk to clients and give more support to people a phone call 3 to 4 hours later might be too late. If they're having suicidal thought or plan to take their life.”*

Continuity of care and staff shortages was also a theme with many responses about having a re-establish a relationship

- *“Continuity, in past two years seen three different consultant psychiatrists. For someone with complex long term physical and mental health issues, this does not work and at times has had detrimental effect on mental health.”*

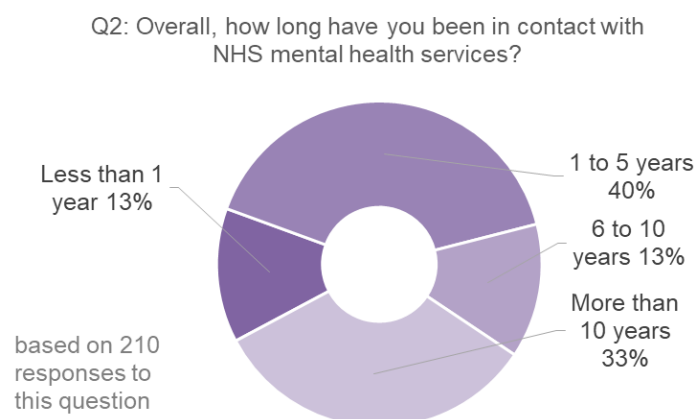
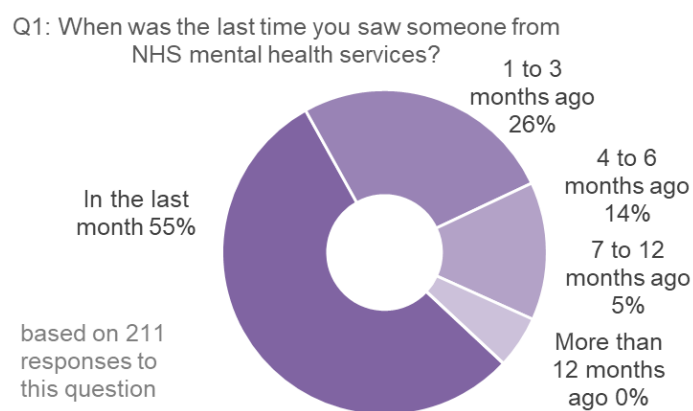
CQC COMMUNITY MENTAL HEALTH SURVEY 2018

All Trust Results - Number of questions better or worse than expected



Key demographic characteristics of the NTW service users who responded to the 2018 CQC Community Mental Health Survey

- 223 eligible NTW service users responded to the survey
- 55% of respondents were female (55% in 2017) and 45% were male (45% in 2017).
- 13% of respondents were aged under 35 (12% in 2017), 18% were aged 36 - 50 (22% in 2017), 35% were aged 51 - 65 (28% in 2017) and 33% of respondents were aged 66 and over (37% in 2017). This is indicative of an increased proportion of respondents aged 51 to 65 than in 2017.
- The respondents were 98% white, 1% Asian or Asian British.



Service user survey report 2018

Survey of people who use community mental health services 2018

Northumberland, Tyne and Wear NHS Foundation Trust

NHS Patient Survey Programme

Survey of people who use community mental health services 2018

The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. Our role is to register care providers, and to monitor, inspect and rate services. If a service needs to improve, we take action to make sure this happens. We speak with an independent voice, publishing regional and national views of the major quality issues in health and social care.

Survey of people who use community mental health services 2018

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences.

The 2018 survey of people who use community mental health services involved 56 providers of NHS mental health services in England (including combined mental health and social care trusts, foundation trusts and community healthcare social enterprises that provide mental health services). We received responses from 12,796 people, a response rate of 28%.

People aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 September 2017 and 30 November 2017. For more information on the sampling criteria for the survey please see the instruction manual for the survey (see 'Further information' section). Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and June 2018.

Similar surveys of community mental health services were carried out between 2004 to 2008, and 2010 to 2017.¹ However, the survey underwent two major redevelopments ahead of the 2010 and 2014 surveys to reflect changes in policy, best practice and patterns of service. This means that the 2018 survey is only comparable with the 2014, 2015, 2016 and 2017 surveys. Surveys carried out between 2010 and 2013 are comparable with each other but not with any other surveys.

The community mental health survey is part of a wider programme of NHS patient surveys which covers a range of topics, including acute adult inpatient, children and young people's services, urgent and emergency care services and maternity services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'Further information' section.

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. We will use data from the survey in our system of CQC Insight, which provides inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health and Social Care will hold them to account for the outcomes they achieve. NHS Improvement will use the results to inform their oversight model for the NHS.

¹In 2009 a survey of mental health inpatients took place.

Interpreting the report

This report shows how a trust scored for each evaluative question in the survey, compared with other trusts. It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. For more information on the expected range, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

This report shows the same data as published on the CQC website (available at the following link: www.cqc.org.uk/cmhsurvey). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section.

A 'section' score is also provided, labelled S1-S11 in the 'section scores'. The scores for each question are grouped according to the sections of the questionnaire, for example, 'Health and social care workers', 'Organising care' and so forth. Please note that Q3 (*In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?*) is in section ten ('Overall views of care and services') as this was the only question that could be scored in the 'Care and treatment' section of the questionnaire.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have a higher proportion of male service users than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we 'standardise' the data. Results have been standardised by the age and gender of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-gender profile reflects the 'national' age-gender distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this standardisation will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trust, for example, they may be 'routing questions' designed to filter out respondents to whom the following questions do not apply. An example of a routing question is Q20 (*In the last 12 months, have you been receiving any medicines for your mental health needs?*).

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the grey section of the graph, it's result is 'about the same' as most other trusts in the survey;
- If your trust's score lies in the orange section of the graph, it's result is 'worse' than would be expected when compared with most other trusts in the survey;
- If your trust's score lies in the green section of the graph, it's result is 'better' than would be expected when compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse'. If there is no text the score is 'about the same'. These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on a statistic called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no orange and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and / or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section²). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see 'Further information' section).

Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed where available. The column called 'Change from 2017' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2017. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test with a significance level of 0.05.

Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

Comparisons are also not able to be shown if a trust has merged with other trusts since the 2017 survey, or if a trust committed a sampling error in 2017.

²A section score is not able to be displayed as it will include fewer questions compared with other trusts hence it is not a fair comparison.

Notes on specific questions

This section provides information about the analysis of particular questions:

Q8 and Q9:

Q8. *Do you know how to contact this person if you have a concern about your care?*

Q9. *How well does this person organise the care and services you need?*

Respondents who stated at Q7 that their GP is in charge of organising their care and services have been removed from the base for these questions. This is because results will not be attributable to the mental health trust.

Q13 and Q14:

Q13. *In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?*

Q14. *Did you feel that decisions were made together by you and the person you saw during this discussion?*

As these questions specify a time period of 'the last 12 months' respondents who stated at Q2 they had been in contact with mental health services for less than a year have been removed from the base for these questions. This is because it is not fair to penalise trusts for not having reviewed a person's care, if they have not been in contact with services for long enough to have reasonably expected them to have had a care review.

Notes on question comparability

The following questions were new questions for 2018, and it is therefore not possible to compare with previous years:

Q22. *Were you given information about your medicines in a way that you were able to understand?*

Q26. *In the last 12 months, have you received any NHS therapies for your mental health needs that do not involve medicines?*

Q27. *Were these NHS therapies explained to you in a way you could understand?*

Q28. *Were you involved as much as you wanted to be in deciding what NHS therapies to use?*

In addition, question 7 (*Is the main person in charge of organising your care and services...*) was amended which caused questions 8 and 9 not to be comparable with previous years:

Q8. *Do you know how to contact this person if you have a concern about your care?*

Q9. *How well does this person organise the care and services you need?*

Further information

The results for England, and trust level results, can be found on the CQC website. You can also find a 'technical document' here which describes the methodology for analysing the trust level results:

www.cqc.org.uk/cmhsurvey

The results from previous community mental health surveys that took place between 2004 and 2008,³ and between 2010 and 2013 are available at the link below. Please note that due to redevelopment work, results from the 2018 survey are only comparable with 2014, 2015, 2016 and 2017.⁴

www.nhssurveys.org/surveys/290

Full details of the methodology for the survey, including questionnaires, letters sent to people who use services, instructions for trusts and contractors to carry out the survey, and the survey development report, are available at:

www.nhssurveys.org/surveys/1114

More information on the NHS Patient Survey Programme, including results from other surveys and a schedule of current and forthcoming surveys can be found at:

www.cqc.org.uk/content/surveys

More information on how CQC monitor trusts that provide mental health services is available at:

www.cqc.org.uk/content/monitoring-trusts-provide-mental-health-services

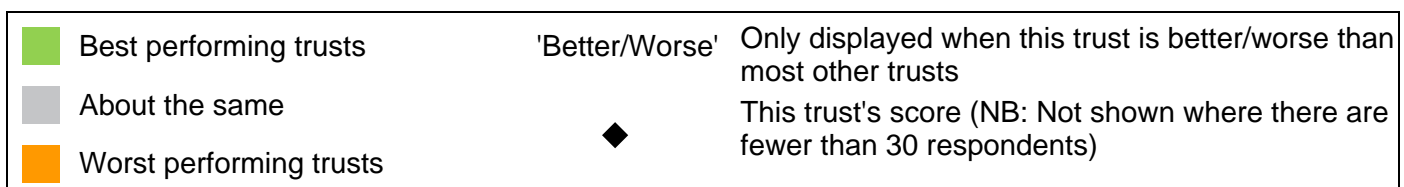
³In 2009 a survey of mental health inpatient services took place.

⁴Please note that the survey was also substantially redeveloped in 2010. This means that surveys carried out between 2010 and 2013 are comparable with each other but not with any other surveys.

Survey of people who use community mental health services 2018

Northumberland, Tyne and Wear NHS Foundation Trust

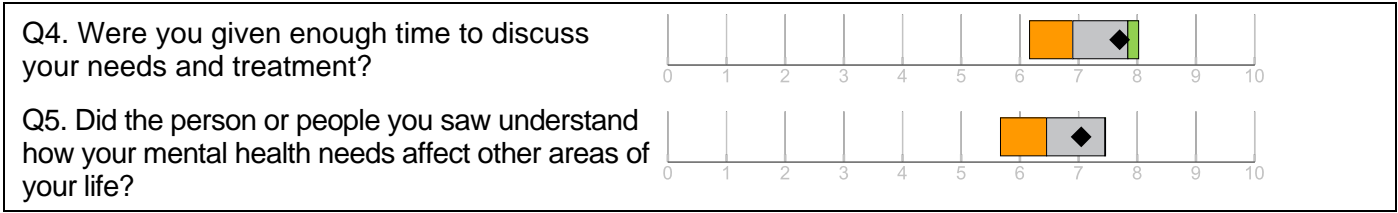
Section scores



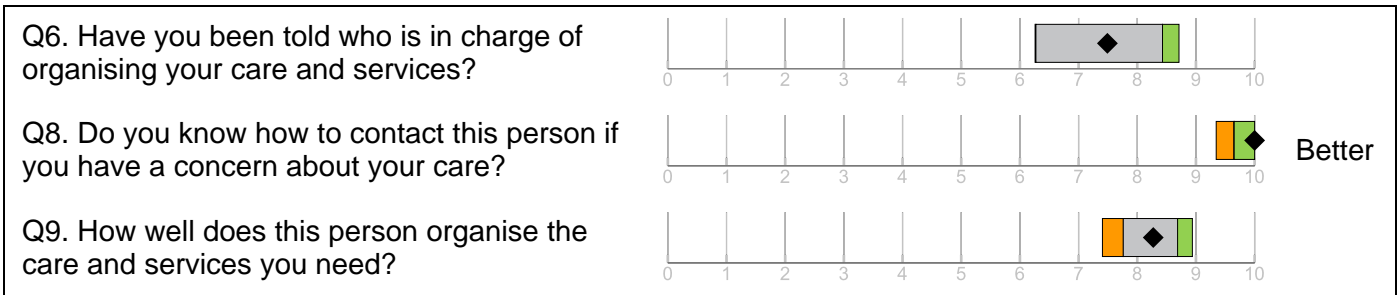
Survey of people who use community mental health services 2018

Northumberland, Tyne and Wear NHS Foundation Trust

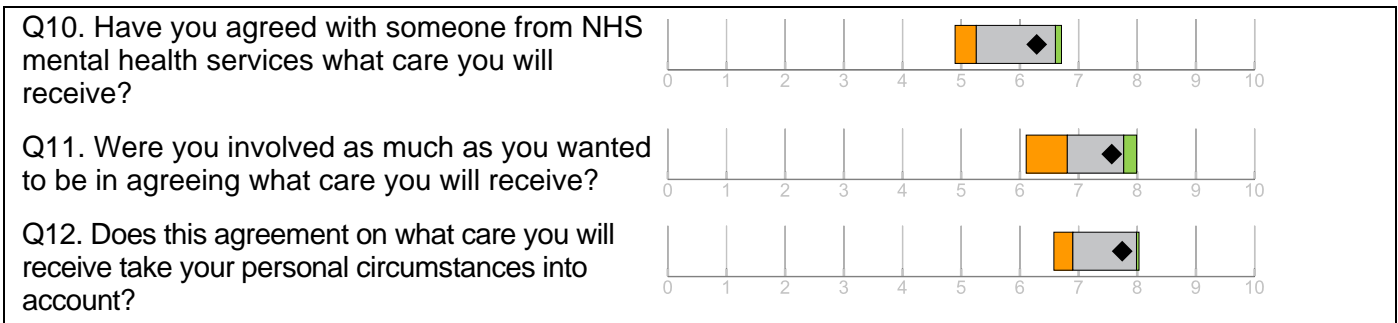
Health and social care workers



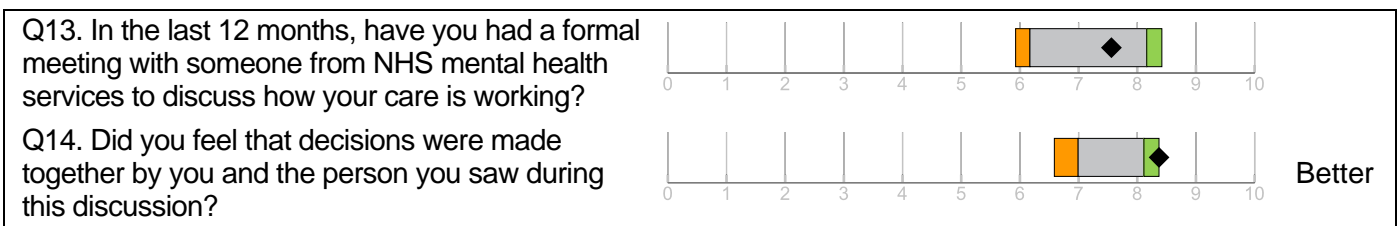
Organising care



Planning care



Reviewing care

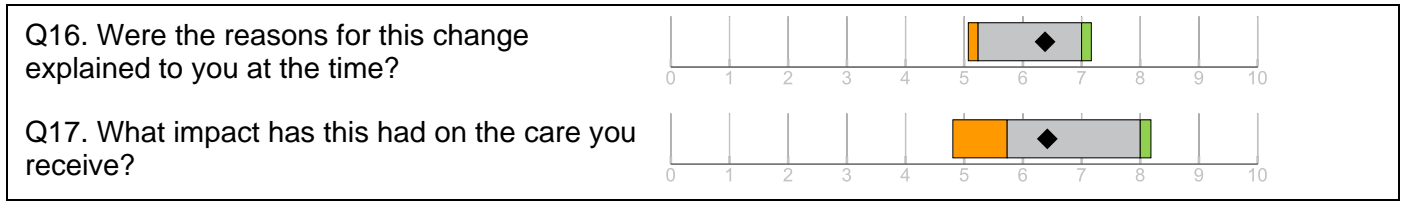


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

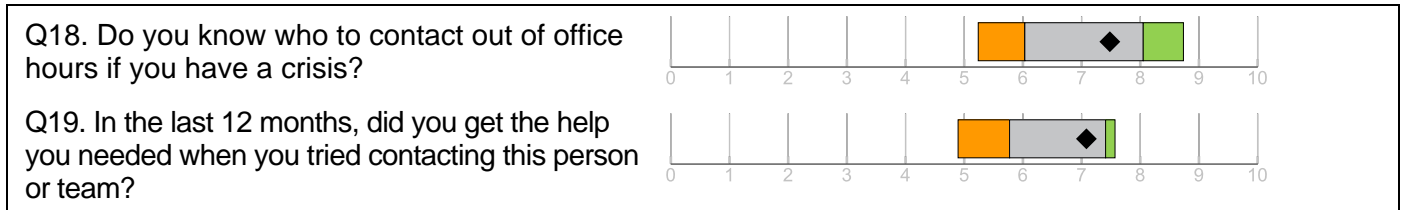
Survey of people who use community mental health services 2018

Northumberland, Tyne and Wear NHS Foundation Trust

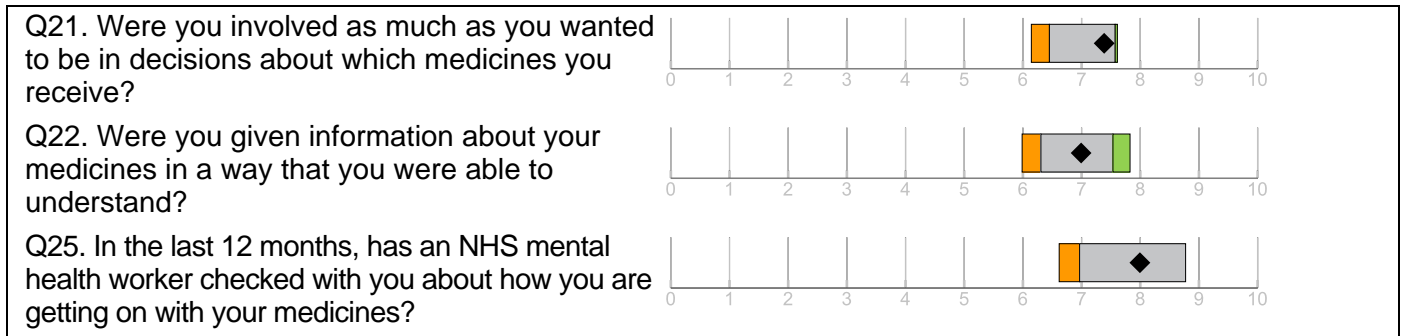
Changes in who people see



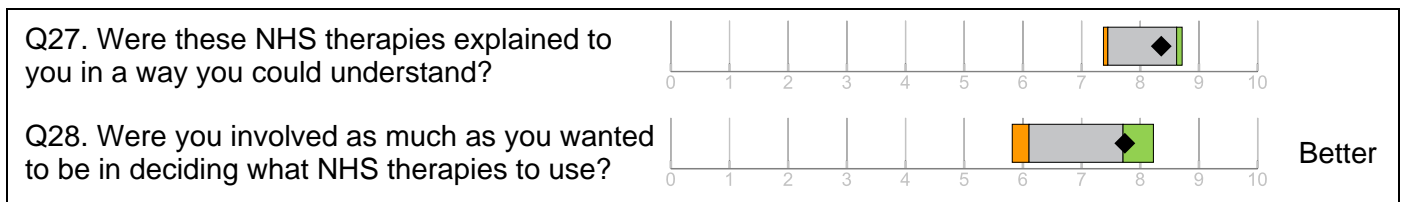
Crisis care



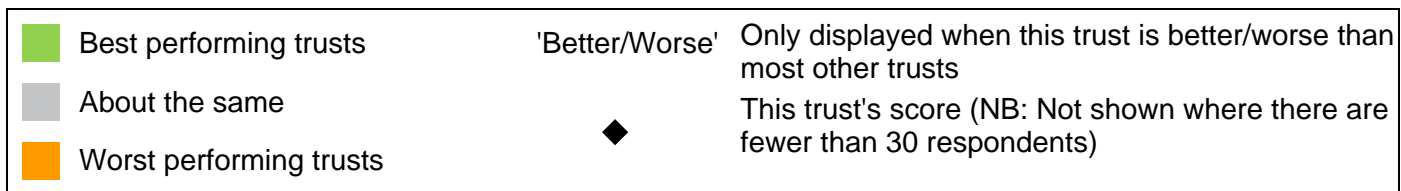
Medicines



Treatments



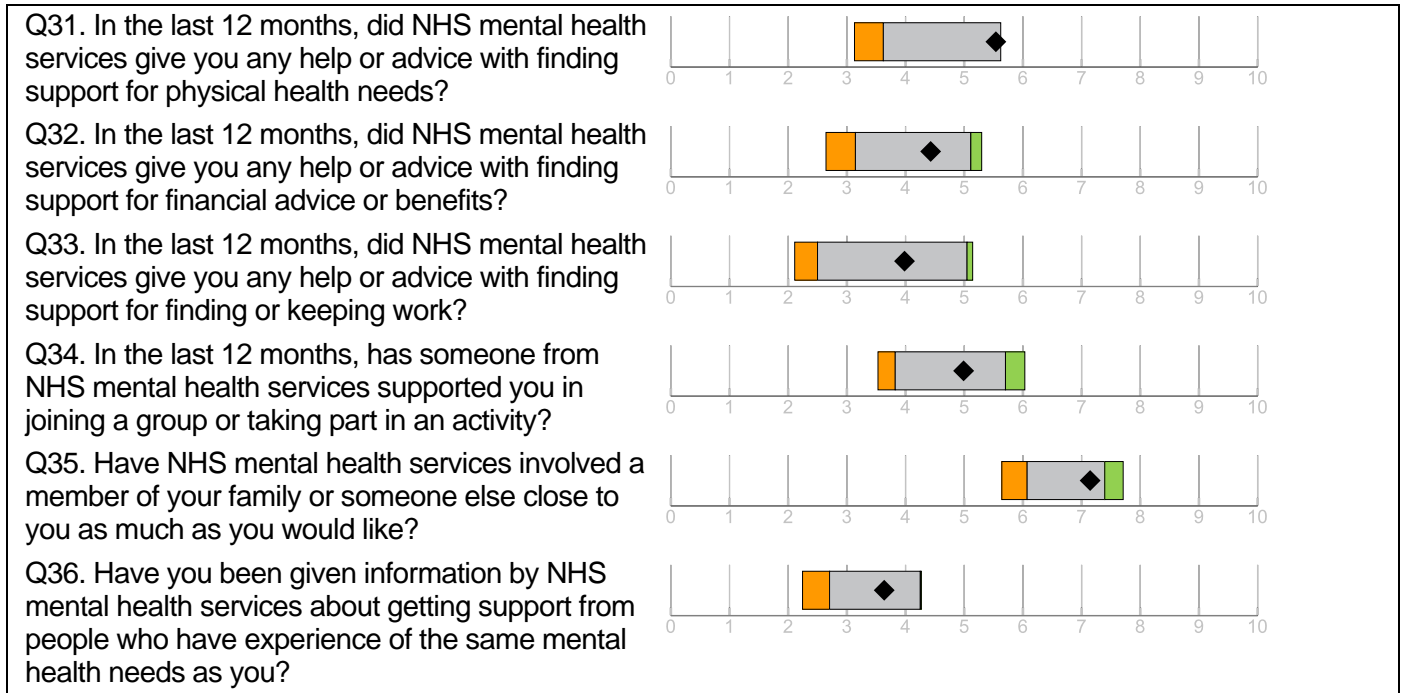
Better



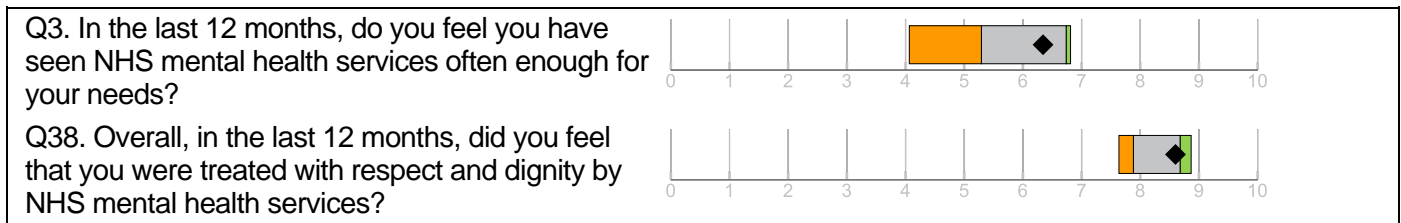
Survey of people who use community mental health services 2018

Northumberland, Tyne and Wear NHS Foundation Trust

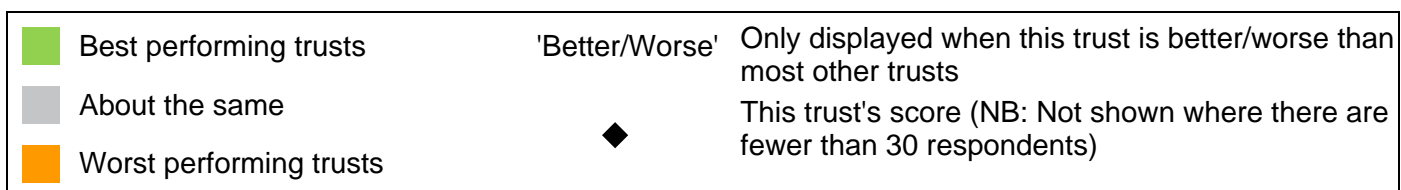
Support and wellbeing



Overall views of care and services



Overall experience



Survey of people who use community mental health services 2018

Northumberland, Tyne and Wear NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Health and social care workers						
S1 Section score	7.4	5.9	7.7			
Q4 Were you given enough time to discuss your needs and treatment?	7.7	6.2	8.0	208	7.7	
Q5 Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.0	5.7	7.5	206	7.4	
Organising care						
S2 Section score	8.6	7.9	9.0			
Q6 Have you been told who is in charge of organising your care and services?	7.5	6.3	8.7	180	7.3	
Q8 Do you know how to contact this person if you have a concern about your care?	10.0	9.3	10.0	109		
Q9 How well does this person organise the care and services you need?	8.3	7.4	8.9	109		
Planning care						
S3 Section score	7.2	5.9	7.5			
Q10 Have you agreed with someone from NHS mental health services what care you will receive?	6.3	4.9	6.7	212	6.0	
Q11 Were you involved as much as you wanted to be in agreeing what care you will receive?	7.6	6.1	8.0	166	7.3	
Q12 Does this agreement on what care you will receive take your personal circumstances into account?	7.7	6.6	8.0	167	7.7	
Reviewing care						
S4 Section score	8.0	6.5	8.2			
Q13 In the last 12 months, have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7.6	5.9	8.4	172	7.1	
Q14 Did you feel that decisions were made together by you and the person you saw during this discussion?	8.4	6.6	8.4	127	7.4	↑
Changes in who people see						
S5 Section score	6.4	5.1	7.3			
Q16 Were the reasons for this change explained to you at the time?	6.4	5.1	7.2	80	7.5	
Q17 What impact has this had on the care you receive?	6.4	4.8	8.2	75	6.4	

↑ or ↓ Indicates where 2018 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2017 data is available.

Survey of people who use community mental health services 2018

Northumberland, Tyne and Wear NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Crisis care						
S6 Section score	7.3	5.8	7.9			
Q18 Do you know who to contact out of office hours if you have a crisis?	7.5	5.2	8.7	195	7.2	
Q19 In the last 12 months, did you get the help you needed when you tried contacting this person or team?	7.1	4.9	7.6	93		
Medicines						
S7 Section score	7.5	6.2	7.9			
Q21 Were you involved as much as you wanted to be in decisions about which medicines you receive?	7.4	6.1	7.6	168	7.4	
Q22 Were you given information about your medicines in a way that you were able to understand?	7.0	6.0	7.8	182		
Q25 In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	8.0	6.6	8.7	159	8.1	
Treatments						
S8 Section score	8.0	6.7	8.5			
Q27 Were these NHS therapies explained to you in a way you could understand?	8.4	7.4	8.7	72		
Q28 Were you involved as much as you wanted to be in deciding what NHS therapies to use?	7.7	5.8	8.2	72		

↑ or ↓ Indicates where 2018 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2017 data is available.

Survey of people who use community mental health services 2018

Northumberland, Tyne and Wear NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Support and wellbeing						
S9 Section score	5.0	3.3	5.2			
Q31 In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	5.5	3.1	5.5	117	5.6	
Q32 In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	4.4	2.6	5.3	125	3.3	
Q33 In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	4.0	2.1	5.1	48	3.8	
Q34 In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	5.0	3.5	6.0	104		
Q35 Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	7.1	5.6	7.7	141	7.8	
Q36 Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	3.6	2.2	4.3	119	4.3	
Overall views of care and services						
S10 Section score	7.5	5.8	7.8			
Q3 In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.3	4.1	6.8	208	6.4	
Q38 Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.6	7.6	8.9	213	8.5	
Overall experience						
S11 Section score	7.0	5.6	7.5			
Q37 Overall...	7.0	5.6	7.5	197	7.2	

↑ or ↓

Indicates where 2018 score is significantly higher or lower than 2017 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2017 data is available.

Survey of people who use community mental health services 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	223	12796
Response Rate (percentage)	27	28
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	45	42
Female	55	58
Age group (percentage)	(%)	(%)
Aged 18-35	13	15
Aged 36-50	18	20
Aged 51-65	35	25
Aged 66 and older	33	39
Ethnic group (percentage)	(%)	(%)
White	97	87
Multiple ethnic group	0	2
Asian or Asian British	1	4
Black or Black British	0	3
Arab or other ethnic group	0	1
Not known	1	4
Religion (percentage)	(%)	(%)
No religion	29	25
Buddhist	2	1
Christian	65	63
Hindu	0	1
Jewish	0	0
Muslim	0	3
Sikh	0	1
Other religion	2	2
Prefer not to say	1	4
Sexual orientation (percentage)	(%)	(%)
Heterosexual / Straight	89	87
Gay / Lesbian	3	2
Bisexual	5	3
Other	1	2
Prefer not to say	2	6

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 November 2018

Title and Author of Paper:

No Waste

Paul McCabe, Head of Estates and Facilities

Executive Lead: James Duncan, Finance Director and Deputy CE

Paper for Information:

Key Points to Note:

NTW are part of a North East healthcare consortium for the management and disposal of clinical waste. The company who collect and dispose of the waste across the consortium is Healthcare Environmental Services. The current value of our element of the contract is approximately £60,000 a year, variable on activity

Healthcare Environmental Services have been under Environment Agency scrutiny for a number of months not just in the North East but across England. This is associated with significant concerns that they have been failing to have the waste incinerated in a timely manner and in accordance with their permit. These concerns have been the subject of considerable national press interest and led to national and regional measures of intervention

The North East Consortium and Yorkshire Consortium both used HES. A step in contractor (MITIE) has been appointed to manage and dispose of clinical waste across both Consortia but this has not yet been enforced. At this stage, the Trust continues to operate under the existing contract with HES. This is operated through a local waste facility at Benton, which is not involved in the national concerns. It should also be noted that the Trust only generates low level clinical waste.

The Trust has been required to submit daily "sitreps" as NHSI / E continue to advise that the situation is still uncertain regarding the sustainability of our existing provider, given the national position and the risk to its existing contracts. Associated with this risk, the Trust has contingency containers around its main sites (for NTW this is a minimal cost).

The Trust is also required to submit information to MITIE (the contractor selected by NHSI as step in provider) as we may still be forced to switch to them at some point if the EA close monitoring forces NHSI to insist we transfer the contract across. This may put the Trust (as part of the wider Consortium) at risk of legal action if the contract is not justifiably terminated, although the Trust risk associated with this is not seen to be significant, given the value of the contract.

Currently, as a Trust we are experiencing no service issues with the company and the local Benton plant is working within permit.

The Trust is maintaining an overview of the current situation, and the current level of risk is seen as low. On a wider consortium level there remain significant concerns about the wider management of the situation and ensuring full engagement between the EA/NHSI, the consortia and individual organisations.

The Board are asked to note the relatively minor risk associated with this issue, which is being effectively managed operationally. Unless the risk is seen to change significantly it is not expected that there will be a requirement to update the Board further

Risks Highlighted to Board :

No current specific risks - the situation is being managed.

Does this affect any Board Assurance Framework/Corporate Risks?

Please state **Yes** or **No**

If Yes please outline

Equal Opportunities, Legal and Other Implications:

None

Outcome Required:

For information

Link to Policies and Strategies:

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 November 2018

Title and Author of Paper:

Gateshead Health and Care partnership : Memorandum of Understanding

James Duncan, Finance Director and Deputy CE

Executive Lead: James Duncan, Finance Director and Deputy CE

Paper for Debate, Decision or Information: Information

Key Points to Note:

The Board received a joint presentation on the Gateshead System Development in July.

This paper is the next step in this programme asking the Board to approve formally the signing of a Memorandum of Understanding that supports this programme as we move forward.

Risks Highlighted to Board :

Does this affect any Board Assurance Framework/Corporate Risks?

Please state

Equal Opportunities, Legal and Other Implications: n/a

Outcome Required: Approval and Support for MOU

Link to Policies and Strategies: Strategic Ambition 2 and 3

Gateshead Health and Care Partnership: Memorandum of Understanding

1. Introduction

In July 2018 the Board of Directors received a “report out” from the multi-agency team that had participated in a Gateshead system design week that took place in June. The purpose of that work had been to determine the extent to which the partner organisations were prepared to work together and if this should go beyond the existing relationships. The group concluded that there was benefit to the population of Gateshead in all partners organisations working more closely together on a shared agenda and that this should be structured around the Gateshead Council “Thrive” agenda. The Board of Directors supported this recommendation and authorised the management team to work with colleagues across the system to develop the approach.

This paper is the next step in this programme asking the Board to approve formally the signing of a Memorandum of Understanding that supports this programme as we move forward.

2. Gateshead Health and Care Partnership – Work to Date

Since the June Workshop and report out to Boards, much work has been undertaken to progress the partnership. Key elements include:

- 2.3 A weekly meeting has been in place since June 2018 discussing a combination of development and governance issues as well as more operational aspects of working together in partnership.
- 2.4 Planning for 2019-20 is underway to create an umbrella approach for the partnership aligned with each organisation’s individual requirements.
- 2.5 The directors of finance have met and agreed the approach they will take to system working including the introduction of a regular two weekly meeting aligned to the partnership board.
- 2.6 A programme of ten transformation work-streams has been established with three priority areas all intended to address variation in practice across the system and improve service delivery to patients, carers and clients. The three Priority areas are: Children’s Wellbeing and Mental Health; Supporting Frailty; Managing Long Term Conditions.

3. The Memorandum of Understanding

The proposed Memorandum of Understanding (MoU) for the Partnership is attached. The Council’s legal team has reviewed the document on behalf of all partners and their advice has been incorporated into the draft document presented to the Board for approval.

4. Integration with Integrated Care System and Integrated Care Partnerships

The Gateshead Health and Care Partnership is a “place-based” approach and as such is aligned to the emerging ICS architecture which is intended to support delivery of services at local level. The NHS Plan is expected to reinforce this approach when it is published. Colleagues at the ICS and ICP level are being kept apprised of the work in Gateshead as well as colleagues in NHSE and NHSI. The general feedback is that Gateshead is well advanced in its thinking and our proposed structures are consistent with national and regional thinking.

5. Recommendations

The Board of directors is recommended to:

- Accept the Memorandum of Understanding for the Gateshead Health and Care Partnership and;
- Authorise the Trust’s management team to work with partner organisations on the detailed terms of reference and working arrangements that will deliver the principles outlined.

James Duncan
November 2018

Gateshead Health & Care Partnership

Memorandum of Understanding

Author/s:	J Costello
Date written:	16 November 2018 (version 6)
Approved by:	
Date Approved:	
Revisions:	

CONTENTS

1. **PURPOSE OF THIS DOCUMENT**
2. **AIMS & OBJECTIVES**
3. **PARTNERSHIP GOVERNANCE**
 - 3.1 Partners
 - 3.2 Signatories
 - 3.3 Statement of Commitment from Partnership Members
 - 3.4 Partnership Values
 - 3.5 Accountability
 - 3.6 Voting Rights
 - 3.7 Contractual Arrangements
 - 3.8 Resource Requirements
 - 3.9 Duration of MoU
 - 3.10 Amendments
 - 3.11 Dispute Resolution
 - 3.12 Confidentiality & Data Protection
 - 3.13 Expenses & Limitation of Liability
 - 3.14 Termination/Exiting
 - 3.15 Additions to the Partnership
4. **PARTNERSHIP STRUCTURE**
 - 4.1 Structure diagram
 - 4.2 Roles & responsibilities
5. **COMMUNICATION AND ENGAGEMENT**
6. **ANNOUNCEMENTS**
7. **COMMITMENT OF UNDERTAKING**

1. PURPOSE OF THIS DOCUMENT

- 1.1 This document sets out the arrangements within which the Gateshead Health & Care Partnership (the Partnership) will work together for the benefit of people and communities within Gateshead so that their health and care needs can best be met within available resources to the local system.
- 1.2 The basis of collaboration between the organisations named in this MoU is that they will all participate within a Gateshead 'place' partnership comprising Blue Stone Consortium (BSC), Community Based Care Health Ltd (CBCH), Gateshead Council (GC), Gateshead Federation of GP Practices, Gateshead Health NHS Foundation Trust (GHNHSFT), NHS Newcastle Gateshead CCG (NGCCG), Northumberland, Tyne & Wear NHS Foundation Trust (NTW) and The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH). Collaborative working will be managed through the Gateshead Health & Care Partnership Board (the Board), representative of partner member organisations.
- 1.3 All joint working within the Partnership will be subject to the terms of this Memorandum of Understanding (MoU). Such work will be agreed by the Board and managed jointly within the Partnership. Supporting frameworks will be developed for work programme areas as required.
- 1.4 The MoU is not a legally binding document and therefore does not replace the legal framework or responsibilities of our organisations. It sits alongside and complements those frameworks, setting out the arrangements to enable our organisations to come together to establish a Gateshead place-based approach to the integration of health and care for the benefit of local people.

2. AIMS AND OBJECTIVES

- 2.1 The Partnership will work with other partners, stakeholders and local people to improve the health and wellbeing outcomes of Gateshead residents, consistent with Gateshead's Thrive agenda and within the whole resources available to the local system. In particular, it will work to:
 - shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help, matched by appropriate resource levels.
 - support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities;
 - create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity, getting the most from the Gateshead £.
- 2.2 The Partnership will promote a Gateshead place-based approach to the integration of health and care so that planning and delivery arrangements are undertaken as close to 'place' as possible. Whilst recognising the primacy of place, the Partnership

will collaborate with broader footprints on behalf of the Gateshead population where this will secure health and wellbeing benefits for local people.

- 2.3 The Partnership will promote the work of its members and take advantage of opportunities to work collaboratively to deliver high quality services for the Gateshead population.

3. PARTNERSHIP GOVERNANCE

3.1 PARTNERS

Partner organisations and the signatories to this MoU are:

- Blue Stone Consortium (BSC)
- Community Based Health Care Ltd (GCBC)
- Gateshead Council (GC)
- Gateshead Federation of GP Practices (GFGP)
- Gateshead Health NHS Foundation Trust (GHNHSFT)
- NHS Newcastle Gateshead CCG (NGCCG)
- Northumberland, Tyne & Wear NHS Foundation Trust (NTW)
- The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)

3.2 SIGNATORIES

MoU signatories will comprise of the Chief Executives or equivalent of the formal Partnership members.

Other relevant stakeholders and service providers may will be engaged collaboratively in the Partnership's transformation agenda through membership of appropriate groups/workstreams, involvement in other agreed improvement work and/or attendance at other forums.

3.3 STATEMENT OF COMMITMENT FROM PARTNERSHIP MEMBERS

The Partnership relies on high levels of trust and collaborative working. The focus for all partners will be to improve individuals' wellbeing, experience of care and outcomes through an integrated approach to the strategic planning and provision of care working with local people, as well as seeking to deliver financial sustainability across a broad range of health and care initiatives in Gateshead.

The Partnership is committed to working towards the achievement of its long term strategic outcomes and individual member organisations will collaborate to play a significant, active and ongoing contribution to enhancing the health, care and wellbeing of local people in Gateshead.

The Partnership is committed to the collective use of resources for the benefit of local people, maximising use of the Gateshead £, and to developing the workforce to deliver its aims and objectives. It will work collaboratively to identify the 'gives and gets' associated with its programmes of work.

The Partnership will review, align and develop joint strategic planning and provider arrangements and consider how best services can engage and collaborate in the future. It will develop coordinated planning and operational capabilities, processes, pathways and outcomes as well as the mechanisms for monitoring and measuring the success of the Partnership. The benefits of joint working will help to overcome organisational boundaries and constraints, supporting the achievement of the Partnership's stated objectives.

Partnership members are committed to joint decision making on matters pertaining to the business of the Partnership and to abide by decisions of the Partnership in relation to these matters. This does not preclude individual Partnership member organisations from progressing programmes of work or initiatives that fall outside of Partnership business.

The Partnership will commit to ensuring the long-term sustainability of the whole system, including supporting members to meet their statutory and regulatory responsibilities.

3.4 **PARTNERSHIP VALUES**

The relationship between MoU Partners will be based on:

- Equity
- Mutual respect and trust
- Inclusiveness – in developing and shaping a Gateshead place based narrative, both with member organisations, other stakeholders and local people and communities
- A commitment to being positive and constructive
- A shared commitment to providing the best possible care working with local communities
- A desire to make the best use of available resources in meeting the aims of the Partnership and in a way that is sustainable for the local health and care system
- A willingness to work with and learn from others
- A willingness to compromise in the interest of patient benefit
- An openness to change
- Transparency – decision making, financial and service planning, delivery
- Open and transparent communications and engagement; a collective and collaborative approach to consultation and engagement

These values will be promoted and embedded across our organisations.

As well as recognising the values that bind partner organisations together, their different perspectives and what they can bring to the Partnership will be recognised and valued.

3.5 **ACCOUNTABILITY**

It is the responsibility of all members of the Board to share, inform and secure agreement within their own organisational governance arrangements for the full delivery of the MoU's aims and objectives. It will be each MoU partner's responsibility to highlight any discrepancy between their own governance

arrangements and any MoU delivery requirements, as and when any discrepancy arises, so that any issues can be assessed and acted upon in a timely manner.

Nothing in this MoU is to be seen as preventing or limiting any partner's ability to discharge any of its statutory functions. All partner organisations will retain their current statutory accountabilities for health and social care and any commitments made will remain subject to organisations' continuing ability to meet these accountabilities. The Partnership will work collectively to support partner organisations in discharging their accountabilities.

3.6 DECISION MAKING

The Board will consist of senior representatives from each partner member organisation. Other representatives may also attend as required.

Decision making arrangements will be in accordance with the following principles:

- A consensus view on the way forward will be sought on issues coming before the Partnership.
- Where a difference of view emerges across member organisations, efforts will be made by the Partnership to reconcile those views in the first instance e.g. through further discussions by the Partnership and/or focused discussions with one or more member organisations with a view to agreeing a way forward that is at least satisfactory and acceptable to all member organisations.
- Where consensus still cannot be reached on an issue, consideration will be given to the practicality and desirability of taking forward only those elements which have broad support across the Partnership.
- Only when these avenues have been explored without success should a course of action be put to a formal vote i.e. as a backstop measure only. In such instances, each member organisation of the Partnership will have one vote i.e. a single vote will rest with each member organisation (not with each representative attending a Partnership meeting on behalf of their organisation). Where an absolute majority of member organisations (>50%) are in favour of a course of action, it will be carried by the Partnership.

3.7 CONTRACTUAL ARRANGEMENTS

Partners may opt to enter into formal sub-contracting or other contractual arrangements to collectively deliver aspects of Gateshead's health, community and/or social care services. Any such arrangements are outside the scope of this MoU.

3.8 RESOURCE REQUIREMENTS

In order to deliver the responsibilities and key accountabilities outlined in the MoU, partners will each agree to assign and make available sufficient staff with the relevant competence, knowledge, skills and capacity, and other required resources to ensure timely achievement of the Partnership's objectives.

In meeting this requirement, there will be no requirement for staff to transfer to a new employer and they will be subject to their employer's terms and conditions of employment.

3.9 DURATION OF THE MoU

The MoU will commence on Signatories will agree to work in partnership in accordance with the terms of the MoU for as long as they remain party to the MoU (see section 3.14 on termination/exiting).

Partner organisations will be requested to reaffirm their commitment to the MoU on an annual basis.

3.10 AMENDMENTS

Once agreed the MoU, signed by the authorised signatories of all partners, may be reviewed periodically and amended with the mutual agreement of the partners. Once approved by the Board, amendments will be appended to the original MoU.

3.11 DISPUTE RESOLUTION

Any issues or disputes which cannot be immediately resolved to all partners' satisfaction will be escalated to the Chief Executives (or equivalent) of the respective partner organisations or their nominee. Also, see section 3.6 above.

3.12 CONFIDENTIALITY & DATA PROTECTION

MoU partners agree to share information with each other and with appropriate stakeholders. MoU partners will not disclose confidential information for commercial advantage or to disadvantage or discredit other parties to the MoU or anyone else. Each partner is responsible for ensuring its own compliance with data protection legislation.

All partner organisations will be compliant with relevant legislation.

3.13 EXPENSES & LIMITATION OF LIABILITY

The Parties understand that any financial arrangements will have to be negotiated on a case by case basis and that the decision to enter into any further agreement, contract, sub-contract or Service Level Agreement or implement the terms of this MoU shall be solely at the discretion of each Party. The Parties have not come together with a view to making a profit.

Each Party will be responsible for and bear all its legitimate costs, risks and liabilities arising out of its obligations and efforts in accordance with the provisions of this MoU.

This MoU is not intended to create any obligations on or between the parties.

3.14 TERMINATION/EXITING

Should any partner wish to withdraw from the Partnership, notice must be given in writing to the other parties, with reasons for the withdrawal. This clause applies only to the partnership arrangement covered by the MoU and does not affect any commercial contracts for the supply of goods and services which may exist between the parties independent of the MoU.

At the time of any withdrawal / resignation, the remaining partners will decide whether the Partnership's aims and objectives can continue to be met. If necessary, a new memorandum of understanding may be drawn up.

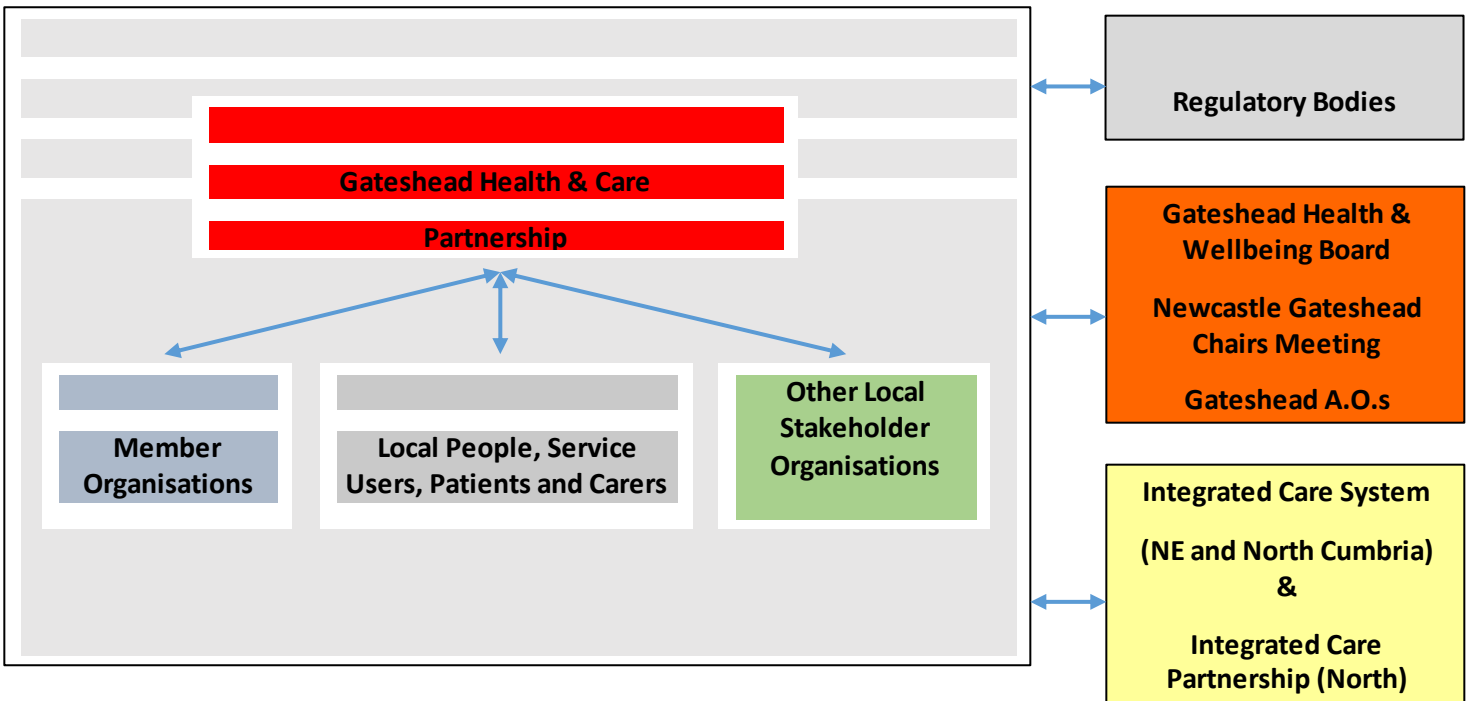
3.15 EXTENSION / ADDITION TO THE PARTNERSHIP

Other organisations may be proposed or propose themselves for membership of the Partnership. In these situations, any new members will be accepted only if they can commit to adherence with this MoU and with the unanimous agreement of the current partners. If necessary, a new memorandum of understanding may be drawn up.

4. PARTNERSHIP STRUCTURE

4.1 STRUCTURE DIAGRAM

Gateshead Health & Care Partnership & Relationships



4.2 ROLES & RESPONSIBILITIES (See Terms of Reference for further details)

Chairmanship will be on a rotating basis of member organisations and will be reviewed on an annual basis.

Each member organisation will be responsible for ensuring that its representatives participate in the work of the Partnership and that the nominated Board members attend the Board on a regular basis. Existing members reserve the right to review input from partners if it is felt that they are not fulfilling their role and commitments under the MoU.

Each organisation will ensure that any representatives on the Board, or those involved in agreed work of the Partnership report back to their member organisations on a regular basis.

Any Partnership decisions that may be likely to have a financial or risk implication on member organisations should be communicated to those organisations in a timely manner.

The member organisations will agree areas of work / service where it is felt patient benefit can be delivered and will work collectively to deliver such benefit.

5. COMMUNICATION AND ENGAGEMENT

MoU partners commit to communicating openly and constructively and to sharing good practice within and beyond the Partnership. Partners agree to engage, consult and co-operate to achieve the maximum benefits for the local community. This co-operation will include the sharing of appropriate information and maintaining effective communication, where this will inform and improve the planning and delivery of health and care services. The partners also commit, so far as is reasonably possible, to communicating relevant information regarding progress to wider stakeholders and interested parties.

The Partnership will pursue a collective and collaborative approach to its work, focused on co-production with local people, service users and communities so that they can help shape health and care services to meet their needs.

6. ANNOUNCEMENTS

No Party shall make or permit any person to make any public announcement relating to the Partnership without the prior agreement of the other Parties except as required by law, any governmental or regulatory authority (including, without limitation, any relevant securities exchange), any court or other authority of competent jurisdiction.

7. COMMITMENT OF UNDERTAKING

We the undersigned, as authorised signatories to the MoU, have read and accepted the terms of the MoU and provide corporate assurance of our organisation's commitment to working in partnership to deliver better health and wellbeing outcomes for the people of Gateshead:

Signatories:

Blue Stone Consortium

Signature _____
Date: ____ / ____ / 2018

Community Based Health Care Ltd

Signature _____
Date: ____ / ____ / 2018

Gateshead Council

Signature _____
Date: ____ / ____ / 2018

Gateshead Federation of GP Practices

Signature _____
Date: ____ / ____ / 2018

Gateshead Health NHS Foundation Trust

Signature _____
Date: ____ / ____ / 2018

NHS Newcastle Gateshead CCG (NGCCG)

Signature _____
Date: ____ / ____ / 2018

Northumberland, Tyne & Wear NHS Foundation Trust (NTW)

Signature _____
Date: ____ / ____ / 2018

The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)

Signature _____
Date: ____ / ____ / 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: November 28, 2018

Title and Author of Paper:

Northumberland Tyne and Wear NHS Foundation Trust Charity: Annual Report and accounts for the year ended March 31, 2018 together with the Report of the Chairman of the Charity Committee

Martin Cocker, Independent Non-Executive Director, Chair of the Charitable Funds Committee

Executive Lead: None

Paper for Debate, Decision or Information: Approval and information

Key Points to Note:

Northumberland Tyne and Wear NHS Foundation Trust is the corporate trustee of the charity. As such, all members of the Board are trustees of the charity. The Board has delegated responsibility for the day-to-day management of the Charity's funds to the Charitable Funds sub-committee (the 'Committee').

However, the Board retains responsibility to consider and approve the annual report and accounts of the Charity. The report and accounts for the year ended March 31, 2018 are attached.

An independent review of the report and accounts has been undertaken by Mazars. who have indicated to the Committee that there were no matters arising from that review that they wished to bring to the attention of the Committee.

The report and accounts has also been considered by the Audit Committee, who agreed to recommend the report and accounts to the Board for approval.

The Committee's Terms of Reference ('ToR') require that an annual report should be prepared by its Chairman and presented to the Board. The report for the year ended March 2018 is attached for the Board's consideration. The report has been considered and approved by Charitable Funds sub-committee.

It should be noted that the ToR's do not require that the report be approved by the Board.

Risks Highlighted to Board:

None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state **Yes** or **No**

If Yes please outline

No

Equal Opportunities, Legal and Other Implications:

None

Outcome Required:

Board approval of the Charitable Funds annual report and accounts for the year ended March 31, 2018.

The Board to receive the annual report of the Chairman of the Charitable Funds sub-committee

Link to Policies and Strategies:

None

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST CHARITY

Chairman's Annual Report 2017/2018

This report covers the activities of the Northumberland, Tyne and Wear NHS Foundation Trust Charity (the 'Charity') for the year ended March 31, 2018.

1. Overview

Until March 31, 2016, the charitable funds of Northumberland Tyne and Wear NHS Foundation Trust (the 'Trust') were mainly administered under the umbrella of the Newcastle Healthcare Charity ('NHC').

Following a review by the Department of Health on the future regulation and governance arrangements of NHS charities, charitable funds held by NHC on behalf of other NHS trusts were transferred back to the respective trusts. The effective transfer date was April 1, 2016.

To facilitate the receipt of charitable funds from NHC, the Trust established the Charity on February 26, 2016. The Trust is the sole Corporate Trustee of the Charity.

The Charity holds funds to be used for any charitable purposes relating to the general or specific purposes of the Trust or purposes relating to the National Health Service. Typically, funds are used to support current and former service users of the Trust by providing items of comfort or therapeutic activities beyond the normal levels expected for patient welfare and amenities.

At March 31, 2018, the total value of funds was approximately £1.425 million (March 31, 2017: £1.492 million) in 81 individual funds (March 31, 2017: 81) held under one umbrella registration. There is one general fund, the Shine Fund. Other funds held are relevant to individual wards and departments and sometimes by specific purpose within those areas. Where possible, funds are rationalised and the monies transferred to the Shine fund. Incoming donations, legacies and investment income are also allocated to and held within the Shine fund unless its use is for a specific purpose.

2. Charitable Funds Committee

All members of the Board of Directors (the 'Board') of the Trust are the trustees of the Charity. As such, all Board members are required to ensure that:

- Any funds donated to the Trust for charitable purposes are used for the purposes for which they were given; and
- Those funds are managed appropriately; and
- Balances are invested wisely.

The Board has devolved responsibility for the on-going management of funds to the Charitable Funds Committee (the 'Committee'). This is a sub-committee of the Board. Therefore, its meetings are governed by the Trust's Standing Orders and its financial transac-

tions must comply with the Trust's Standing Financial Instructions. The Committee's Terms of Reference ('ToR') are approved by the Board.

During the year, the Committee comprised:

Chair: Martin Cocker

Members: James Duncan
Gary O'Hare
Lisa Quinn
Alexis Cleveland
Chris Macklin (until June 21, 2017)

The Committee met formally three times (2016/17: 3 times) and via email once (2016/17: nil). The email exchange, in November 2017, was to agree the vehicle for the investment of funds following discussions at the previous formal meeting in October.

Additionally, the Committee considered for approval by email 97 (2016/17: 96) individual applications for the granting of funds. As a result of the Committee's considerations, 93 applications were approved (2016/17: 96), three were declined (2016/17: nil), one was approved but has not yet been drawn down and one withdrawn (2016/17: nil).

The three applications were declined because the Committee believed that the funding should more appropriately be found out of the Trust's budgets.

The application approved but not yet drawn down relates to North Tyneside Recovery College. The Committee considered the application under the broader agenda of how the Charity could fairly and equitably support all Recovery Colleges operating in the areas served by the Trust (see further details below). As a result of those considerations, the Committee approved a level of funding for North Tyneside. However, the original North Tyneside Recovery model was abandoned and its replacement model is still under discussion. Therefore, funds have not yet been called down.

Chris Macklin was the governor representative on the Committee. He resigned from the Committee at the same time that he resigned as a governor of the Trust. Fiona Grant joined the Committee on April 1, 2018.

The ToR call for the Committee to include a governor member. However, quoracy of the Committee does not require the governor member to be present.

The ToR also provide that applications for funding can be approved by a simple majority of Committee members but do not require the governor representative to be within that majority.

Accordingly, the Committee was quorate at all meetings during the year and all funding decisions were taken in accordance with the ToR.

3. Finance, Achievement and Performance

The Charity continues to rely on donations, legacies and investment income as the main sources of income.

The total incoming resources during the year amounted to £38,778 (2016/17: £69,528), being funds raised by staff, relatives, friends and other donations of £27,319 (2016/17: £28,887), one legacy £3,000 (2016/17: two legacies totalling £37,218) and investment income of £8,549 (2016/17: £3,423).

During the year, the Charity's assets were held in short-term, interest-bearing deposit accounts. However, the Committee is in discussion with Cazenove to invest at least some of the Charity's funds in higher yielding investment vehicles, being mindful at all times that the risk profile of those investment vehicles should reflect that the Charity's funds have been donated by the public.

Total expenditure in the year amounted to £105,494 (2016/17: £176,911), comprising funds disbursed for charitable purposes of £97,934 (2016/17: £148,576), costs of generating voluntary income of £1,147 (2016/17: £407) and governance costs of £6,412 (2016/17: £27,927). Governance costs in 2016/17 included one-off, set-up costs to procure a financial ledger system and for legal costs relating to the establishment of the Charity.

As noted, funds disbursed for charitable purposes during the year total £105,494. However, funds approved during the year have not yet been fully drawn down and so are not reflected in this disbursement total. In particular, the Charity committed £15,072 in February 2018 to continue to lease a car for the next three years for Aldervale and Clearbrook High Dependency Rehabilitation Wards based at Hopewood Park. The Committee agreed the request because both wards provide rehabilitation for patients suffering with psychosis who are often difficult to engage and lack the motivation to be able to maintain their own health and wellbeing. The shared car between the wards allows social inclusion events such as trips to the cinema, bowling, dog walking and trips further afield.

Other significant items of expenditure during the year were:

- £10,000 to fund an eight week activity program at Ferndene on the pasture land to the rear of the site. The money was used to purchase equipment to provide a static base to co-ordinate activities and store equipment over the eight week period
- £3,400 in total was granted over a number of different sites to support community access activities such as badminton, football and cycling and a further £5,500 to provide music-based activities and equipment.
- £7,975 to provide decoration and festive treats for all inpatient wards over the Christmas period (Christmas 2016: £10,190).

The Committee is mindful that efforts should be made to ensure that charitable funds be used as equally as possible across the Trust's main service lines, its locations and the geographical area served by the Trust. Efforts are made to make line managers aware of the availability of funds from the general Shine Fund and also any funds specifically available to wards or locations.

In respect of service lines, approximately 40% of the total commitments by value made in the year were to Specialist services and 46% to In-Patient services and 14% of commitments to Community services projects.

The main sites of St Nicholas, Monkwearmouth, St Georges Park, Ferndene, Hopewood and Northgate accounted for 62% of the total commitments by value in the year, excluding those made to Recovery Colleges. This compares 56% in 2016/17.

4. Recovery Colleges

During the year, the Committee received requests for funding from some of the Recovery Colleges operating within the Trusts's geographical area. These funding requests promoted a discussion in the Committee about how the Charity might be used to fairly and equitable support all Recovery Colleges operating in the the Trust's geographical area.

The Committee agreed that is very supportive of the Recovery College concept and believes that they are an appropriate and good use of charitable funds. However, the Committee is also mindful that supporting Recovery Colleges on the basis of applications for funds creates a danger of disproportionate support to different parts of the geographical area served by the Trust.

Therefore, discussions centred upon how this danger could be avoided. In April 2018, the Committee took the decision to support the Sunderland, South Tyneside, North Tyneside, Newcastle Gateshead and Northumberland Recovery Colleges with a total commitment of £180,000. This will be allocated to the Recovery Colleges according to headcount in the areas served by those colleges. This decision was reported to the Board in April 2018.

Funds allocated to the North Tyneside and the Northumberland Recovery Colleges will be dependent upon an appropriate Recovery College model being agreed.

5. Conclusion

Charitable funds continue to be an important source of funding for activities and facilities that benefit current and past users of the Trust's services but which would not be funded out of current operational or capital budgets. More than 85% of the disbursements from the Charity's funds are for less than £1,000 but help to create benefit far in excess of the monetary value.

The Committee is mindful to ensure that the funds are used equally across the Trust's services, locations and geographical area. Work continues to ensure that line managers are aware that funds exist and for what purpose they can be used. The commitment to support Recovery Colleges will help in terms of geographical spread.

The Committee commits this report for consideration and approval of the Board.

Martin Cocker
Chairman,
Charitable Funds Sub-Committee

October 24, 2018

Appendix 1:

Self-Assessment of the Performance of the Charitable Funds Committee of North-umberland, Tyne and Wear NHS Foundation Trust

	Assessment Area	Re- sponse	Comments
	Composition and Establishment		
1.	Does the Committee have written terms of reference that adequately and realistically define its role, purpose and accountabilities?	Yes	
2.	Have the terms of reference been adopted by the Board?	Yes	
3.	Are the terms of reference reviewed annually to ensure they remain fit for purpose?	Yes	The terms of reference are approved by the Board each year. In addition, changes to the Terms of reference in the interim must be approved by the Board.
4.	Has the Committee acted in accordance with its terms of reference and undertake all the duties delegated to it?	Yes	
5.	Does the Committee have an annual work plan in place?	No	This is an area for development for the Committee.
6.	Has the Committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	Currently, the investment strategy is simple. A more complicated strategy would require input from professional investment advisers. This is being considered by the Committee.

--	--	--	--

	Assessment Area	Re- sponse	Comments
7.	Does the Committee have a balance of Independent Director and Executive membership?	Yes	The Committee also has Governor representation, although it should be noted that from June 21, 2017 to March 31, 2018 governor representation was missing from the Committee.
8.	Does at least one committee member have a financial background?	Yes	The CFO of the Trust is a member of the Committee and the Chair is a chartered accountant. Finance support also attends each meeting.
Effective Functioning – Committee			
9.	Are risks relating to the remit of the committee recorded, managed and mitigated in line with the Trust's procedures?	No	Risk register for the Charity has not yet been established. However, once such a register is established then the risks will be managed and mitigated in line with the Trust's procedures.
10	Is the risk register reviewed and challenged on a regular basis?	No	See response to question 9 above
11	Does the Board review the progress and outputs of the Committee?	Yes	Annual reports are presented to the Board.
12	Does the Committee receive at least twice a year reports for ratification from the Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Charity's investment adviser?	No	See response to question 6 above. The Committee does not have yet an investment advisor.
13	Does the Committee report regularly to the Board verbally and through minutes and make clear recommendations when necessary?	No	Currently, the investment strategy is simple

14	Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the Board?	Yes	See response to question 11 above.
	Assessment Area	Response	Comments
15	Does the Committee monitor and review the scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable funds?	Yes	
16	Does the Committee ensure that it fully carries out its duties contained within its terms of reference?	Yes	
17	Does the Committee ensure that the delegated powers and duties of the Director of Finance are being fully carried out?	Yes	The Charity does not have any employees. Financial support is provided by NTW Solutions.
18	Does the Committee periodically assess its own effectiveness?	Yes	The Committee's terms of reference require that it reports to the Board of Directors each year. That report is to include a self-assessment.
19	Can members give appropriate feedback on the effectiveness of the Chair?	Yes	
20	Has the Committee determined the appropriate level of detail it wishes to receive from reports?	Yes	Report formal and content subject to continuous review and development.
21	Do you receive the appropriate level of timely and accurate information to allow you to fulfil your Committee role?	Yes	
22	Does the Committee effectively monitor - or ensure monitoring of - agreed actions?	Yes	

23	Are members particularly those new to the Committee, provided with training?	No	Initiation process is an area that requires development.
	Assessment Area	Re- sponse	Comments
24	Has the Committee formally considered how it integrates with other committees?	Yes	Terms of reference were amended to reflect how the Committee and Audit Committee should interact.
25	Do all members contribute to and review the Committee's annual report?	Yes	
26	Do all members consider that the Chair conducts the meeting in a timely fashion, ensuring that all papers are considered and involving all members?	Yes	
Effective Functioning – Individual members			
27	Do I have sufficient understanding and knowledge of the issues to identify any potential risk and issues?	Yes	
28	Do I appropriately challenge Executives and management on critical and sensitive matters?	Yes	
Compliance with laws and regulations			
29	Does the Committee have a mechanism to keep it aware of topical issues?	No	This is an area for development.
30	Does the Committee have a mechanism to keep it aware of legal issues?	No	This is an area for development

Other Issues			
31	Are arrangements in place to call ad hoc meetings when necessary?	Yes	
32	Are arrangements in place to notify Committee members of urgent matters?	Yes	

	Assessment Area	Response	Comments
33	Are Committee meetings scheduled prior to important decisions being made?	Yes	Consideration of the funding of Recovery Colleges is a case in point.
34	Does the Committee regularly review the contribution of the Fundraiser and receive a detailed annual report?	N/A	Fundraiser not engaged by the Charity during the year.
Administrative Arrangements			
35	Is the timing to Committee meetings discussed with all the parties involved?	Yes	
36	Are papers circulated in good time and are minutes received as soon as possible after meetings?	Yes	
37	Does the Committee meet the appropriate number of times to deal with planned matters, development and liaison?	Yes	
38	Does the Committee assess its own effectiveness periodically?	Yes	Annual self assessment of performance.
39	Has the Committee considered the costs that it incurs; and are the costs appropriate to the perceived risks and benefits?	Yes	
Annual Accounts			
40	Does the Committee review the annual report on investment performance?	N/A	As previously noted, the Charity does not yet use the services of professional financial advisors.

	Assessment Area	Response	Comments
41	Does the Committee invite Internal Audit to attend once a year to provide the Committee with the assurance on progress and end of year accounts?	Yes	The Trust's Internal Audit group review the operations of the Charity as part of the audit programme agreed by the Trust's Audit Committee. The Trust's Audit Committee is ultimately responsible for recommending the financial statements to the Board of Directors. Accordingly, the assurances will be given by Internal Audit to the Trust's Audit Committee.
42	Is the Committee's role in the approval of the annual accounts clearly defined?	Yes	Contained in the terms of reference
43	Does the Committee ensure that expenditure is approved in line with the Charitable Funds Procedure?	Yes	
44	Is the Committee meeting scheduled to discuss proposed adjustments to the accounts and issues arising from the audit?	Yes	



Northumberland,
Tyne and Wear
NHS Foundation Trust

ANNUAL REPORT

Northumberland, Tyne and Wear NHS Foundation Trust Charity

Registered Charity Number - 1165788

Year ending
31 March
2018



CONTENTS

Foreword	4
Reference and administration details	6
Structure, governance and management	8
Objectives and activities	12
A review of our finance, achievements and performance	13
Plans for future periods	13
A big thank you	14
Fundraising news	20
Annual accounts 2017/18	26



FOREWORD

The Board of Directors of Northumberland, Tyne and Wear NHS Foundation Trust as Corporate Trustee presents the Charitable Funds Annual Report together with the Financial Statements for the year ended 31 March 2018.

The Charity's annual report and accounts for the year ended 31 March 2018 have been prepared by the Corporate Trustee in accordance with Part 8 of the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2008. The Charity's report and accounts include all the separately established funds for which the Northumberland, Tyne and Wear NHS Foundation Trust is the sole beneficiary.

The Charity has a Corporate Trustee: the Northumberland Tyne and Wear NHS Foundation Trust. The members of the NHS Trust Board of Directors who served during the financial year were as follows:

Hugh Morgan Williams
Chair (up to 31.07.17)

Ken Jarold
Chair (from 01.02.18)

Alexis Cleveland, Acting Chair and
Non-Executive Director
(acting chair from 01.04.17 to
31.01.18)

John Lawlor
Chief Executive

James Duncan
Executive Director of
Finance and Deputy
Chief Executive

Dr Rajesh Nadkarni
Executive Medical Director

Gary O'Hare
Executive Director of Nursing
and Operations

Lisa Crichton-Jones
Executive Director
of Workforce and
Organisational
Development

Lisa Quinn
Executive Director of
Commissioning and Quality
Assurance

Dr Les Boobis
Non-Executive Director

Martin Cocker
Non-Executive Director

Paul McEldon
Non-Executive Director
(up to 30.06.17)

Peter Studd
Non-Executive Director

Ruth Thompson
Non-Executive Director

Miriam Harte
Non-Executive Director

The Charitable Funds are registered with the Charity Commission (no. 1165788) in accordance with the Charities Act 2011.

Reference and administrative details

Northumberland, Tyne and Wear NHS Foundation Trust Charity, registered Charity Number 1165788, is constituted of 81 individual funds as at 31 March 2018. The notes to the accounts distinguish the types of fund held and disclose separately all material funds.

Charitable funds received by the charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 2006, and these funds are held on Trust by the corporate body.

Trustee

Northumberland, Tyne and Wear NHS Foundation Trust is constituted as the sole Corporate Trustee of the Charity and its charitable funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

All members of the Board of Directors of Northumberland, Tyne and Wear NHS Foundation Trust are the Trustee within charitable law and as such are required to ensure that any funds donated to the Trust for charitable purposes are used for the purposes for which they were given, that funds are managed appropriately and that balances are invested wisely.

The Board of Directors has devolved responsibility for the on-going management of funds to a sub-committee of the Board of Directors whose meetings are governed by the Trust's Standing Orders and whose financial transactions must comply with the Trust's Standing Financial Instructions. A Non-Executive director chairs the Charitable Funds Sub Committee and its other members comprise the Executive Directors of the Trust.

Trustees and members of the Charitable Funds Sub-Committee during 2017/18 were as follows:

Chair	Martin Cocker	Non-Executive Director
Members	James Duncan	Executive Director of Finance and Deputy Chief Executive
	Gary O'Hare	Executive Director of Nursing and Operations
	Lisa Quinn	Executive Director of Commissioning and Quality Assurance
	Alexis Cleveland	Non-Executive Director
	Chris Macklin	Governor (up to 21.06.17)
	Fiona Grant	Governor (from 21.06.17)

Principal office

The principal office for the Charity is:

Northumberland, Tyne and Wear NHS Foundation Trust Charity
C/o Northumberland, Tyne and Wear NHS Foundation Trust
St Nicholas Hospital
Jubilee Road
Gosforth
NE3 3XT

Principal professional advisers

Bankers:
Lloyds Banking Group
4th Floor
102 Grey Street
Newcastle upon Tyne
NE1 6AG

Independent examiners

Mazars LLP
Salvus House
Aykley Heads
Durham
DH1 5TS

Solicitors

Withers LLP
16 Old Bailey
London
EC4M 7EG



Structure, governance and management

The Northumberland, Tyne and Wear NHS Foundation Trust Charity was established by Trust deed and is registered with the Charity Commission (charity number 1165788). The charity's funds were established using the model declaration of trust.

As a body we are a member of the Association of NHS Charities.

All trust funds are registered with the Charity Commission. The Charitable Funds (the Charity) of Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) comprise a range of funds under one umbrella registration. Funds are held relevant to individual wards and departments and by specific purpose within those areas. These funds are, within certain delegated limits, available for the staff to expend on items appropriate to the fund concerned in line with the financial procedures laid down from time to time.

Large donations, often received by virtue of a legacy, are managed directly by the Charitable Funds Sub Committee which ensures that the wishes of the donor are met and that expenditures are not at variance to the Trust's own activities and that, where relevant, investment in new equipment or services is sustainable and supported in future years.

Non-Executive Members of the Board of Directors are appointed by the Council of Governors and Executive Members of the Board are subject to recruitment by the Board of Directors. Members of the Board of Directors and the Charitable Funds Sub-Committee are not individual Trustees under Charity Law but act as agents on behalf of the corporate Trustee.

All members of the Board of Directors have a responsibility to adhere to the NHS Foundation Trust Code of Governance.

The Executive Director of Finance and Deputy Chief Executive have a responsibility to highlight to members of the Charitable Funds Committee any changes to charity law and updates from the Charity Commission. These items are circulated to all members and included as an agenda item for the next meeting as they occur.

Acting for the Corporate Trustee the Charitable Funds Committee is responsible for the overall management of the Charitable Funds. Details of the Trustee's responsibilities are provided in the statement accompanying the attached accounts for the year.

The Trustee is responsible for preparing the Trustee's Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing these financial statements, the Trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP);
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008. The Trustee is also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out within the annual report have been compiled from and are in accordance with the financial records maintained by the Trustee.

By Order of the Trustee, and those with delegated responsibility

Chairman.....

Date.....

Executive Director.....

Date.....

The accounting records and the day to day administration of the funds are dealt with by the Finance Department, NTW Solutions located at Northumberland, Tyne and Wear NHS Foundation Trust, St Nicholas Hospital, Jubilee Road, Gosforth, NE3 3XT.

Consolidation of accounts with Northumberland, Tyne and Wear NHS Foundation Trust

In accordance with NHS Improvement's Annual Reporting Manual 2017-18 and the Department of Health Group Accounting Manual (DH GAM), where an NHS Foundation Trust is the corporate Trustee to an NHS Charitable Fund, the NHS Foundation Trust was required to consider whether the accounts of that charitable fund represent a subsidiary. This is likely to be the case where the NHS Foundation Trust both:

- has control over the NHS Charitable Fund, i.e.
 - controls the majority of the voting rights in the entity;
 - has the power to govern the financial and operating policies of the entity; and
 - has the power to appoint or remove directors at meetings of the board and;
- benefits from the NHS Charitable Fund.

Based upon the above it was considered Northumberland, Tyne and Wear NHS Foundation Trust Charitable Funds represented a subsidiary of Northumberland, Tyne and Wear NHS Foundation Trust.

During 2016/17, the Northumberland, Tyne and Wear NHS Foundation Trust's only subsidiary was the charity and on the grounds of materiality, the Trust opted not to consolidate the charity into its financial statements. On 2nd November 2016, Northumberland, Tyne and Wear NHS Foundation Trust incorporated a wholly owned subsidiary named NTW Solutions Limited which commenced trading on 1st April 2017. The Trust has prepared consolidated group financial statements for 2017/18 for the Trust and its subsidiaries including the Northumberland, Tyne and Wear NHS Foundation Trust Charity. The 2016/17 comparators for the charity have also been included in the comparators for the NTW Group for 2016/17.

Risk management

The Trustee, in reviewing risks appropriate to the charitable activities, places reliance upon the risk management review carried out by Northumberland, Tyne and Wear NHS Foundation Trust and the overall internal control arrangements within the Trust.

The Trust's internal auditors include Charitable Funds in their annual plans and their findings, which include an assessment of risk, are reported to the Trustee via the Trust's Audit Committee.

Partnership working and networks

Northumberland, Tyne and Wear NHS Foundation Trust is the main beneficiary of the charity and is a related party by virtue of being Corporate Trustee of the charity. By working in partnership with the Trust the charitable funds are used to best effect. When deciding upon the most beneficial way to use charitable funds the Corporate Trustee has regard to the main activities, objectives, strategies and plans of the Trust.

Public benefit statement

Public benefit, as defined by the Charities Act 2011. The Trustees can report that the two key principles that underpin 'public benefit' have been met:

- there is always an identifiable benefit or benefits and these are apparent from the contents of the Annual Report and are all related to the aims of the charities; and
- there is a benefit to the public or a section of the public. The beneficiaries are appropriate as laid down by the aims of the various charities and there are no unreasonable restrictions. It is recognised that the Trustee exercises a discretion in deciding upon who will benefit from the charities but that this is permissible under the aims and objects of the charities concerned and the beneficiaries constitute a 'section of the public' and therefore this is a reasonable exercise of that discretion. The aims and objects of the Charity are contained in the charity's Scheme. The Trustee confirms that they:
 - o ensure that they pursue the aims and objects of the various charities for the public benefit, as defined by the Charities Act 2011;
 - o have proper regard to the guidance published by the Charity Commission in respect of the subject of public benefit; and
 - o confirm that this Annual Report provides sufficient information as to the ways in which the public benefit is achieved.

Independent Examination

The Charity's Trustee considers that an audit is not required for this year under section 144(2) of the Charities Act 2011 and that an independent examination is required as a lower-income charity. An independent examination has been carried out by Mazars LLP for the financial statements for 2017/18.



Objectives and Activities

The Charity's purpose is as follows:

“The funds held can be used for any charitable purposes relating to the general or specific purposes of Northumberland, Tyne and Wear NHS Foundation Trust or purposes relating to the National Health Service.”

Typically the purpose of the funds is to benefit the public through its support for current and former service users of the Northumberland, Tyne and Wear NHS Foundation Trust. The funds provide items of comfort for patients or therapeutic activities beyond the normal levels expected for patient welfare and amenities. The funds held relevant to individual wards and departments are often raised by the staff and friends or are from small donations given by patients and relatives in gratitude for the care they have received. These funds are available for the staff to expend on items appropriate to the fund concerned in line with the financial procedures laid down from time to time.

The largest bid for the year was £15,000 to provide a car for Aldervale and Clearbrook wards for a three year period from their specific charitable fund to provide activity based outings for patients. Another large spend was an extensive summer programme of activities for the young people at Ferndene of £10,000 including a sports day every week, environmental awareness days, nature challenges, building tepees, pet therapy, and creative music workshops. This included various zones for activities which included a wet zone with sand and water play. Northgate Hospital purchased a quadricycle for patients to ride around the site for £1,800 and Plummer Court purchased children's seating and a bookshelf for their family area for £750.

There were two new funds opened in the year, one for the Forensic Recovery College's Café Cart project and one related to a bequest. The Charitable funds Committee continued with its policy of rationalisation of the funds held on Trust to promote clarity of purpose and by actively publicising the availability of all legacies to ensure expenditure to date was appropriate.

A Review of our finance, achievements and performance

Total incoming resources amounted to £38,778. There was one legacy fund included in incoming resources within the year amounting to £3,000. The charity continues to rely on donations, legacies and investment income as the main sources of income. Income comprised: funds raised by staff, relatives, friends and other donations £27,319, legacies £3,000 and investment income £8,459.

Of the total expenditure of £105,494, charitable expenditure for patient welfare and amenities was £97,934, costs of generating voluntary income was £1,147 and governance costs were £6,412.

The net assets of the Charitable Funds as at 31 March 2018 were £1,414,639. Further details are provided in the annual accounts and notes.

Reserves policy

The policy of the Trustee is to spend charitable funds and not allow funds to accumulate. The policy states that fund holders need to balance the interests of present and future beneficiaries of the fund. Expenditure plans should ideally aim to spend a minimum target of 10% of the fund per annum and raise funds equal to 10% of income per annum.

The Trustee considers that it should be the aim to hold sufficient reserves to be able to provide funds to meet charitable expenditure as it is incurred and to review the position on an annual basis. Access to the funds is encouraged so that cash is used often to provide benefits to the current and former service users of the Northumberland, Tyne and Wear NHS Foundation Trust. It has not yet been considered necessary to hold a set amount in reserves as in many instances the minimum spend targets are not yet being met.

Investments

The charity's assets are short term investments held in interest-bearing deposit accounts. The Charity is working on an investment policy and this will be implemented and some longer term investments will be made during 2018/19.

Plans for future periods

The Trustee reviews the spending priorities for each fund quarterly at the Charitable Funds Sub-Committee meetings and fund holders are regularly notified of balances.

Charitable fund activity will be consistent with the Trust's business plan and be set against identified corporate objectives.

Future plans for the coming year include funding for the Recovery Colleges which will provide them with equitable financial support. The Recovery College deliver innovative free courses which give people a safe place to learn, connect with other people and develop skills.

Going concern

The Charity's Trustee has a reasonable expectation that the Charity has adequate fund balances to continue in operational existence for the foreseeable future.

This expectation is based upon fund balances as at the 31st March 2018 of £1,414,639 with minimal future liabilities and commitments.

A big thank you!

On behalf of the staff and patients who have benefited from improved services due to donations and legacies, the Corporate Trustee would like to thank all patients, relatives and staff who have made charitable donations.

Annual Accounts 2017-18

The annual accounts for the Charitable Funds are published on the Trust's Intranet site. Further copies can be obtained from Mr James Duncan at the Principal Office

Martin Cocker
Chair

James Duncan
Executive Director of Finance
and Deputy Chief Executive

Charitable Funds
Sub-Committee

Charitable Funds
Sub-Committee

Date:

Independent examiner's report to the Trustee of Northumberland, Tyne and Wear NHS Foundation Trust Charity

I report on the accounts of the Charity for the year ended 31 March 2018, which are set out on pages 24 to 36.

Respective responsibilities of trustees and examiner

The charity's trustee is responsible for the preparation of the accounts. The charity's trustee considers that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

This report, including my statement, has been prepared for and only for the charity's trustee as a body. My work has been undertaken so that I might state to the charity's trustee those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustee as a body for my examination work, for this report, or for the statements I have made.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustee concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that in any material respect the requirements to keep accounting records in accordance with section 130 of the 2011 Act; and to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 2011 Act have not been met; or
- (2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Signed:

Name: Cameron Waddell (CPFA) for and on behalf of Mazars LLP

Relevant professional qualification or body: CPFA

Address: Salvus House, Aykley Heads, Durham DH1 5TS

Date: 2018

Fundraising News



Great North Run

Our amazing staff raising funds for charity including our very own SHINE Fund. Thank you!



Exercise Therapy Football Tournament

Staff and service users had a great day taking part in a football tournament in Gateshead on Tuesday 19 September 2018 which saw the Early Intervention in Psychosis (EIP) and Bamburgh Clinic through to the final. EIP won 3-0. Well done to all involved!

The 'Shining a Light Trophy' went to a player in goal, he provided constant motivation, support and encouragement to his team.

A total of £121.75 was raised for the SHINE fund.





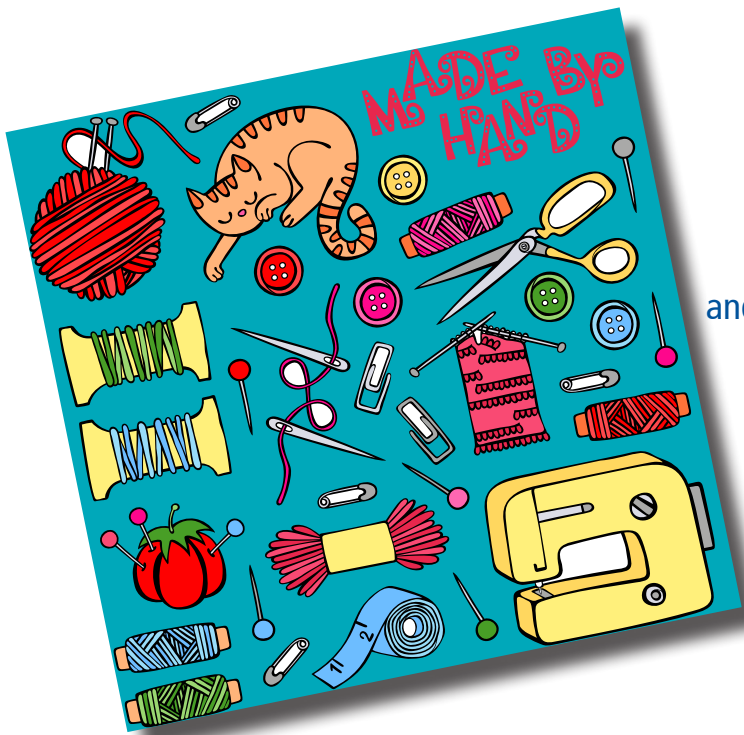
Gardening group

SHINE Funds have supported a gardening group at Walkergate Park in Newcastle.

Adaptive equipment has been purchased to enable patients with a range of disabilities to garden. These tools and equipment help to show patients that despite their disability they can continue gardening and DIY after being discharged.

SHINE funds helped to purchase a Polytunnel and greenhouse heaters to allow staff to run the gardening group all year round.

DIY tools were purchased to expand the range of tasks carried out by the group.



The Richardson Eating Disorders Service at Royal Victoria Infirmary, Newcastle purchased a new sewing machine for patients use and also equipment to improve the patient's outdoor garden area.

Charitable funds enabled the purchase of a pool table for the patient's activity area at Tyne Unit at Northgate Hospital, Morpeth

Altering Images of Mentality (AIM) Calendar

Charitable Funds have been helping to fund the AIM calendar for a number of years. The AIM calendar features original art work by service users from across the North East of England which is available free to download at www.aimmentalhealth.org.uk



Animal care workshop

SHINE Funds have supported patients from Kenneth Day Unit and Gees Centre at Northgate Hospital and Bamburgh Clinic and Bede Ward at St. Nicholas Hospital to participate in an animal care workshop with Bill Quay Farm. The course was facilitated by a peer support worker from the Recovery College. The workshop covered animal welfare, therapeutic value of animal care and the benefits of volunteering and peer support. Positive feedback was received from all who attended.



Other improvement projects ...



Recovery Gardens at
Northgate Hospital, Morpeth



Improved outdoor garden area at
**Hauxley Ward, St. George's Park,
Morpeth**

New garden furniture
at **Elm House, Gateshead**



ANNUAL ACCOUNTS

Statement of financial activities

	2017/18				2016/17		
		Unrestricted Funds	Restricted Funds	Total 2017/18	Unrestricted Funds	Restricted Funds	Total 2016/17
	Note	£000	£000	£000	£000	£000	£000
INCOMING RESOURCES							
Incoming resources from generated funds							
Income from donations and legacies							
Donations		21	1	22	22	-	22
Legacies		-	3	3	-	37	37
Sub total income from donations and legacies	3.1	21	4	25	22	37	59
Other trading activities	3.2	3	-	3	4	-	4
Income from investments	3.3	8	-	8	3	-	3
Other income	3.4	3	-	3	4	-	4
TOTAL INCOME FROM CHARITABLE ACTIVITIES		35	4	39	33	37	70
EXPENDITURE ON CHARITABLE ACTIVITIES							
Expenditure on raising funds	4.1	(2)	-	(2)	(1)	-	(1)
Expenditure on charitable activities	4.2	(104)	-	(104)	(176)	(1)	(177)
TOTAL EXPENDITURE ON CHARITABLE ACTIVITIES		(106)	-	(106)	(177)	(1)	(178)
Net income / (expenditure)		(85)	4	(67)	(144)	36	(108)
Transfers between funds		-	-	-	-	-	-
NET (Outgoing) Resources		(85)	4	(67)	(144)	36	(108)
Other Recognised gains / (losses)							
Gains / (losses) on revaluation and disposal of investment assets		-	-	-	-	-	-
NET MOVEMENT IN FUNDS	5	(85)	4	(67)	(144)	36	(108)
Fund balances brought forward		1,445	36	1,481	-	-	-
Funds transferred in from other NHS charities due to reorganisation		-	-	-	1,589	-	1,589
FUND BALANCES CARRIED FORWARD	9	1,360	40	1,414	1,445	36	1,481

Balance sheet

	2017/18				2016/17		
	Note	Unrestricted Funds £000	Restricted Funds £000	Total 2017/18 £000	Unrestricted Funds £000	Restricted Funds £000	Total 2016/17 £000
CURRENT ASSETS							
Short term investments and deposits	6	450	0	450	750	0	750
Cash at bank and in hand	7	935	40	975	706	36	742
TOTAL CURRENT ASSETS		1,385	40	1,425	1,456	36	1,492
CURRENT LIABILITIES							
Payables	8	11	0	11	11	0	11
TOTAL CURRENT LIABILITIES		11	0	11	11	0	11
TOTAL CURRENT ASSETS LESS CURRENT LIABILITIES		1,374	40	1,414	1,445	36	1,481
TOTAL NET ASSETS		1,374	40	1,414	1,445	36	1,481
FUNDS OF THE CHARITY							
Restricted		0	40	40	0	36	36
Unrestricted		1,374	0	1,374	1,445	0	1,445
TOTAL FUNDS	9	1,374	40	1,414	1,445	36	1,481

The financial statements were approved by the Board on ***** 2018 and signed on its behalf by:



John Lawlor
Chief Executive
Date *****

Notes to the accounts

1. Accounting Policies

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at their fair value.

The Northumberland, Tyne and Wear NHS Foundation Trust Charity is a public benefit entity. The financial statements have been prepared in accordance with the Statement of Recommended Accounting Practice: Accounting and Reporting by Charities (SORP) Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view.' This departure has involved following Accounting and reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustee considers that there are no material uncertainties about the Northumberland, Tyne and Wear NHS Foundation Trust Charity's ability to continue as a going concern. There are no material uncertainties or key risks affecting the current year's accounts.

1.1 Funds structure

The Northumberland, Tyne and Wear NHS Charity is a UK Charity registered with the Charity Commission (charity number 1165788). The Charity was formally established on 1st April 2016.

The Northumberland, Tyne and Wear NHS Foundation Trust Charity has both restricted and unrestricted funds but has no endowment funds. The charity has specific funds for certain service areas which have specific objectives and purposes and are classified as unrestricted designated funds. If a general donation is made and no specific area is identified then the monies are paid into the the SHINE Fund which is used for the general benefit of services users and former service users of the Northumberland, Tyne and Wear NHS Foundation Trust at the discretion of the Trustees. The major funds are disclosed in note 9.

1.2 Incoming resources

All incoming resources are recognised once the charity has entitlement to the resources, it is probable that the resources will be received and the monetary value of the incoming resources can be measured with sufficient reliability.

Where there are terms and conditions attached to the incoming resources, particularly grants, then these terms and conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms and conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown in the balance sheet as deferred income.

Notes to the accounts (continued)

1.2.1 Legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

1.3 Resources Expended and Irrecoverable VAT

All expenditure has been accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

1.3.1 Expenditure on Raising Funds

Expenditure on raising funds are those costs attributable to generating income for the charity, other than those costs incurred in under expenditure on charitable activities. These costs include expenses for fundraising activities.

1.3.2 Expenditure on Charitable Activities

Expenditure on charitable activities comprise all the costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 4.

Governance costs are also included within Expenditure on Charitable Activities comprising recharges of appropriate apportions of the funds administration costs from the Northumberland, Tyne and Wear NHS Foundation Trust, plus internal audit and independent examination fees, system costs and legal and professional charges.

1.4 Receivables

Receivables are amounts owed to the charity. They are measured on the basis of their recoverable amount.

1.4 Cash and Cash Equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in less than 90 day notice interest bearing savings accounts.

1.5 Payables

Payables are amounts owed by the charity. They are measured at the amounts that the charity must pay to settle the debt.

1.6 Realised Gains and Losses

All gains and losses are taken to the Statement of Financial Activities. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or date of purchase if later).

1.7 Pensions

The charity does not employ any staff and does not make contributions to a pension scheme.

2. Related Party Transactions

Northumberland, Tyne and Wear NHS Foundation Trust patients are the main beneficiaries of the charity and the Trust (including its subsidiary NTW Solutions Ltd) is a related party by virtue of being corporate trustee of the charity. As the Northumberland, Tyne and Wear NHS Foundation Trust has been determined to have control over the charity and are the main beneficiaries, the Northumberland, Tyne and Wear NHS Foundation Trust is the controlling parent of the Charity as a subsidiary. The charity has provided funding to the Trust for approved expenditure made on behalf of the charity. During the current financial year this funding amounted to £98,000 for patients welfare and amenities.

The Northumberland, Tyne and Wear NHS Foundation Trust is a provider of mental health and disability services in the Northumberland, Tyne and Wear regions. The registered address for the Trust is St Nicholas Hospital, Jubilee Road, Gosforth, Tyne and Wear NE3 3XT.

The Charity has no employees. Compensation was paid to the Northumberland, Tyne and Wear NHS Foundation Trust of £4,490 for key personnel to provide administration and accounting services. There was £nil remuneration or expenses paid directly to trustees or staff employed by the Northumberland, Tyne and Wear NHS Foundation Trust.

During the year no members with delegated responsibility for the Trustee, or parties related to them has undertaken any material transactions with the Northumberland, Tyne and Wear NHS Foundation Trust Charity.

Northumberland, Tyne and Wear NHS Foundation Trust is the sole corporate trustee of the charity. Delegated responsibility of the the Trustee is applied to executive and non-executive members of Northumberland, Tyne and Wear NHS Foundation Trust Board (names listed below).

Hugh Morgan Williams	-	Chair (up to 31.07.17)
Ken Jarold	-	Chair (from 01.02.18)
Alexis Cleveland	-	Acting Chair and Non-Executive Director (acting chair from 01.04.17 to 31.01.18)
John Lawlor	-	Chief Executive
James Duncan	-	Executive Director of Finance and Deputy Chief Executive
Dr Rajesh Nadkarni	-	Executive Medical Director
Gary O'Hare	-	Executive Director of Nursing and Operations
Lisa Quinn	-	Executive Director of Commissioning and Quality Assurance
Lisa Crichton-Jones	-	Executive Director of Workforce and Organisational Development
Paul McEldon	-	Non-Executive Director (up to 30.06.17)
Martin Cocker	-	Non-Executive Director
Ruth Thompson	-	Non-Executive Director
Dr Les Boobis	-	Non-Executive Director
Peter Studd	-	Non-Executive Director
Miriam Harte	-	Non-Executive Director (from 01.01.17)

Incoming resources

	2017/18				2016/17		
		Unrestricted Funds	Restricted Funds	Total 2017/18	Unrestricted Funds	Restricted Funds	Total 2016/17
	Note	£000	£000	£000	£000	£000	£000
INCOME FROM DONATIONS AND LEGACIES							
Public donations		18	1	19	17	-	17
Electronically received donations		3	-	3	1	-	1
Corporate donations		-	-	-	4	-	4
Legacies		-	3	3	-	37	37
TOTAL INCOME FROM DONATIONS AND LEGACIES	3.1	21	4	25	22	37	59
OTHER TRADING ACTIVITIES							
Fundraising income		2	-	2	2	-	2
Collections		1	-	1	1	-	1
Lotteries		-	-	-	1	-	1
TOTAL OTHER TRADING ACTIVITIES	3.2	3	-	3	4	-	4
INCOME FROM INVESTMENTS							
Bank interest received		8	-	8	3	-	3
TOTAL INCOME FROM INVESTMENTS	3.3	8	-	8	3	-	3
OTHER INCOME							
Other income received		3	-	3	4	-	4
TOTAL OTHER INCOME	3.4	3	-	3	4	-	4
TOTAL INCOMING RESOURCES		35	4	39	33	37	70

Expenditure on charitable activities

	2017/18				2016/17		
		Unrestricted Funds	Restricted Funds	Total 2017/18	Unrestricted Funds	Restricted Funds	Total 2016/17
	Note	£000	£000	£000	£000	£000	£000
EXPENDITURE ON RAISING FUNDS							
Event costs		2	-	2	1	-	1
TOTAL EXPENDITURE ON RAISING FUNDS	4.1	2	-	2	1	-	1
EXPENDITURE ON CHARITABLE ACTIVITIES							
Activities in furtherance of charities objectives							
Patients' welfare and amenities		98	-	98	86	-	86
Capital: Equipment		-	-	-	63	-	63
TOTAL EXPENDITURE ON ACTIVITIES IN FURTHERANCE OF CHARITIES OBJECTIVES		98	-	98	149	-	149
Governance costs							
Independent Examiners Fee		1	-	1	1	-	1
Legal and set up fees		-	-	-	10	-	10
System set up and maintenance costs		1	-	1	10	-	10
Administration costs		4	-	4	6	1	7
Total governance costs		6	-	6	27	-	28
TOTAL EXPENDITURE ON CHARITABLE ACTIVITIES	4.2	104	-	104	176	1	177

Changes in resources available for charity use

	2017/18				2016/17		
	Note	Unrestricted Funds	Restricted Funds	Total 2017/2018	Unrestricted Funds	Restricted Funds	Total 2016/17
		£000	£000	£000	£000	£000	£000
Net movement in funds for the year before transfers	5	(85)	4	(81)	(144)	36	(108)
Funds transferred in from other NHS Charities due to reorganisation		-	-	0	1,589	0	1,589
NET INCREASE IN FUNDS FOR THE YEAR		(85)	4	(81)	1,445	36	1,481

Current asset investments

	2017/18	2016/17
	£000	£000
Short term deposits	450	750
TOTAL CURRENT ASSET INVESTMENTS	450	750

Cash and cash equivalents

	2017/18	2016/17
	£000	£000
Bank current account	975	742
TOTAL CASH AND CASH EQUIVALENTS	975	742

Payables

	2017/18	2016/17
	£000	£000
Accruals	11	11
TOTAL PAYABLES FALLING DUE WITHIN ONE YEAR	11	11

Details of material funds

Restricted funds 2017/18

2017/18						
	Fund balances 1 April 2017	Incoming Resources	Resources Expended		Transfers from other NHS Charities	Fund balances 31 March 2018
			Activities undertaken directly	Support costs		
	£000	£000	£000	£000	£000	£000
Tranwell restricted fund	22	1	-	-	-	23
St. Nicholas Hospital restricted fund	14	-	-	-	-	14
Ferndene restricted fund	-	3	-	-	-	3
TOTALS	36	4	-	-	-	40

Restricted funds 2016/17

2016/17						
	Fund balances 1 April 2016	Incoming Resources	Resources Expended		Transfers from other NHS Charities	Fund balances 31 March 2017
			Activities undertaken directly	Activities undertaken directly		
	£000	£000	£000	£000	£000	£000
Tranwell restricted fund	-	23	(1)	-	-	22
St. Nicholas Hospital restricted fund	-	14	-	-	-	14
TOTALS	-	37	(1)	0	0	36

Unrestricted Funds 2017/18


2017/18					
	Fund balances 1 April 2016	Incoming Resources	Resources Expended	Transfers from other NHS Charities	Fund balances 31 March 2017
		Activities undertaken directly	Support costs		
	£000	£000	£000	£000	£000
SHINE Fund	1,092	26	(52)	-	1,060
Castleside ward fund	59	1	(15)	-	44
Aldervale ward fund	46	1	(6)	-	41
Woodhorn fund	18	-	(1)	-	17
Huntingtons Disease fund	17	-	-	-	17
Centre for Elderly fund	15	-	(1)	-	14
Richardson Eating Disorders fund	12	3	(3)	-	12
Claremont House Psychology fund	13	-	(3)	-	10
Others (71 funds)	173	7	(21)	-	159
Totals	1,445	38	(102)	(7)	1,374

The SHINE Fund is the only material fund held by the Northumberland, Tyne and Wear NHS Foundation Trust Charity and this fund is a general fund relating to the current and former service users of the Trust. This fund is accessed on the basis of bids approved and there are no restrictions or planned usage of this fund identified at the 31 March 2018.

Unrestricted Funds 2016/17

2016/17						
	Fund balances 1 April 2016	Incoming Resources	Resources Expended		Transfers from other NHS Charities	Fund balances 31 March 2017
			Activities undertaken directly	Support costs		
	£000	£000	£000	£000	£000	£000
SHINE Fund	-	23	(101)	(21)	1,191	1,092
Aldervale ward fund	-	-	(9)	(1)	56	46
Castleside ward fund	-	-	(3)	(1)	63	59
Centre for Elderly fund	-	-	-	-	15	15
Claremont House Psychology fund	-	-	-	-	13	13
Woodhorn fund	-	-	(13)	-	31	18
Huntingtons Disease Fund	-	1	-	-	16	17
Richardson Eating Disorders Fund	-	1	(1)	-	12	12
Others (71 funds)	-	7	(21)	(5)	192	173
TOTALS	0	32	(148)	(28)	1,589	1,445

The SHINE Fund is the only material fund held by the Northumberland, Tyne and Wear NHS Foundation Trust Charity and this fund is a general fund relating to the current and former service users of the Trust. This fund is accessed on the basis of bids approved and there are no restrictions or planned usage of this fund identified at the 31 March 2017.



**This report is available on request in other formats;
we will do our best to provide a version of this report
in a format that meets your needs.**

**For other versions please telephone 0191 246 6977 or
email us at qualityassurance@ntw.nhs.uk**

Copies of the Annual Report can be obtained from
our website www.ntw.nhs.uk

If you have any feedback or suggestions on how we could improve our
annual report, please do let us know by calling 0191 246 7238.

Copies can be obtained by contacting:

Marketing Department
St. Nicholas Hospital
Jubilee Road
Gosforth
Newcastle upon Tyne
NE3 3XT
Tel: 0191 246 7238

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 28 November 2018

Title and Author of Paper: Workforce Quarterly Update
Michelle Evans, Acting Deputy Director of Workforce and OD

Executive Lead: Lynne Shaw

Paper for Debate, Decision or Information: Information

Key Points to Note:

WORKFORCE STRATEGIC AIMS:	✓
We will develop a representative workforce which delivers excellence in patient care, is recovery focussed and champions the patient at the centre of everything we do	✓
We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision-making	✓
We will lead and support staff to deliver high quality, safe care for all	✓
We will help staff to keep healthy, maximising wellbeing and prioritising absence management	✓
We will educate and equip staff with the necessary knowledge and skills to do their job	✓
We will be a progressive employer of choice with appropriate pay and reward strategies	✓

The Workforce Directorate quarterly report outlines some of the key work and developments across the Trust. The report supports the six key aims of the Workforce Strategy which was ratified by the Trust Board in summer 2015 and refreshed in March 2017.

This paper includes updates on:

1. EU Settlement Scheme
2. Stonewall Diversity Champions
3. Workforce Disability Equality Standard (WDES)
4. Staff Awards
5. OD Associates
6. Streamlining Update
7. International Fellowship Doctors
8. Notice Periods
9. Wellbeing and health Campaigns
10. ESR Self Service for Training
11. Further Training Developments
12. Think Ahead Programme
13. NHSI Direct Support Retention Programme

In Other News:

- Changes to non EEA nurses and Midwives requirements
- Autumn Budget Statement

Risks Highlighted: N/A

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

Equal Opportunities, Legal and Other Implications: Various aspects of Employment Law

Outcome Required: Information Only

Link to Policies and Strategies: Workforce Strategy

Workforce Quarterly Report

November 2018

Strategic Aim 1

1. EU Settlement Scheme

The EU Settlement Scheme opens for employees working in health and social care on 29 November 2018. It will allow EU Citizens and their families to continue to live and work in the UK. It will mean they are eligible for:

- public services, such as healthcare and schools
- public funds and pensions
- British citizenship, if they meet the requirements and want to apply.

Non-British family members living in the UK by 31 December 2020 are eligible. Close family members not living in the UK by 31 December 2020 will be able to join their EU family member in the UK at any point in the future, as long as the relationship still exists. Children born or adopted after 31 December 2020, and future dependents, will also have their rights protected. Family members who are not EU citizens will need to show their relationship to an EU citizen living here.

Close family members include spouses, civil partners, unmarried partners, dependent children and grandchildren, and dependent parents and grandparents. Family members do not need to be from the EU; they can come from anywhere in the world (referred to as non-EU citizen family member).

Irish citizens will not need to apply but their family members from outside the UK and Ireland will. The rights for citizens of Norway, Iceland, Liechtenstein and Switzerland are still being negotiated.

If by 31 December 2020 an EU Citizen has been a resident in the UK for more than 5 years they will be eligible for settled status. If they have been a resident for less than 5 years they are eligible for pre-settled status. Status will be subject to declaration of any serious criminal convictions.

The Trust has recently assessed how many staff will be subject to the EU settlement scheme: 78 members of staff will be subject to the settlement process. Of those 78 staff, 36 have worked for the Trust for five years or more, so will be eligible for settled status, 42 have worked for the Trust for less than five years, so will at least be eligible for pre-settled status.

(It should be noted that a small number of staff do not have a nationality recorded in the Electronic Staff Record therefore this number may rise slightly)

It was agreed at the Executive Director's meeting on 19 November 2018 that the Trust will support EU staff by paying the £65 settlement fee. This is in line with recommendations nationally and agreement from regional Trusts to work collaboratively on this matter.

Letters will shortly go out to staff advising them of the financial and other support available to them over this period.

2. Stonewall Diversity Champions

The Trust has recently agreed to sign up to the Stonewall Diversity Champions programme – initially for a period of three years.

As Europe's largest lesbian, gay, bi and trans (LGBT) charity, Stonewall know that people perform better when they can be themselves. This is why they created Diversity Champions, the leading employers' programme for ensuring all LGBT staff are accepted without exception in the workplace.

There are over 750 organisations currently signed up to Stonewall and an account manager will be assigned to the Trust to provide support in terms of best practice, advice on completing the Workplace Equality Index, feedback on our index submission and help to ensure that Trust policies, procedures and practices are LGBT inclusive.

Partnering with Stonewall the Trust will be able to display the Stonewall Logo and branding to show commitment to LGBT equality. This will help to raise our profile with jobseekers by featuring in Stonewall's Starting Out careers guide and reach a diverse talent pool by advertising on Proud Employers, Stonewall's exclusive LGBT job site.

3. Workforce Disability Equality Standard

The Draft Workforce Disability Equality Standard has been released to Trusts that have helped in the development of the standard. The Workforce Disability Equality Standard (WDES) is designed to complement and support the wider suite of metrics and tools available to health and social care. The intention is to help them meet not only their legal requirements, but also their duties under the NHS Constitution and their ability to comply with the regulatory requirements set by the Care Quality Commission (CQC).

It is intended to be used as a mirror for the organisation to hold up to itself to see whether or not what it sees is a reflection of the community that it serves. It will encourage health and social care organisations to reflect on how well they are serving not only their disabled staff – but also the disabled patients and clients using their services.

The WDES is underpinned by the principle of “nothing about me, without me” espoused during disability rights campaigns over the past 30 years.

The Standard consists of ten metrics – similar to WRES a mixture of information derived from the Electronic Staff Record and information from the Staff Survey.

The Technical Standard will be finalised and released to Trusts later this year and the Trust will be expected to produce our first WDES submission and associated action plan next summer.

Strategic Aim 2

4. Staff Awards

The annual staff awards are now in their tenth year and continue to be an excellent opportunity for individuals and teams across the Trust to showcase the excellent work that is done on a day to day basis. Nominations opened on Tuesday 23 October and will close on Friday 30 November. The awards evening will take place on Friday 8 March 2019 at Newcastle Civic Centre.

5. OD Associates

The Trust held a network event for 30 people in October 2018, facilitated by Ken Tooze. The session began with a reflection of where we are now as a Trust and where we might need to be, concentrating on how we might support the development of 'associates' who voluntarily influence, lead and support development initiatives in our localities and directorates. Feedback from the event was positive and the OD Associates are very much looking forward to being involved in the future development of the Trust.

Developing OD Associates is one of the Trust OD priorities for the next 12 months.

Strategic Aim 3

6. Streamlining update

The North East Streamlining Programme has been hosted by the Trust since Autumn 2016. The aim of the programme is to work closely with other NHS provider Trusts and arms-length-bodies (e.g. NHS Employers, NHS Improvement etc) to achieve a coordinated approach to influence the development, understanding and use of processes and the systems available to us. In doing this it will eliminate unnecessary variation in our recruitment, training and Occupational Health processes.

Approximately half of all new appointments in our region are individuals already working in the NHS and the aim is to reduce duplication of effort for staff as they move between Trusts.

The Trust has embraced the programme over the past couple of years and has made savings in terms of reducing face to face learning where possible, standardising refresher periods and accepting prior learning from other Trusts for ten subject areas. Trust induction has recently been reviewed to support this work and new starters from within the NHS are now available for work more quickly than before as they are able to undertake a reduced induction. For each new starter up to one and a half induction days are saved.

Nationally there is a significant focus to extend the benefits for staff joining from all regions in England, particularly for Doctors in Training who throughout their period of learning may be appointed to a new role and / or organisation several times. There is an increased focus on delivering an effective end to end process for all Doctors in Training; the streamlining programme will identify how the region will be supported to achieve this.

Lynne Shaw, on behalf of HR Directors in the region, is now the Executive Sponsor for the Streamlining Programme, a role previously occupied by Lisa Crichton-Jones.

7. International Fellowship Doctors

The seven International fellowship doctors are all progressing well and intend to travel to the UK towards the end of November/start of December. A structured induction programme is in place along with pastoral support for the doctors.

8. Notice Periods

The Trust has agreed to extend notice periods for all new starters in bands 5-7 from 4 weeks to 8 weeks. This will bring us in line with other Trusts and also provides more time to plan cover, etc, when staff leave the organisation ensuring minimal disruption to services.

Strategic Aim 4

9. Wellbeing and Health Campaigns

Know your Numbers week was held 10-16 September 2018. The campaign is about checking your blood pressure so that early detection of issues can reduce the risk of stroke and heart disease. A series of activities were run over a two week period and included other health checks. During week one, the Exercise Therapy team supported activity on three hospital sites and took blood pressure, body mass index, body fat measurements and weight/height checks. For the second week, Newcastle United Foundation offered staff over 40 years old the opportunity to have cholesterol and blood pressure checks.

On 10 October 2018 the final campaign of 2018 took place – World Mental Health Day. The theme for the campaign was mental health in the workplace. There were stands across the seven main sites on varying days where Public Health England's 'Every Mind Matters' campaign was promoted, which empowers staff to take control of their own mental health. In conjunction with this information on Occupational Health services was also provided.

Strategic Aim 5

10. ESR Self Service for Training

There has been a successful rollout of ESR self service for training. Staff can now book directly themselves on training courses as well as view payslips and total rewards statements. There has been over 90% take up of this across the Trust which is resulting in significant time savings for both the Academy and individual staff.

11. Further Training Developments

NTW Academy are currently piloting new methods of training via Skype. To date evaluations has been positive and the Academy will continue to develop this further in the coming months.

12. Think Ahead Programme

Think Ahead is a national programme that seeks to fast track social workers in Mental Health settings. The programme selects exceptional candidates who undertake two years of training working with local council and sometimes health settings.

The Trust has supported training for social workers for the last two years in North Tyneside and have commenced from September with a cohort in Gateshead. The students will have a funded place in the local council in the first year and in year two will be offered a role in the Trust where they will work within a community treatment team and carry a small supervised caseload. They are supervised collaboratively by their line manager with professional support from a Consultant Social Worker in the council.

Discussions are ongoing re future cohorts.

Strategic Aim 6

13. NHSI Direct Support Retention Programme

The Trust is participating in Cohort 3 of the NHSI Direct Support Retention Programme and has developed a Retention Action Plan which is monitored on a monthly basis at the Trust wide Strategic Staffing meeting and quarterly at CDT-W.

Key points to note:

- Progress is being made with regards to an 'overhaul' of the exit questionnaire process. This includes changing the exit questionnaire, and introducing the option of a face to face exit meeting. We have an internal KPI to increase exit response rate to 50% (currently at 26%).
- A draft manager toolkit has been developed with regards to 'stay' discussions. Nursing have expressed an interest to pilot this work. This is a key piece of engagement work linked to the plan.
- Development of 'alumni' contacts linked to exit questionnaire overhaul.
- Work is ongoing with regards to newly qualified coaching and mentoring. A Peer Support plan is in place and operational.
- Rotational and internal moves process currently being scoped.
- Flexible Retirement Policy is currently out to consultation.
- A retention KPI dashboard has been developed and will be reviewed on a monthly basis at the Strategic Staffing meeting.

In addition, we have asked NHSI to work with us to improve our retention data and subsequent analysis. A review of progress against our action plan will take place with NHSI on 29 November 2018. See attached appendices.

In other news:

Changes to non-EEA nurses and midwives requirements

Nurses and midwives from outside the European Economic Area (EEA) no longer need to have worked for 12 months after qualifying before applying to join the Nursing and Midwifery Council register.

Autumn Budget Statement

A number of statements were made in the Budget statement including the increase in funding for Mental Health Services.

Other workforce impacts include:

- The lifetime allowance for pension savings will increase in line with CPI for 2019-20, rising to £1,055,000
- The national living wage will rise from £7.83 to £8.21 from April 2019
- The tax-free personal allowance will rise to £12,500 from April 2019 and the higher rate threshold to £50,000 at same time.

Michelle Evans
Acting Deputy Director of Workforce and OD

Northumberland, Tyne and Wear NHS Foundation Trust

Staff Retention Action Plan

July 2018



Caring | Discovering | Growing | **Together**

Action Plan – To support Cohort 3 of the NHSI (Workforce) Retention Direct Support Programme

The following plan has been devised to support the key actions and deliverables to be reported to NHSI over a 12 month period. It is aligned to the overall aims of the Trust Workforce Strategy, and Clinical Strategies

Progress against the Action plan will be monitored and reported through CDT-W.

Points for discussion and implementation will be taken to Business Delivery Group and Safer Care Group.

Relevant updates will be provided to Trust wide Staff Side and Management Forum and Local Negotiating Committee.

Aim	Primary Driver	Enabler	Actions	KPI/Measure	Person(s) responsible for delivery	Progress to Date	Risks/Mitigation	Date for completion
We will lead and support staff to work safely and deliver high quality care for all	Reduce vacancies across the Trust	Improving Exit Data to understand why staff leave and put in place actions to support staff to stay	Triangulate exit data with staff survey and FFT. Offer opportunity to discuss reasons for leaving via a more in depth and supportive discussion.	Increase returns on exit questionnaire/data to at least 50% in period April 2018- April 2019 Reduction in turnover for some staff groups (additional clinical services by 1%)	Claire Vesey, Vida Morris	Proposal to 'overhaul' exit process to BDG on 19.10.18 Reporting moved to WFP Team. Quarterly updates to CDT-W and Localities (next due Nov 2018.	Failure to improve number of responses – our work will be driven by the responses we receive/we have enough data to begin making changes	Ongoing until April 2019

Aim	Primary Driver	Enabler	Actions	KPI/Measure	Person(s) responsible for delivery	Progress to Date	Risks/Mitigation	Date for completion
			<p>Develop Alumni Association of leavers – keeping in touch with leavers via NTW news updates/ vacancy bulletins</p> <p>Develop ‘stay interviews’ and ‘itchy feet interviews’ to better understand how we can encourage staff to stay – pilot across nursing and additional clinical services</p>	<p>Capture through recruitment process the number of successful applicants returning to NTW.</p> <p>Reduce turnover relating to voluntary resignation across Nursing & additional clinical from 11% to 9.5% over 12 month period</p>	<p>Communications Team and workforce lead</p> <p>Claire Vesey and Corinna Thompson</p>	<p>Proposal for next stage development included in new exit process – workforce lead to be identified.</p> <p>‘Itchy feet’ interviews on hold. Draft ‘Stay’ managers toolkit prepared. Awaiting comments and a date to take to BDG.</p>		<p>Commence October 2018 and ongoing</p> <p>Commence October 2018</p>
We will educate and equip staff with the necessary knowledge and skills to do their job	Career Management	CPD and appraisal process	Develop and pilot ‘internal move’ process	Reduction in turnover relating to voluntary resignation across Nursing & additional clinical from 11% to 9.5%	Professional Leads/ Associate Nurse Directors	Work currently being undertaken to develop internal processes following review of centralised	Need to ensure robust induction and training has taken place.	

Aim	Primary Driver	Enabler	Actions	KPI/Measure	Person(s) responsible for delivery	Progress to Date	Risks/Mitigation	Date for completion
			<p>Implement taster sessions across all services</p> <p>Pilot use of rotational posts</p> <p>Support prospective retirees to 'wind down' whilst creating attractive roles to return to</p>	<p>over 12 month period</p> <p>Reduce sickness across age groups 50+ years by 1% over 12 month period (6.76 % to 5.76%)</p>	<p>Associate Nurse Directors/ Group Workforce Leads</p>	<p>recruitment process</p> <p>Sickness levels and strategies being reviewed across all groups. Management of Sickness Absence and Retire and Return policy being reviewed via BDG. Carter work is addressing flexible working through staff engagement and data analysis.</p> <p>Flexible retirement policy to go to consultation in Nov 2018</p>	<p>Need to ensure skill mix is maintained and not depleted in certain services</p> <p>Staff 50+ reporting increased sickness due to stress, musculoskeletal/ Role redesign review as part of workforce plans and staff survey actions.</p>	<p>Ongoing</p>

Aim	Primary Driver	Enabler	Actions	KPI/Measure	Person(s) responsible for delivery	Progress to Date	Risks/Mitigation	Date for completion
		Support staff moving into senior and niche roles	<p>Volunteer ambassadors for Nursing via HEE programme</p> <p>Medical Assistant Pilot</p> <p>Utilise 'Knowledge Harvesting' tool to support staff moving into senior and niche roles</p>		<p>Corinna Thompson</p> <p>Dr Bruce Owen</p> <p>Vida Morris/Claire Vesey</p>	<p>Names have been submitted Piloted across an in-patient area. Pilot extended</p> <p>Piloted in 1 area and currently being piloted in a further 2 areas.</p>		Ongoing
We will help staff to keep healthy, maximising wellbeing and prioritising absence management	Staff Health and Wellbeing	Review Flexible Working and annual leave planning	Improvements to rostering arrangements and schedules	Reduction in bank and agency staff in line with Trust control measures	Colin Bland and Group Nurse Directors	<p>Carter work is addressing flexible working through staff engagement and data analysis.</p> <p>Group Staff survey action plans reviewing local</p>	Sickness will increase, and increased agency due to hard to fill rotas. Work ongoing to level load and ensure	March 2019

Aim	Primary Driver	Enabler	Actions	KPI/Measure	Person(s) responsible for delivery	Progress to Date	Risks/Mitigation	Date for completion
				Support the reduction in sickness absence over a 12 month period from 5.57% (April 2018)	Group Nurse Directors/Head of Workforce/ Corporate Managers	<p>management processes</p> <p>Review of Flexible Working Policy completed</p> <p>Absence management overall continues to be a priority area with a review of the skills management training having been undertaken and updated Sickness Absence Policy implemented in January 2018. Several action plans are in place regarding the management of sickness and support for staff</p>	<p>services are staffed – staff are engaged in this process.</p> <p>Staff morale and motivation fall and increase to bank and agency use/ Locality plans and support have been developed and staff survey action plans support this work.</p>	Ongoing

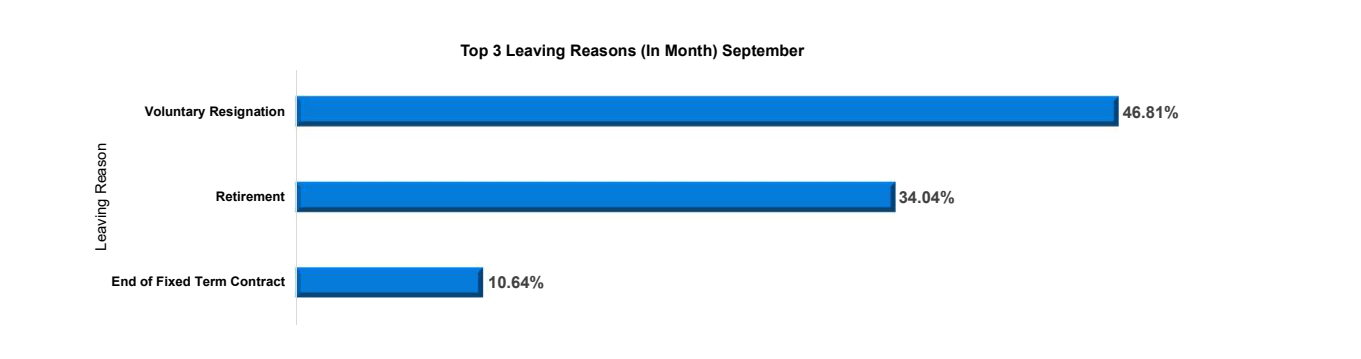
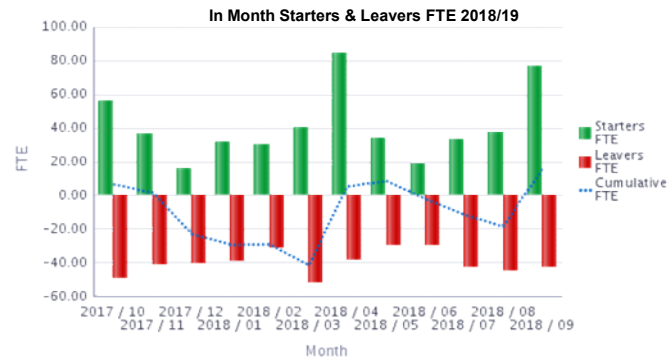
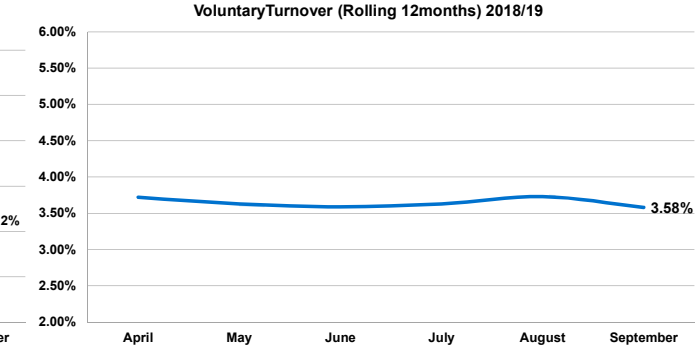
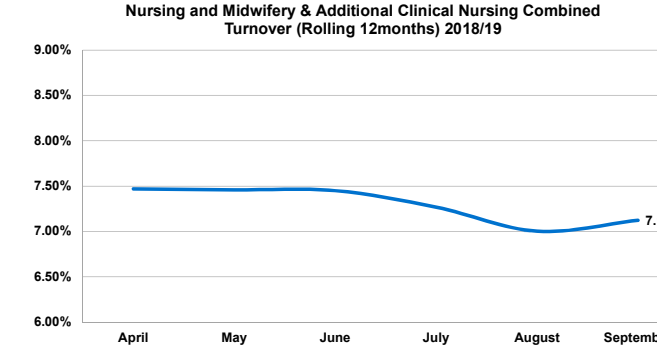
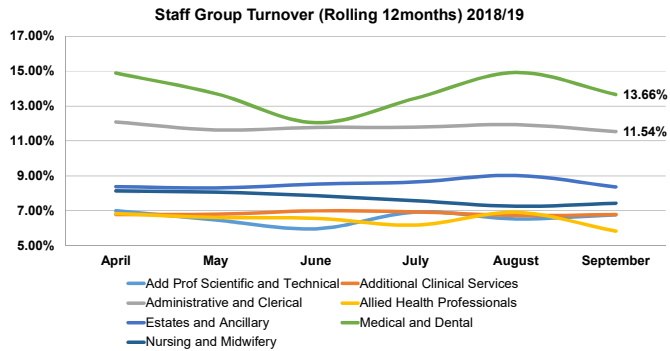
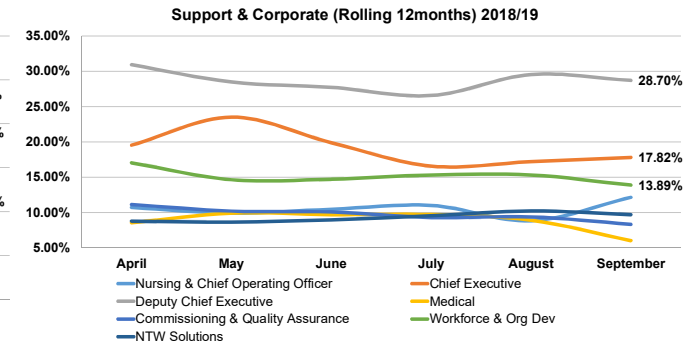
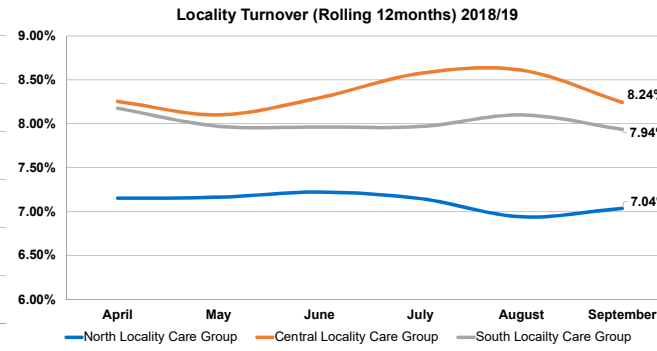
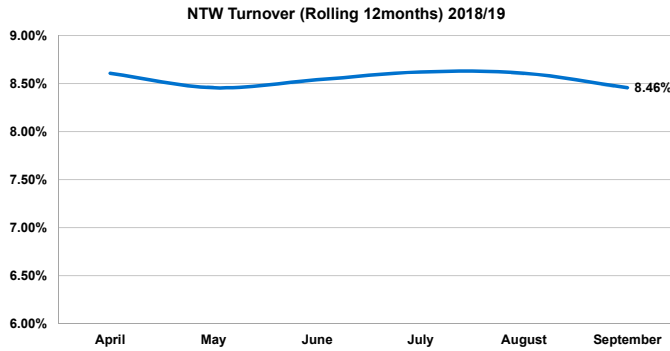
Aim	Primary Driver	Enabler	Actions	KPI/Measure	Person(s) responsible for delivery	Progress to Date	Risks/Mitigation	Date for completion
			Increase notice period to 12 weeks to support recruitment process and gaps in workforce	Decrease use of bank and agency staff	Michelle Evans, Deputy Head of Workforce	e.g. CQUIN (linked to staff survey results) and Health Needs assessment action plan. Use of team or individual WRAP plans to support resilience and wellbeing Completed and actioned for new starters.		October 2018
We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in	Support newly qualified nursing staff in their first 12 month in post	Newly qualified coaching and mentoring	Improve local induction processes	Reduce turnover relating to voluntary resignation across Nursing & additional clinical from 11% to 9.5% over 12 month period	Corinna Thompson and Group Nurse Directors	Peers Support plan already in place and operational.		April 2019

Aim	Primary Driver	Enabler	Actions	KPI/Measure	Person(s) responsible for delivery	Progress to Date	Risks/Mitigation	Date for completion
local decision making			<p>Volunteer ambassadors for Nursing via HEE programme</p> <p>Review and improve the Trust mentor programme and support offered</p> <p>Offer rotational posts across a range of services</p>					
We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making	Engaging our staff	Talking to our staff about what it is like to work at NTW	Focus groups with a specific focus on what it feels like to work in the Trust	<p>Increase over 12 month period in response to FFT scores 'how would you recommend the Trust as a place to work' (Currently 70% Quarter 4 17/18)</p> <p>Increase staff survey response rates aligned to morale and</p>	<p>Group Nurse Directors and Group Heads of Workforce</p> <p>Group Nurse Directors and Group Heads of Workforce</p>	<p>Trust wide and local speak easy have been run to address issues and questions which staff raise through staff survey and other mediums.</p> <p>Locality based action plans are currently being developed aligned</p>	Staff continue to feel demotivated and leave. FFT scores and staff survey scores currently report that staff recommend the Trust as a place to work	March 2019

Aim	Primary Driver	Enabler	Actions	KPI/Measure	Person(s) responsible for delivery	Progress to Date	Risks/Mitigation	Date for completion
			<p>Establish networks which support staff with protected characteristics</p> <p>POC at Exec level for staff e.g. hard to reach staff such as BME</p> <p>Informal meetings with manager such as 'coffee and croissants' to promote visibility</p>	<p>motivation at work from 3.87 to greater align to national average MH score of 3.91</p> <p>Increase positive staff survey response rates aligned to morale, motivation and feeling supported at work from 3.87 to greater align to national average MH score of 3.91</p>	<p>Chris Rowlands</p> <p>Group Nurse Directors and Group Heads of Workforce and Corporate Managers</p>	<p>to feedback from staff survey results. New staff survey issued.</p> <p>Equality Diversity Inclusion Strategy 2018 – 2022 in draft and soon to be ratified.</p> <p>Locally owned and promoted through local team meeting. Part of staff survey action plans</p>	<p>and are able to contribute towards improvements at work.</p>	<p>March 2019</p> <p>Ongoing</p>

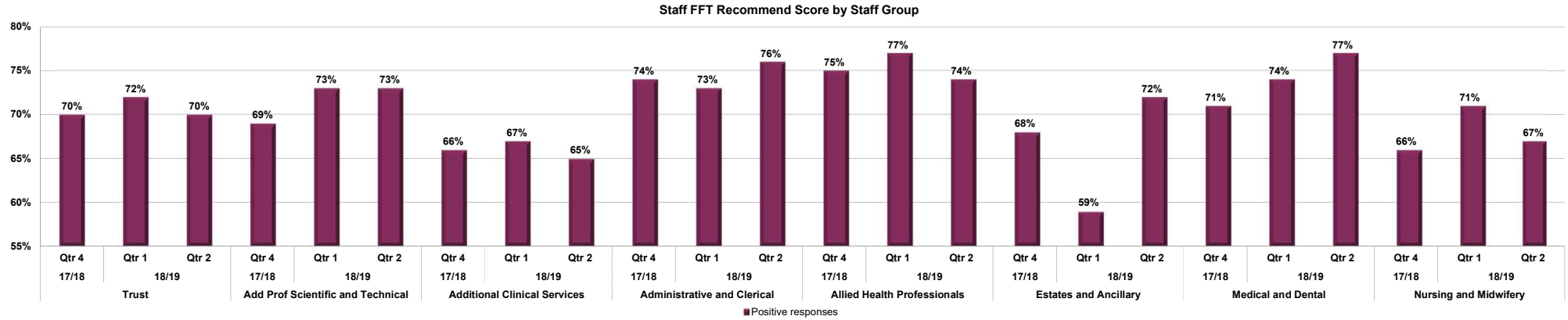
Retention KPI Dashboard October 2018

Turnover

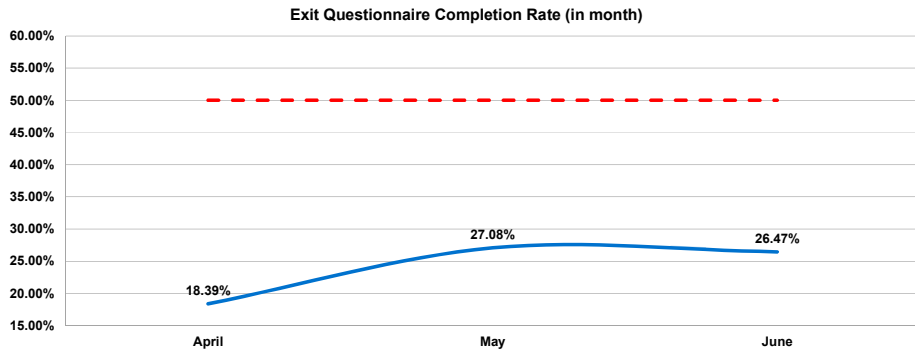


The above chart shows the number of in month starters FTE (green) compared to the in month leavers FTE (red) and the positive or negative effect this has on the Trusts cumulative FTE.

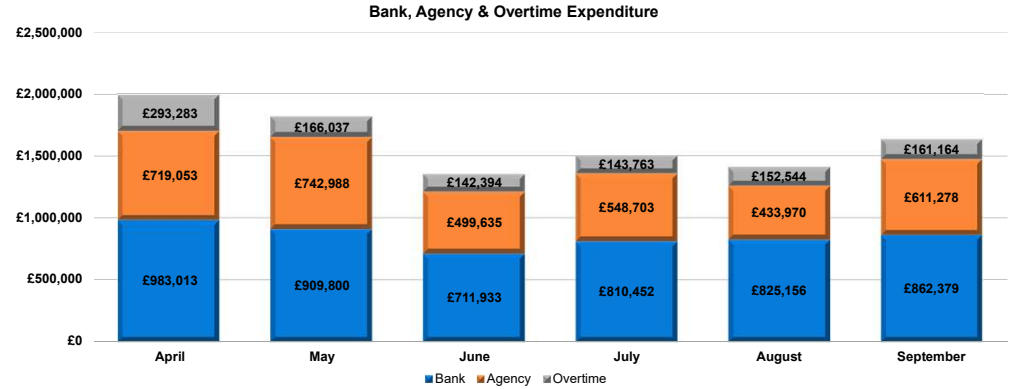
Staff Friends & Family Test



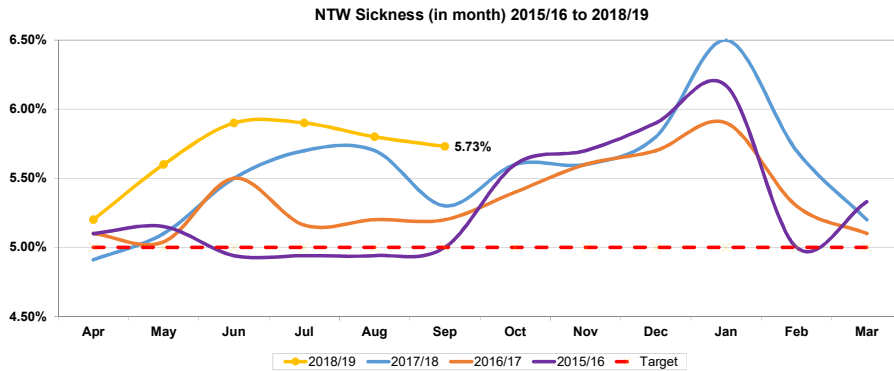
Exit Questionnaire 2018/19



Bank, Agency & Overtime Expenditure 2018/19 YTD



Sickness



Whistleblowing/Raising Concerns Update

November 2018

Purpose

The purpose of this paper is to provide the Board with a summary of whistleblowing cases/concerns raised over the period April 2018 – September 2018 from both the Freedom to Speak Up Guardian and the Central Workforce team.

Background

The paper aims to give an overview of cases reported centrally to the Workforce team as requested by the Trust's Raising Concerns Policy and the FTSUG. Additional concerns are raised and dealt with at an informal, local level by operational managers.

Not all matters raised become subject to formal investigation under Raising Concerns or Grievance policies, an approach which was welcomed by Sir Robert Francis in his Freedom to Speak up Review.

It should be noted that the Trust has had for a number of years a clear, defined process for recording cases that fall under the scope of a policy such as whistleblowing (raising concerns), disciplinary or grievance, however, there are a number of concerns raised which do not meet the Disclosure Act's definition of whistleblowing. For these cases the workforce directorate has developed a separate recording category called "raising concerns" for reporting purposes.

Concerns Raised

This report serves to provide information on all concerns raised between April 2018 and September 2018. The concerns have emerged from different routes. It is anticipated that a greater number of concerns will continue to have been raised over the same period of time but have not been of a significant nature and therefore dealt with locally at ward/department level. This is to be encouraged but also balanced against a wider desire to understand better any themes or trends.

Between the period identified 21 issues have been raised in total centrally and with the FTSU Guardian and all have been categorised as "concerns".

There are 17 cases still open from this period 16 of which are those being overseen by the FTSU Guardian. The majority of these cases have had local actions undertaken to resolve the issue but the Guardian has chosen to monitor the outcome of the local actions. A review of all cases logged has been undertaken and there appears that there are no trends in terms of reported concerns in specific locality/corporate area or staff group.

Of the cases raised centrally, 3 of the 4 were anonymous in nature.

The number of cases raised remains to be of average number for a Trust of this size.

In addition to the above there are a further 8 cases open with the FTSUG from the previous monitoring period. Again these are cases where actions have been taken but the FTSUG wishes to monitor the outcome of the actions.

Michelle Evans
Acting Deputy Director Workforce and OD

Appendix 1

Summary of Concerns Raised Central Workforce Team 1 April 2018 – 30 September 2018

Status	Date Concern received by Trust	Summary of concern	Type	Executive Directorate	Outcome
Open	20/04/2018	Staff attitude and ward practices	Raising Concerns	Central Locality Care Group	Investigation completed and action plan developed
Completed	03/04/2018	Colleague not working within NMC code.	Raising Concerns	South Locality Care Group	Grievance investigation undertaken with no evidence found. This was communicated to NMC
Completed	19/06/2018	Allegation safeguarding concern outside work	Raising Concerns	Central Locality Care Group	Concern investigated by the police no case to answer
Completed	31/07/2018	Not following policy	Raising Concerns	North Locality Care Group	Investigation completed and concern not substantiated

Freedom to Speak Up Guardian's cases 1 April 2018 – 30 September 2018

Status	Date Submitted	Incident Summary	Type	Group/ Corporate Service Directorate	Outcome
Open	02/04/18	Attitudes and behaviours: management style. A change of management structure had led to a feeling of being mistreated.	Raising Concerns	Corporate Services	Discussion with Workforce and team manager in order to explore issues. Support is also being offered by the Organisational Development team. Monitoring outcomes.
Open	21/04/18	Attitudes and behaviours: management style. Concern was expressed over a manager acting inappropriately.	Raising Concerns	NTW Solutions	Being managed locally.
Open	21/05/18	Attitudes and behaviours: management style. A nurse felt she was being unfairly investigated.	Raising Concerns	South Locality Care Group	Discussed investigation with Nurse Director. Requested a report into the investigation process.
Open	23/05/18	Attitudes and behaviours: management style. A nurse felt she was being discriminated against by having her preceptorship extended.	Raising Concerns	South Locality Care Group	Requested report and assured objective reasons for extending the preceptorship. Ongoing monitoring of case regarding ongoing support.
Open	25/05/18	Attitudes and behaviours: management style. Staff member felt had not had a fair hearing in a grievance procedure.	Raising Concerns	North Locality Care Group	Requested report from the grievance process and planned meeting with the Associate Director to ensure adequate ongoing support.
Open	25/05/18	Attitudes and behaviours: breakdown of relationship between two members of staff.	Raising Concerns	Corporate Services	Coaching suggested for both parties. Ongoing monitoring of case.
Open	30/05/18	Attitudes and behaviours: management style. A nurse felt she was being unfairly investigated.	Raising Concerns	South Locality Care Group	Discussed with Nurse Director and requested report into process.
Open	14/06/18	Attitudes and behaviours: management style. Concern about a senior manager.	Raising Concerns	Corporate Services	Requested meeting with relevant Executive Director.
Open	21/06/18	Attitudes and behaviours: management style. Raised by former employee via current employee.	Raising Concerns	Central Locality Care group	Requested further information from the person who raised the concern. Waiting for response. To be followed up again.

Open	05/07/18	Policies and procedures: concern about future professional registration of a doctor who has worked with us as agency staff.	Raising Concerns	Corporate Services	Requested further information to be able to support.
Complete	26/07/18	Policies and procedures: Staff member asleep on duty and management perceived to have taken no action.	Raising Concerns	South Locality Care Group	Concern investigated, and appropriate action had been taken.
Open	20/08/18	Equipment and maintenance: IG breach.	Raising Concerns	Corporate Services	Investigation ongoing.
Open	21/08/18	Policies and Procedures: Attitudes and behaviours	Raising Concerns	South Locality Care Group	Investigated and actions taken locally. Ongoing monitoring.
Open	21/08/18	Quality and Safety: agency staff working on a ward had allegedly not been trained in seclusion processes.	Raising Concerns	South Locality Care Group	Requested clarification about responsibility for training in seclusion processes from Staffing Solutions.
Open	26/09/18	Patient experience: both nurses and support staff at SGP are filling in menu requests without consultation with patients.	Raising Concerns	North Locality Care Group	Discussion with Head of Catering regarding the rollout of training.
Open	26/09/18	Attitudes and behaviours: management style. Regarding domestics engaging in conversation with colleagues.	Raising Concerns	NTW Solutions	Clarification requested from manager. To be resolved locally.
Open	26/09/18	Quality and safety: staff have expressed a concern about their safety on CAV when leaving the site during the dark nights once the clocks have gone back.	Raising Concerns	Central Locality Care Group	Requested Bulletin and/or an All-Users email after the clocks have gone back to remind staff about appropriate safety and security behaviour during the dark nights.

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 28 November 2018

Title and Author of Paper: Freedom to Speak Up Self-Review Tool for NHS Trusts and Foundation Trusts.

Neil Cockling, Freedom to Speak up Guardian
Leslie Boobis, Non-Executive Director with responsibility for FTSU
Lynne Shaw, Acting Executive Director of Workforce and OD

Executive Lead: Lynne Shaw

Paper for Debate, Decision or Information: Information

Key Points to Note:

The NHSI / National Guardian's Office have published a guide setting out the expectations of Boards in relation to Freedom to Speak Up (FTSU) to help Boards create a culture that is responsive to feedback and focussed on learning and continual improvement.

The Care Quality Commission (CQC) assesses speaking up culture during inspections as part of the well-led inspection.

The attached self-review tool has been completed by the authors to identify the Trust's current position against a number of set criteria in order to identify areas to develop and improve.

A small number of actions have been identified and will be taken forward over the next few months to further develop the speak up culture and role of the Guardian.

Risks Highlighted to Board:

No current risks highlighted.

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:

Various employment legislation.

Outcome Required: Information

Link to Policies and Strategies:

Trust strategy, strategic ambition six – 'A Great Place to Work'

Workforce strategy

Raising Concerns policy

Freedom to Speak Up self-review tool for NHS trusts and foundation trusts

May 2018

How to use this tool

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is evidence of a well-led trust.

NHS Improvement and the National Guardian's Office have published a [guide](#) setting out expectations of boards in relation to Freedom to Speak Up (FTSU) to help boards create a culture that is responsive to feedback and focused on learning and continual improvement.

This self-review tool accompanying the guide will enable boards to carry out in-depth reviews of leadership and governance arrangements in relation to FTSU and identify areas to develop and improve.

The Care Quality Commission (CQC) assesses a trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led question. This guide is aligned with the good practice set out in the well-led framework, which contains references to speaking up in KLOE 3 and will be shared with Inspectors as part of the CQC's assessment framework for well-led.

Completing the self-review tool and developing an improvement action plan will help trusts to evidence their commitment to embedding speaking up and help oversight bodies to evaluate how healthy a trust's speaking up culture is.

Self review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Our expectations			
Leaders are knowledgeable about FTSU			
Senior leaders are knowledgeable and up to date about FTSU and the executive and non-executive leads are aware of guidance from the National Guardian's Office.	Partially achieved. The Executive Team are aware of national issues and guidance issued by the National Guardian's Office.	Ensure all Non-Executive Directors have an awareness of the guidance from Guardian's Office. National Office to be provided with updated contact details.	Board update from FTSUG every six months.
Senior leaders can readily articulate the trust's FTSU vision and key learning from issues that workers have spoken up about and regularly communicate the value of speaking up.	Fully achieved. Senior Leaders across the Trust are aware of the Trust's FTSU vision via various meetings. FTSU report is also shared at CDT-W and	Refresh communications plan. Review FTSU web pages.	Board update from FTSUG every six months outlines the number of cases and any trends/hotspot areas.

	<p>Trust Board every six months.</p> <p>Vision is included in Trust Induction.</p>		
<p>They can provide evidence that they have a leadership strategy and development programme that emphasises the importance of learning from issues raised by people who speak up.</p>	<p>Fully achieved.</p> <p>Workforce Strategy.</p> <p>Collective Leadership Programmes.</p> <p>Management Skills Programme.</p> <p>Masterclasses covering various workforce areas including whistleblowing and raising concerns.</p> <p>Learning and Improvement Group.</p> <p>Lessons Learnt for workforce and operational staff for specific cases.</p>	<p>Ensure managers complete relevant programmes.</p>	<p>Internal Audit report and recommendations discussed at CDT-W and referenced in Trust Board paper.</p>

<p>Senior leaders can describe the part they played in creating and launching the trust's FTSU vision and strategy.</p>	<p>Fully achieved.</p> <p>Executive Directors and Operational Directors involved in the creation of FTSU post.</p> <p>Raising Concerns policy developed and agreed via Trust consultation procedure.</p>	<p>Consideration of whether a formal FTSU strategy is required.</p>	<p>Various reports received at CDT / BDG / Trust Board in respect of the launch of the FTSU role following Francis Review recommendations.</p>
<p>Leaders have a structured approach to FTSU</p>			
<p>There is a clear FTSU vision, translated into a robust and realistic strategy that links speaking up with patient safety, staff experience and continuous improvement.</p>	<p>Fully achieved.</p> <p>Trust has clear FTSU vision and was an early adopter of the FTSU Guardian post.</p> <p>Regular reporting of cases via CDT-W and Trust Board.</p> <p>Process in place via Learning and Improvement Group to</p>	<p>None identified.</p>	<p>FTSUG has regular contact with Trust Board members both formally and informally to discuss areas of concern.</p>

	learn lessons from issues raised and continuous improvement.		
There is an up-to-date speaking up policy that reflects the minimum standards set out by NHS Improvement.	<p>Fully achieved.</p> <p>Raising Concerns Policy in place (reviewed in Summer 2018).</p> <p>Reviewed every 3 years or where necessary due to changes in best practice / legislation.</p>	None identified.	Board update from FTSUG every six months in line with Raising Concerns Policy.
The FTSU strategy has been developed using a structured approach in collaboration with a range of stakeholders (including the FTSU Guardian)and it aligns with existing guidance from the National Guardian.	<p>Fully achieved.</p> <p>FTSUG appointment and vision was discussed with a number of stakeholders across the Trust (including staff side) in line with Guidance from the National Guardian.</p>	None identified.	On-going support from several Board members on the FTSU vision.

	Regular minuted meetings with Equality and Diversity Lead, Group Nurse Director and Deputy Director of Workforce.		
Progress against the strategy and compliance with the policy are regularly reviewed using a range of qualitative and quantitative measures.	<p>Fully achieved.</p> <p>Audit of FTSU carried out in 2017 with minimal actions developed.</p> <p>Benchmarking Trust against quarterly FTSU report completed by Guardians nationally.</p>	<p>Review process to ensure concerns raised locally are reported and dealt with appropriately.</p> <p>Benchmarking data is currently not shared with Trust Board.</p>	Board update from FTSUG every six months.
Leaders actively shape the speaking up culture			
All senior leaders take an interest in the trust's speaking up culture and are proactive in developing ideas and initiatives to support speaking up.	<p>Fully achieved.</p> <p>FTSU discussed at various meetings including CDT-W, BDG.</p> <p>FTSU Guardian attends Speak Easy</p>	Further programme of attendance at meetings to be developed.	<p>Board update from FTSUG every six months.</p> <p>Formal and informal meetings with Trust Board Members and</p>

	events and is often invited to team / group meetings to develop relationships and offer support.		other senior leaders across the Trust.
They can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty.	Fully achieved. Staff Survey results. Trust Values. Reported via Trustwide Q&P. Learning and Improvement Group.	Further triangulate data from a variety of sources.	Board discussions/ minutes.
Senior leaders are visible, approachable and use a variety of methods to seek and act on feedback from workers.	Fully achieved. Formal and informal service visits. Speak Easy. Staff Survey. Friends and Family Test. Informal mechanisms.	None identified.	Visit feedback discussed at Trust Board. Staff Survey / Friends and Family results discussed at Trust Board.

<p>Senior leaders prioritise speaking up and work in partnership with their FTSU Guardian.</p>	<p>Fully achieved. Monthly meetings with various Executive Directors and NED link.</p>	<p>Ensure time is protected and priority given where possible to ensure meetings are scheduled and go ahead.</p>	<p>Discussions at Executive Directors and/or Trust Board as required.</p>
<p>Senior leaders model speaking up by acknowledging mistakes and making improvements.</p>	<p>Fully achieved. Inherent in the Trust culture. Learning and Improvement Group. High reporting of incidents / errors.</p>	<p>None identified.</p>	<p>Safety Reports discussed at Trust Board.</p>
<p>The board can state with confidence that workers know how to speak up; do so with confidence and are treated fairly.</p>	<p>Fully achieved. Staff Survey / FTSU / HR Advisory service data suggests that staff know how to raise concerns. Feedback from Staff side.</p>	<p>None identified.</p>	<p>Disciplinary / Grievance / Raising Concerns and Whistleblowing information is discussed at Trust Board Sub-Committees.</p>

	Informal feedback to FTSUG.		Staff survey results discussed at Trust Board.
Leaders are clear about their role and responsibilities			
The trust has a named executive and a named non-executive director responsible for speaking up and both are clear about their role and responsibility.	Fully achieved. Named Executive / Non-executive Director responsible for FTSU in place.	None identified.	Evidenced from Board minutes.
They, along with the chief executive and chair, meet regularly with the FTSU Guardian and provide appropriate advice and support.	Fully achieved. Regular meetings in place.	None identified.	N/A
Other senior leaders support the FTSU Guardian as required.	Fully achieved. Formal and informal mechanisms in place.	None identified.	N/A
Leaders are confident that wider concerns are identified and managed			
Senior leaders have ensured that the FTSU Guardian has ready access to applicable sources of data to	Fully achieved. FTSUG satisfied that relevant data is	None identified.	N/A.

enable them to triangulate speaking up issues to proactively identify potential concerns.	received when requested.		
The FTSU Guardian has ready access to senior leaders and others to enable them to escalate patient safety issues rapidly, preserving confidence as appropriate.	Fully achieved. FTSUG satisfied with access to senior leaders as necessary.	None identified.	N/A.
Leaders receive assurance in a variety of forms			
Workers in all areas know, understand and support the FTSU vision, are aware of the policy and have confidence in the speaking up process.	Fully achieved. FTSU approach well embedded in the Trust. Trust Induction. Web pages. FTSU Posters. Regular communication. FTSU training.	None identified.	Internal Audit review.

Steps are taken to identify and remove barriers to speaking up for those in more vulnerable groups, such as Black, Asian or minority ethnic (BAME), workers and agency workers	Partially achieved. FTSU Guardian member of the E&D Committee	Link in with Executive Director of Workforce and OD, Trust Equality and Diversity Lead and Network Chairs to discuss how this work can be further progressed.	To be included in future Trust Board paper.
Speak up issues that raise immediate patient safety concerns are quickly escalated	No cases have been identified to date but FTSUG confident with escalation process.	None identified.	N/A.
Action is taken to address evidence that workers have been victimised as a result of speaking up, regardless of seniority	No cases of victimisation have been identified to date.	None identified.	N/A.
Lessons learnt are shared widely both within relevant service areas and across the trust	Fully achieved. Lessons learnt widely shared via Learning and Improvement Group, Workforce processes. FTSUG assesses every case raised for	None identified.	Lessons learnt from a wide range of areas discussed at Trust Board and minuted.

	evidence of victimisation.		
The handling of speaking up issues is routinely audited to ensure that the FTSU policy is being implemented	Fully achieved. Internal Audit undertaken in 2017 and forms part of the three yearly annual audit cycle.	None identified.	Referenced in FTSUG Board Report.
FTSU policies and procedures are reviewed and improved using feedback from workers	Fully achieved. Policies and procedures are reviewed and improved regularly in line with Trust procedure.	None identified.	N/A
The board receives a report, at least every six months, from the FTSU Guardian.	Fully achieved. Report has been received every six months since FTSU role was introduced in December 2015.	FTSU Guardian to attend Trust Board on a more regular basis	FTSUG report and Board minutes.
Leaders engage with all relevant stakeholders			

<p>A diverse range of workers' views are sought, heard and acted upon to shape the culture of the organisation in relation to speaking up; these are reflected in the FTSU vision and plan.</p>	<p>Fully achieved.</p> <p>Engagement in place via a number of means including:</p> <p>Development of Trust Operating Plan / Workforce strategy.</p> <p>Speak Easy.</p> <p>Staff Survey.</p> <p>Friends and Family Test.</p>	<p>Review Engagement Plan.</p>	<p>Trust vision, strategy and values discussed at Trust Board.</p> <p>Quarterly Workforce report to Trust Board.</p> <p>Staff Survey / FFT results discussed at Trust Board.</p>
<p>Issues raised via speaking up are part of the performance data discussed openly with commissioners, CQC and NHS Improvement.</p>	<p>Fully achieved.</p> <p>Trustwide Q&P Workforce Report.</p> <p>Integrated Performance Report.</p> <p>Well led inspection.</p> <p>CQC contract meetings.</p>	<p>None required.</p>	<p>Reported to Trust Board as necessary.</p>

Discussion of FTSU matters regularly takes place in the public section of the board meetings (while respecting the confidentiality of individuals).	Fully achieved. Discussed at Trust Board as part of the six monthly board report	None identified.	Board minutes.
The trust's annual report contains high level, anonymised data relating to speaking up as well as information on actions the trust is taking to support a positive speaking up culture.	Partially achieved. Included in 2016/17 Annual Report. Not included in 2017/18 Annual Report.	Ensure information is included in 2018/19 Annual Report.	Trust's Annual Report authorised at Trust Board.
Reviews and audits are shared externally to support improvement elsewhere.	Fully achieved. Discussion at regional network.	None identified.	N/A
Senior leaders work openly and positively with regional FTSU Guardians and the National Guardian to continually improve the trust's speaking up culture	Partially achieved. National Development Coordinator has visited trust.	Currently no forum for senior leaders to meet with regional guardians.	N/A
Senior leaders encourage their FTSU Guardians to develop bilateral relationships with regulators, inspectors and other local FTSU Guardians	Fully achieved. FTSUG meeting with CQC.	None identified.	N/A

Senior leaders request external improvement support when required.	Not yet been required.	None identified.	N/A
Leaders are focused on learning and continual improvement			
Senior leaders use speaking up as an opportunity for learning that can be embedded in future practice to deliver better quality care and improve workers' experience.	Fully achieved. Process in place for learning.	None identified.	N/A
Senior leaders and the FTSU Guardian engage with other trusts to identify best practice.	Fully achieved. Achieved through regional network.	None identified.	N/A
Executive and non-executive leads, and the FTSU Guardian, review all guidance and case review reports from the National Guardian to identify improvement possibilities.	Fully achieved. Members of Trust Board review guidance and case review reports from the National Guardian.	None identified.	Any improvements will be evidenced in future Quarterly Workforce reports and FTSUG reports.
Senior leaders regularly reflect on how they respond to feedback, learn and continually improve and encourage the same throughout the organisation.	Fully achieved. Staff survey. Outcomes from investigations.	None identified.	Discussed at Trust Board via various papers.

	Learning and Improvement Group.		
The executive lead responsible for FTSU reviews the FTSU strategy annually, using a range of qualitative and quantitative measures, to assess what has been achieved and what hasn't; what the barriers have been and how they can be overcome; and whether the right indicators are being used to measure success.	Partially achieved. Executive Lead appointed.	Non-Executive Lead to discuss responsibilities with Executive Lead .	FTSUG report and Board papers.
The FTSU policy and process is reviewed annually to check they are fit for purpose and realistic; up to date; and takes account of feedback from workers who have used them.	Fully achieved. Raising concerns policy reviewed every 3 years or where necessary due to changes in best practice / legislation.	None identified.	N/A
A sample of cases is quality assured to ensure: <ul style="list-style-type: none"> the investigation process is of high quality; that outcomes and recommendations are reasonable and that the impact of change is being measured 	Fully achieved. Internal audit of FTSU. Sample of formal cases undertaken by	None identified.	N/A

<ul style="list-style-type: none"> workers are thanked for speaking up, are kept up to date though out the investigation and are told of the outcome Investigations are independent, fair and objective; recommendations are designed to promote patient safety and learning; and change will be monitored 	<p>the Deputy Director of Workforce.</p> <p>Feedback is given to staff on the outcome of investigations as appropriate.</p> <p>Workers are thanked as a matter of course.</p> <p>External feedback re quality and impartiality of reports.</p>		
<p>Positive outcomes from speaking up cases are promoted and as a result workers are more confident to speak up.</p>	<p>Fully achieved.</p> <p>Evidence on Trust Intranet site.</p>	<p>None identified.</p>	<p>N/A</p>
<p>Individual responsibilities</p>			
<p>Chief executive and chair</p>			
<p>The chief executive is responsible for appointing the FTSU Guardian.</p>	<p>Fully achieved.</p>	<p>None identified.</p>	<p>Board minutes.</p>

The chief executive is accountable for ensuring that FTSU arrangements meet the needs of the workers in their trust.	Fully achieved.	None identified.	Board minutes.
The chief executive and chair are responsible for ensuring the annual report contains information about FTSU.	Partially achieved. Included in 2016/17 Annual Report. Not included in 2017/18 Annual Report.	Ensure that the 2018/19 Annual Report contains information about FTSU.	Annual Report and Board Papers.
The chief executive and chair are responsible for ensuring the trust is engaged with both the regional Guardian network and the National Guardian's Office.	Fully achieved. Engaged through FTSU Guardian.	None identified.	FTSUG Report Board Quarterly Workforce report.
Both the chief executive and chair are key sources of advice and support for their FTSU Guardian and meet with them regularly.	Partially completed. FTSU Guardian regularly with CEO. Chair available as required.	None identified.	N/A.
Executive lead for FTSU			

<p>Ensuring they are aware of latest guidance from National Guardian's Office.</p>	<p>Fully achieved. Executive Lead aware of latest guidance.</p>	<p>None identified.</p>	<p>N/A</p>
<p>Overseeing the creation of the FTSU vision and strategy.</p>	<p>Fully achieved. Agreed prior to Executive Lead appointment.</p>	<p>None identified.</p>	<p>Quarterly Workforce Report. Board minutes.</p>
<p>Ensuring the FTSU Guardian role has been implemented, using a fair recruitment process in accordance with the example job description and other guidance published by the National Guardian.</p>	<p>Fully achieved. FTSUG was appointed prior to the establishment of the National Guardian Office.</p>	<p>None identified.</p>	<p>Board minutes.</p>
<p>Ensuring that the FTSU Guardian has a suitable amount of ring fenced time and other resources and there is cover for planned and unplanned absence.</p>	<p>Fully achieved. FTSUG now has 2 days of ring fenced time and a deputy. Hours spent on FTSU work continue to be logged. Job Description has been amended to ensure it meets the</p>	<p>None identified.</p>	<p>N/A.</p>

	requirements of the competencies and capabilities expected by the National Guardian's Office.		
--	---	--	--

<p>Ensuring that a sample of speaking up cases have been quality assured.</p>	<p>Fully achieved.</p> <p>Internal audit.</p> <p>Sample of formal cases undertaken by the Deputy Director of Workforce.</p>	<p>None identified.</p>	<p>N/A.</p>
<p>Conducting an annual review of the strategy, policy and process.</p>	<p>Fully achieved.</p> <p>Reviewed every 3 years or where necessary due to changes in best practice / legislation.</p>	<p>None identified.</p>	<p>N/A</p>
<p>Operationalising the learning derived from speaking up issues.</p>	<p>Fully achieved.</p> <p>Process in place via the Learning and Improvement Group / Workforce lessons learnt.</p>	<p>None identified.</p>	<p>N/A</p>
<p>Ensuring allegations of detriment are promptly and fairly investigated and acted on.</p>	<p>Fully achieved.</p> <p>FTSUG confident that allegation of this</p>	<p>None identified.</p>	<p>Board update from FTSUG every six months.</p>

	nature are dealt with appropriately.		
Providing the board with a variety of assurance about the effectiveness of the trusts strategy, policy and process.	Fully achieved. Discussed regularly with the Executive Director of Workforce and OD.	None identified.	Board update from FTSUG every six months.
Non-executive lead for FTSU			
Ensuring they are aware of latest guidance from National Guardian's Office.	Fully achieved. NED aware of latest guidance.	None identified.	N/A
Holding the chief executive, executive FTSU lead and the board to account for implementing the speaking up strategy.	Fully achieved. Formal meetings with CEO, Executive FTSU lead and Executive Director of Workforce.	None identified.	Board minutes.
Robustly challenge the board to reflect on whether it could do more to create a culture responsive to feedback and focused on learning and continual improvement.	Fully achieved. Evidence provided in terms of learning and	None identified.	Board minutes

	continual improvement.		
Role-modelling high standards of conduct around FTSU.	Fully achieved. Feedback from various sources. Appraisal.	None identified.	N/A.
Acting as an alternative source of advice and support for the FTSU Guardian.	Fully achieved. Support given as required.	Reminder to staff to be sent out as part of regular Trustwide communications.	N/A
Overseeing speaking up concerns regarding board members.	Fully achieved.	None identified.	N/A
Human resource and organisational development directors			
Ensuring that the FTSU Guardian has the support of HR staff and appropriate access to information to enable them to triangulate intelligence from speaking up issues with other information that may be used as measures of FTSU culture or indicators of barriers to speaking up.	Fully achieved. Regular meetings with Executive Director of Workforce Regular contact with workforce staff and HR Advisory service staff.	None identified.	FTSUG Board Report. Performance Reports discussed at Sub-Board Committees.

	Information provided as required.		
Ensuring that HR culture and practice encourage and support speaking up and that learning in relation to workers' experience is disseminated across the trust.	<p>Fully achieved.</p> <p>Embedded in culture.</p> <p>Encouraged via Workforce strategy, training for staff and managers.</p> <p>Staff survey.</p>	None identified.	N/A
Ensuring that workers have the right knowledge, skills and capability to speak up and that managers listen well and respond to issues raised effectively.	<p>Fully achieved.</p> <p>FTSU included as part of Trust Induction.</p> <p>Management Skills Programme.</p> <p>Workforce masterclasses including Whistleblowing/Raising Concerns.</p>		<p>Internal Audit report and recommendations discussed at CDT-W and referenced in Trust Board paper.</p> <p>Staff Survey results discussed at Trust Board.</p>
Medical director and director of nursing			

<p>Ensuring that the FTSU Guardian has appropriate support and advice on patient safety and safeguarding issues.</p>	<p>Fully achieved. FTSUG has regular contact with the Medical Director and Director of Nursing.</p>	<p>None identified.</p>	<p>N/A</p>
<p>Ensuring that effective and, as appropriate, immediate action is taken when potential patient safety issues are highlighted by speaking up.</p>	<p>Fully achieved. Examples of immediate action / investigation being taken when issues are raised via FTSUG.</p>	<p>None identified.</p>	<p>N/A</p>
<p>Ensuring learning is operationalised within the teams and departments that they oversee.</p>	<p>Fully achieved. Examples of learning being shared can be evidenced.</p>	<p>None identified.</p>	<p>Board update from FTSUG every six months.</p>

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 November 2018

Title and Author of Paper:

Care Quality Commission's Fit and Proper Person Test – Update Paper

Jennifer Cribbes, Corporate Affairs Manager

Lead: Lynne Shaw, Acting Executive Director of Workforce and OD

Paper for Debate, Decision or Information: Information

Key Points to Note:

This paper provides an update to the Board regarding the ongoing work and Trust's position in relation to the CQC's Fit and Proper Person (FPP) Test.

Checks on all PFF were undertaken in September 2018:

- The Insolvency and Bankruptcy Register England and Wales (IIR) search was conducted most recently on 12 September 2018 - no issues were found.
- Additional insolvency restrictions search was conducted on 12 September 2018 – no issues were found.
- Companies House database of disqualified director's search was conducted on 13 September 2018 – no issues were found.
- All persons subject to the test have signed the annual declaration form. No individuals declared that they had received a caution, warning or reprimand since their DBS was conducted.

Risks Highlighted to Board :

The Fit and Proper Persons Test is a requirement of the Care Quality Commission

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required: The Board is asked to note the Trust's current position in relation to compliance with the CQC Fit and Proper Person Test

Link to Policies and Strategies: Trust Fit and Proper Persons Procedure

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors' Meeting, 28 November 2018

Fit and Proper Person Test update

The Care Quality Commission (CQC) Regulation 5: Fit and proper person directors' test came into effect on 1 April 2015. The regulation was a direct response to failings at Winterbourne View Hospital and the Francis Enquiry report.

To meet the regulation, all NHS providers are required to provide evidence that appropriate systems and processes are in place to ensure that both new and existing directors are and continue to be 'fit' as defined by the CQC. This requires a process to ensure that individuals working at board level meet the criteria as set out in appendix 1.

The NTW Fit and Proper Person Test procedure was approved by the Board on the 25 November 2015. It was further agreed that the 'Test' would apply to all Board members and the specialist functional leads who by the nature of their roles are responsible for certain issues over and above the responsibilities of their Executive Director line manager. The list was reviewed in 2017 and 2018. The following additional roles were incorporated into the test procedure as a result of organisational changes:

2017

- Directors of NTW Solutions
- Director of Informatics
- Chief Pharmacist
- Joint Directors of Research and Innovation
- Group Nurse Director, Safer Care (Director of Infection Prevention and Control)
- Director of Allied Health professionals and Psychological Services
- Director of Audit One
- Deputy Director, Communications and Corporate Relations (Board Secretary)
- Deputy Director, NTW Academy

2018

- Acting Chief Operating Officer

In 2018, an additional section was added to the fit and proper person self-declaration form requesting individuals to confirm if they have had any cautions, warnings or reprimands since their previous DBS check was carried out.

Amendments to the FPPT process may be required in 2019 as Government announced on 8 February 2018 that a full review of the Fit and Proper Persons Requirement (FPPR) would be conducted and led by Tom Kark QC. The review is in response to a recommendation made by Dr Bill Kirkup in his report into Liverpool Community Health NHS Trust. The review will specifically consider the scope, operation and purpose of the fit and proper person test as a means of preventing the re-deployment or re-employment of senior NHS managers where their conduct has fallen short of the values of the NHS. It is expected that the conclusions of the review will be reported late 2018.

The board is asked to note the current position:

- The Insolvency and Bankruptcy Register England and Wales (IIR) search was conducted most recently on 12 September 2018, no issues were found.
- Additional insolvency restrictions search was conducted on 12 September 2018 – no issues were found.
- Companies House database of disqualified director's search was conducted on 13 September 2018 – no issues were found.
- All persons subject to the test have signed the annual declaration form. No individuals declared that they had received a caution, warning or reprimand since their DBS was conducted.
- A review of NTW processes to assess NTW's Fit and Proper Person test for Directors was conducted in 2017 and was confirmed to be in line with the toolkit.
- On appointment, newly appointed Directors are subject to the provisions of the test.

This process enables the Trust to demonstrate reasonable checks have been undertaken as required by CQC regulation 5: Fit and Proper Persons Test Directors.

The Board is asked to:

Note the Trusts current position in relation to compliance with the CQC Fit and Proper Person Test

Appendix 1

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 5 (3) sets out the criteria that a director must meet, as follows:

(a) the individual is of good character,

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- When assessing whether a person is of good character, providers must follow robust processes to make sure that they gather all available information to confirm that the person is of good character, and they must have regard to the matters outlined in Schedule 4, Part 2 of the regulations. It is not possible to outline every character trait that a person should have, but we would expect to see that the processes followed take account of a person's honesty, trustworthiness, reliability and respectfulness.
- If a provider discovers information that suggests a person is not of good character after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.
- Where a provider considers the individual to be suitable, despite existence of information relevant to issues identified in Schedule 4, Part 2, the provider's reasons should be recorded for future reference and made available.

(b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed,

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- Where providers consider that a role requires specific qualifications, they must make this clear and should only appoint those candidates who meet the required specification, including any requirements to be registered with a professional regulator.
- Providers must have appropriate processes for assessing and checking that the candidate holds the required qualifications and has the competence, skills and experience required, (which may include appropriate communication and leadership skills and a caring and compassionate nature) to undertake the role. These must be followed in all cases and relevant records kept.
- We expect all providers to be aware of, and follow, the various guidelines that cover value-based recruitment, appraisal and development, and disciplinary action, including dismissal for chief executives, chairs and directors, and to have implemented procedures in line with the best practice. This includes the seven principles of public life (Nolan principles).

- (c) the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed,

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- This aspect of the regulation relates to a person's ability to carry out their role. This does not mean that people who have a long-term condition, a disability or mental illness cannot be appointed. When appointing a person to a role, providers must have processes for considering their physical and mental health in line with the requirements of the role.
- All reasonable steps must be made to make adjustments for people to enable them to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.

- (d) the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity, and

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- Providers must have processes in place to assure themselves that a person has not been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement in the carrying on of a regulated activity. This includes investigating any allegation of such and making independent enquiries.
- Providers must not appoint any person who has been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not) in the carrying on of a regulated activity.
- A director may be implicated in a breach of a health and safety requirement or another statutory duty or contractual responsibility because of how the entire management team organised and managed its organisation's activities. In this case, providers must establish what role the director played in the breach so that they can judge whether it means they are unfit. If the evidence shows that the breach is attributable to the director's conduct, CQC would expect the provider to find that they are unfit.
- Although providers have information on when convictions, bankruptcies or similar matters are to be considered 'spent' there is no time limit for considering serious misconduct or responsibility for failure in a previous role.

- (e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- A person who will be acting in a role that falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006 must be subject to a check by the Disclosure and Barring Service (DBS).
- Providers must seek all available information to assure themselves that directors do not meet any of the elements of the unfit person test set out in Schedule 4 Part 1. Robust systems should be in place to assess directors in relation to bankruptcy, sequestration, insolvency and arrangements with creditors. In addition, providers should establish whether the person is on the children's and/or adults safeguarding barred list and whether they are prohibited from holding the office in question under other laws such as the Companies Act or Charities Act.
- If a provider discovers information that suggests an individual is unfit after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 November 2018

Title and Author of Paper: Equality and Diversity Strategy 2018-2022
Chris Rowlands, E&D Lead

Executive Lead: Lynne Shaw, Acting Executive Director Workforce and
Organisational Development

Paper for Debate, Decision or Information: Decision

Key Points to Note:

The strategy is part of our legal obligations under the Public Sector Equality Duties. As part of the development of this strategy we have aligned our actions to EDS2 goals and have mapped EDS2 Goals and Outcomes against the Trust's overall strategy. Included in Appendix 1 is the proposed plan of action for the first year of the strategy and this will be refreshed annually.

Risks Highlighted to Board: N/A

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

Equal Opportunities, Legal and Other Implications: Meets our legal obligations under the Public Sector Equality Duty and for NHS England regarding EDS2, WRES and the introduction of WDES reporting requirements.

Outcome Required: Decision

Link to Policies and Strategies: Trust Strategy / Workforce Strategy and the Involvement Strategy in development.



Equality Diversity and Inclusion Strategy 2018 - 2022



Table of Contents

Foreword	3
Introduction	4
Our Shared Vision	4
Meeting Our Duties	5
Equality Delivery System 2 (EDS2)	7
Equality, Diversity and Inclusion in the North East.....	8
How Representative are we as an Employer?	8
How Representative is our Service Use of the Population that we serve?	9
Our Equality, Diversity and Inclusion Objectives for 2018-2022	10
The Equality, Diversity and Inclusion Action Planning and Reporting Cycle	11
Appendices	12
Appendix 1 Equality and Diversity Detailed Trust-wide Actions for 2018/19	13
Appendix 2 Equality, Diversity and Inclusion in the North East.....	20
Appendix 3 Equality Delivery System 2 (EDS2)	30
Contact Details	34

Foreword

We are proud to introduce our Equality, Diversity and Inclusion Strategy for 2018-2022.

This strategy sets out our commitment to taking equality, diversity and inclusion into account in everything we do; whether that's providing services, employing people, developing policies, communicating, consulting or involving people in our work.

It has been designed in response to the requirements of the Equality Act 2010 and those of NHS England's Equality Delivery System 2 (EDS2). It provides a clear picture of how we set out to deliver on our Public Sector Equality Duties.

The Equality Act requires us to set objectives for a four year period. Each year we will assess progress towards delivering our objectives and monitor and report this through Trust Board. This strategy will be a 'live' document and will be reviewed annually with new actions set each year following consultation with our service users and carers, our workforce, partnering organisations and other interested parties to ensure that the strategy is responsive to changes in the external environment. This strategy reflects our Trust-wide objectives. During the life of this strategy our operational localities and corporate departments will be using EDS2 to assess the delivery of equality, diversity and inclusion in their own operational areas and will devise local objectives and actions that reflect the particular nature of the population that each locality serves.

All employees need to take responsibility if we are to continue to develop and sustain a culture that recognises and respects the individuality, difference and contribution that diversity brings to the organisation. We will continue to develop our organisation to identify and overcome employee's barriers and support employees.

We look forward to the work ahead, facing the challenges, and meeting the actions we have set ourselves.

Introduction

This Equality Strategy is a public commitment of how we plan to meet the needs and wishes of local people and our staff, and meet the duties placed upon us by the Equality Act 2010, and the requirements of EDS2. It also sets out how Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed. Consideration of human rights is an important factor in the production of this strategy and it underpins all our aims, objectives and actions towards addressing inequality and promoting diversity.

The Trust is also a major employer. The needs and aspirations of our staff will vary according to individual circumstances. The diversity of our workforce enriches us all, and allows us to deliver the best services possible.

This strategy is a 'live' document, in that it will be regularly reviewed and strengthened. Ongoing work is also taking place to explore how best to allow stakeholders to hold the Trust to account for the commitments made, and to increase involvement and ownership of this strategy.

Our Shared Vision

We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We aim to implement this by:

- Becoming a leading organisation for the promotion of Equality, Diversity and Inclusion, for challenging discrimination, and for promoting equalities in service delivery and employment.
- Identifying and removing barriers that prevent people we serve from being treated equally.
- Treating all people as individuals respecting and valuing their own experiences and needs.
- Ensuring that Northumberland, Tyne and Wear NHS Foundation Trust is regarded as a great place to work - an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination.

Meeting Our Duties

The Equality Act 2010 places an Equality Duty on public bodies such as the Trust. This Duty covers the following protected characteristics:

- Disability
- Age
- Race – this includes ethnic or national origins, colour or nationality
- Sex
- Sexual orientation
- Religion or belief
- Gender reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership

The Duty encourages us to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve. The general duty has three main aims. It requires the Trust to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people from different groups.
- Foster good relations between people of different groups.

Having due regard means that we must take account of these three aims as part of our decision making processes – in how we act as an employer; how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others.

It also requires the Trust to consider the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics.
- Meet the needs of people with protected characteristics.
- Encourage people with protected characteristics to participate in public life or in other activities where participation is low.

Complying with the general duty explicitly recognises that disabled people's needs are different from those of non-disabled people. This may mean making reasonable adjustments for them or providing services in a different way to make sure they achieve the same outcomes from our services.

The general duty is underpinned by a set of specific duties: we are obliged to publish demographic information on equality and diversity and details of objectives we set to further our performance on the General Duty. Our Equality Information can be found at <https://www.ntw.nhs.uk/about/equality/>. In meeting our legal duties we will:

- Gather information on how our work affects different groups.
- Consult employees, staff networks, equality champions and service users.
- Assess the impact of our policies.
- Use evidence to inform future priorities.
- Meet the requirements of EDS2, Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).
- Take appropriate action to improve outcomes in equality for employees and patients.
- Review our objectives at least every four years.
- Publish an annual report each year, present this to the committees and Board and make it available publicly on our website.

Equality Delivery System 2 (EDS2)

This framework helps NHS organisations review and assess their equality performance against four goals and eighteen objectives. See Appendix 3. These objectives aim to improve outcomes for patients, communities and employees and ensure legal compliance through applying a consistent framework to identify inequalities and barriers throughout the NHS.

The four EDS2 goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership at all levels

EDS2 is aligned with the Equality Act 2010 and covers the same protected characteristics. We have aligned our Equality Objectives with EDS2 Goals and have mapped EDS2 against our overall Trust strategy. Beyond the scope of the protected characteristics in the Equality Act it is our intention to develop sustained relationships with other groups such as asylum seekers, people from deprived communities and other seldom heard communities.

During the life of this strategy we will use EDS2 to help us to decide upon and monitor our progress towards tailored equality objectives for each of our operational localities. Trust-wide we will monitor our progress asking a representative panel of employees, patients, local interest groups, governors, trust members and any other interested parties to grade our performance using the following scale.

Grading	Undeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Equality, Diversity and Inclusion in the North East

North East of England is the smallest region of the UK outside London and covers 3,317 square miles. The population is 2.6 million people and has increased by 2.6% since 2001 (representing 4% of the UK population). Source: Census 2011. For more detail about the facts below please see the tables and graphs in Appendix 2.

- In 2011, the total usual resident population of the North East stood at 2,596,886. About 5% of those residents (128,573) were born outside of the UK. This represents an increase of 74% in the non-UK born population of the region since 2001.
- Newcastle had the highest number (37,579) as well as the highest population share (13%) of non-UK born residents in the region in 2011.
- In both 2001 and 2011, the North East had the lowest population numbers as well as population share of non-UK born residents out of the ten regions of England and Wales.
- In terms of main spoken language, 70,757 residents of the North East (3% of total population) spoke a language other than English as their main language in 2011.
- 22% of people in the region state they are disabled or have a long term health condition, 4% higher than the national average and the highest regional figure in England.
- The proportion of older people is growing; currently one in four people are over 60 years old, an increase of 1.5% over the last 10 years.
- Life expectancy is amongst the lowest in the UK at 77.2 years for males and 81.2 years for females.
- Household income is the lowest of the English regions in the UK.
- 67.5% identify as Christian, 3% of people have a non-Christian faith and 24.7% do not have a religion of belief.

How Representative are we as an Employer?

At the time of publication in November 2018 we know the ethnicity of 6110 of our 6866 substantive and bank staff, (as you will see, our action plan on the following pages contains measures to improve the quality and quantity of the demographics of our staff). Of

these staff 4.3% are from a Black, Asian, Minority Ethnic (BAME) background. The 2011 Census shows that the Tyne and Wear conurbation has a BAME population of 6.7% and Northumberland 1.6%, this gives an overall figure of 4.2% BAME population at the last Census for the region that we serve. Whilst acknowledging that the situation may change as we gather more information, at present we are broadly representative as an employer of the population that we serve.

How Representative is our Service Use of the Population that we Serve?

A survey of our service use undertaken for Care Quality Commission inspection purposes in 2018 shows that 8.8% of our service use is from the BAME population. If we trim the average to account for outlying services that have a high proportion of BAME service users, the average figure is 6.1%. If we look at community services that serve a specific geographical area the figures for service use are broadly in line with those of the population. This suggests that our services are representative of the population that they serve. Conducting EDS2 assessments in each locality, to derive local action plans will ensure that needs are met within the communities that we serve during the life of this strategy.

Our Equality, Diversity and Inclusion Objectives for 2018-2022

We have aligned our Trust-wide equality, diversity and inclusion objectives for the next four years to the four EDS2 goals.

During the life of this strategy we will set and review actions on an annual basis using the Equality Delivery System to work towards achieving:

1. Better health outcomes for our service users
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

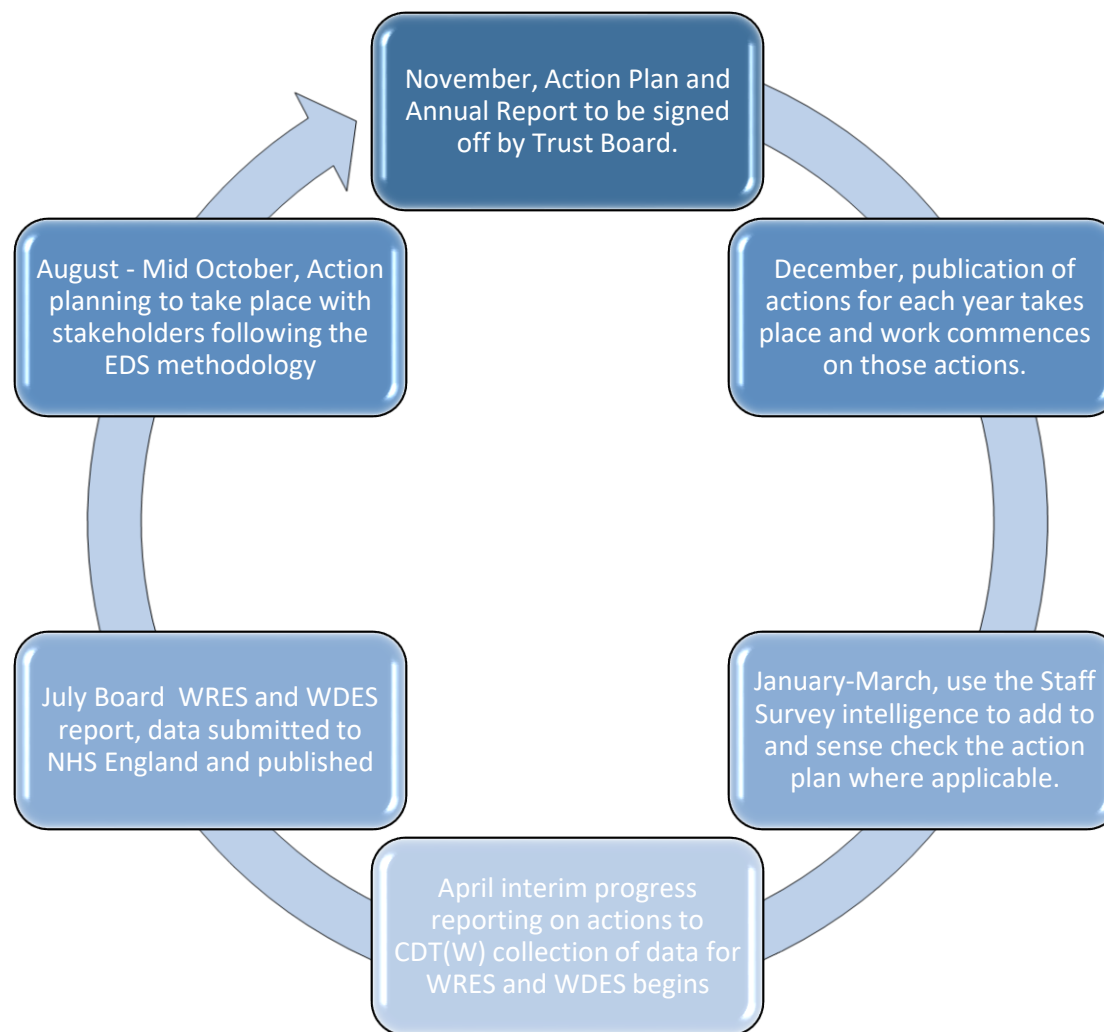
The detailed actions for the first year of this strategy are published separately and consist of ‘must do’ actions to fulfil our statutory duties. In many ways these are ‘setting the stall’ for future years of this strategy by putting mechanisms in place around key issues – for example the Accessible Information Standard and the Workforce Disability Equality Standard. For 2019-2022 we will engage in consultation with all of our stakeholders (employees, patients, local interest groups, governors, trust members and any other interested parties) on an annual basis to set and review our actions using EDS2 (or any successive NHS England Equality Measure during the strategy’s life).

The consultation exercises to define equality, diversity and inclusion actions for each year will take place in line with existing reporting timetables for equality and diversity. Much of the data that we will use as evidence has to be published in the summer which means that our action planning will take place in the late summer and autumn of each year.

In addition to these Trust-wide objectives our operational localities and corporate departments will be using EDS2 to set local objectives towards improving equality, diversity and inclusion for those we serve and to make the Trust a great place to work.

Because this is a ‘live’ strategy which will be reviewed on a regular basis, we anticipate that objectives may be modified or indeed may be replaced to reflect new requirements or obligations within the life of the strategy. Any changes will be reflected as part of a six monthly reporting cycle on equality, diversity and inclusion matters.

The Equality, Diversity and Inclusion Action Planning and Reporting Cycle



Appendices

Appendix 1 Equality and Diversity Detailed Trust-wide Actions for 2018/19

This action plan will be completed in partnership with Staff Networks, Staff Side, and Service User Carer Networks

Actions to meet statutory requirements this year of WRES, WDES, Sexual Orientation Monitoring and Accessible Information Standard are highlighted in green in the Action Column.

Objective	Action	Milestones	Led by	Date for Completion
Better Health Outcomes	To grow our network of links with local BAME communities that help enable us work together to better understand and provide for the health needs of those communities.	Analysis of information already captured to establish BAME use of Trust services, compared to local BAME population.	E&D Lead	December 2018

Objective	Action	Milestones	Led by	Date for Completion
Better Health Outcomes		Identify for each of the local authority areas existing BAME forums and establish links with these forums.	E&D Lead / Locality Directors	January 2019
		Letter to BAME Staff asking them to indicate community network groups that they are aware of and /or link into. Information gathered from this to add to the information gathered from liaison with the local authorities.	Executive Medical Director / E&D Lead	January 2019
		Focus of networking to be concentrated in those localities that have a wide range of stakeholders with the purpose of working together to better understand and provide for the health needs of those communities.	Identified leads within CBUs, supported by BAME Staff Network / E&D Lead	February 2019 onwards

Objective	Action	Milestones	Led by	Date for Completion
Better Health Outcomes	<p>Implement Sexual Orientation Monitoring Information Standards.</p> <p>Whilst doing this also adopt best practice standards for recording gender identity at the same time</p>	Develop a briefing note for staff advising them of this statutory requirement and how to fulfil the requirement.	LGBT Staff Network / E&D Lead	December 2018
		Meetings with Locality Management Groups to help prepare for the introduction of the Standard.	LGBT Staff Network / E&D Lead with designated CBU Leads	January/February 2019
		Communications Campaign leading up to the introduction of the Standard.	LGBT Staff Network / E&D Lead / Communications Team	Campaign to run February – end March 2019
		IT systems be adapted to use the question and response codes as set out in section 1.3 of the SOM Specification and Chapter 4 of best practice standards for gender monitoring.	Informatics, informed by LGBT+ Staff Network and E&D Lead	31 March 2019
		Establish a baseline measure of the recording of sexual orientation and gender recording of patient information at the introduction of the standard.	Directorate of Commissioning and Quality Assurance	Snapshot as of 31 March 2019
		Review recording of sexual orientation information six months after introduction of standard to ensure compliance with reporting.	Directorate of Commissioning and Quality Assurance	Snapshot as of 30 September 2019

Objective	Action	Milestones	Led by	Date for Completion
Improved Patient Access and Experience	Develop a Trans Equality Policy	Working group established to develop the policy.	LGBT+ Staff Network	January 2019
		Draft Policy for Consultation.	LGBT+ Staff Network	April 2019
		Policy Ratified.	Business Delivery Group	July 2019
Improved Patient Access and Experience	We will work to improve the accessibility of information that we provide to our service users by implementing and evaluating the success of a pilot study using Synertec software.	Scoping of pilot study.	AD Neurological and Specialist Services / E&D Lead / Synertec	January 2019
		Briefing of Staff on the use of Synertec Software.	Synertec / AD Neurological and Specialist Services / E&D Lead	January 2019
		Pilot study of Synertec Software to generate accessible information for service users at Walkergate Park.	Synertec / AD Neurological and Specialist Services / E&D Lead	January – June 2019
		Evaluation of pilot study with a view to rolling out the solution Trust-wide.	AD Neurological and Specialist Services / E&D Lead	June 2019

Objective	Action	Milestones	Led by	Date for Completion
A representative and supported workforce.	Implement and monitor a campaign for staff to update their personal information through ESR Self Service.	A baseline metric of protected characteristic information for staff to be recorded.	Workforce Information Team	December 2018
		Develop a briefing note for staff advising them of why we collect the information and how they can update their personal information.	E&D Lead	December 2018
		Communications Campaign on why we wish to collect this information, how staff can update their information and the benefits of doing so.	E&D Lead / Communications Team / Staff Networks	January / February 2019
		Quarterly updates on progress to be reported.	Workforce Information Team / E&D Lead	March 2019 and quarterly thereafter
A representative and supported workforce	Implement the Workforce Disability Equality Standard.	Receive and disseminate WDES Technical Standard.	NHS England / E&D Lead	Autumn 2018
		Review date and reporting against the metrics.	Transactional Workforce Team / Workforce Information Team / Capsticks / E&D Lead	Autumn / Winter 2018/19
		Release of reporting sheet with prepopulated data to check and complete.	NHS England / Transactional Workforce Team / Workforce Information Team / Capsticks / E&D Lead	June 2019
		Report compiled and presented to Trust Board along with associated action plans.	E&D Lead	July 2019
		Upload our report to NHS England.	E&D Lead	August 2019

Objective	Action	Milestones	Led by	Date for Completion
A representative and supported workforce	Training of BME Staff by RCN to be Cultural Ambassadors	Training of identified Staff.	RCN	February 2019
		Launch Campaign.	E&D Lead / Ambassadors / Communications / Capsticks	Spring 2019
		Quarterly reporting of BME D&G to measure the impact of the Ambassador programme.	Capsticks	June 2019 onwards
		Support meetings for Ambassadors.	E&D Lead / RCN	Quarterly from June 2019 onwards
		Monitor Staff Survey and WRES metrics to evaluate the success of the initiative.	E&D Lead	Annually
		Joy Warmington from BRAP to deliver a targeted session with a focus on unconscious bias.	Acting Executive Director Workforce and Organisational Development	Winter 2018
	Improve our Recruitment Process for BME Applicants	Unconscious bias training to be part of the expected training for membership of a recruitment panel.	Training Academy	Winter 2018
		E&D Masterclasses developed to include Unconscious bias training.	E&D Lead	March 2019
		BAME member of Staff to be on interview panels for posts at an agreed level.	Heads of Workforce and OD / Transactional Services Manager Workforce	Summer 2019
		Scoping out of what can be done to make the Trust more visible in the community to promote recruitment opportunities.	E&D Lead / Heads of Workforce and OD / Transactional Services Manager Workforce / external partners such as Beacon, Millin Charity, HAREF etc	February 2019
		Potential for targeted recruitment campaign.	E&D Lead / Heads of Workforce and OD / Transactional Services Manager Workforce / external partners such as Beacon, Millin Charity, HAREF etc	Spring 2019

Objective	Action	Milestones	Led by	Date for Completion
A representative and supported workforce	Ensure that the recording of non-mandatory training is as accurate as possible	Awareness campaign of the importance of accurate recording of non-mandatory training.	E&D Lead / NTW Training Academy / Heads of Workforce and OD / BAME Staff Network	Early 2019
		Focus Group of BME staff to explore the appraisal process.	E&D Lead / BAME Staff Network / Staff Side	Spring 2019
A representative and supported workforce	To scope out a course of action to address the gender imbalance within the Trust's workforce.	Focus group to explore and report upon courses of action to address the gender imbalance within the Trust's workforce.	E&D Lead / Heads of Workforce / Training Academy	Reporting to E&D Group August 2019
A representative and supported workforce	To scope out a course of action to address the issue of domestic violence for the Trust's workforce.	Focus group to explore and report upon course of action to address the issues of domestic violence for the Trust's workforce.	E&D Lead / Heads of Workforce / Staff Side	Reporting to E&D Group April 2019
Inclusive Leadership	Develop a network of LGBT allies	Scoping meeting to discuss remit of allies, identify metrics that can be potentially be used to monitor the impact of the programme. Form a Task and Finish Group to implement the allies programme.	LGBT+ Staff Network Chair / E&D Lead / Initial volunteers for ally roles	December 2018
		To draw up a Training Pack for allies.	Task and Finish Group / Training Academy	Winter 2019
		Launch allies initiative with a recruitment campaign.	Task and Finish Group and Communications	February 2019 (LGBT History Month)
Inclusive Leadership	Apply to become a Stonewall Diversity Champion.	Apply to Stonewall.	Chair LGBT+ Staff Network / E&D Lead	October 2018
		Agree with Stonewall a work programme towards improving policies and practices more LGBT+ friendly.	E&D Lead / Chair LGBT+ Staff Network / Stonewall Account Manager	Winter / Spring 2019
		Address issues identified by Stonewall.	E&D Lead / Chair LGBT+ Staff Network/Staff	Spring / Summer 2019
		Take part in Workplace Equality Index.	E&D Lead / Chair LGBT+ Staff Network / Staff	Submission September 2019

Appendix 2. Equality, Diversity and Inclusion in the North East

	2001	2011	Change (%)
Total usual resident population	2,515,442	2,596,886	+3.2%
UK-born resident population	2,441,709	2,468,313	+1.1%
Non-UK born resident population	73,733	128,573	+74.4%
Non-UK born as share of the region's population	2.9%	5%	+68.9%
Share of non-UK born population of England and Wales	1.6%	1.7%	+7.9%
Non-UK passport holders		68,736	
Non-UK passport holders as share of the region's population		2.7%	

Table 1 Key Census Statistics for the North East

Source England & Wales Census ONS

Table 2 Non-UK Born and non-UK Passports Held: North East 2011

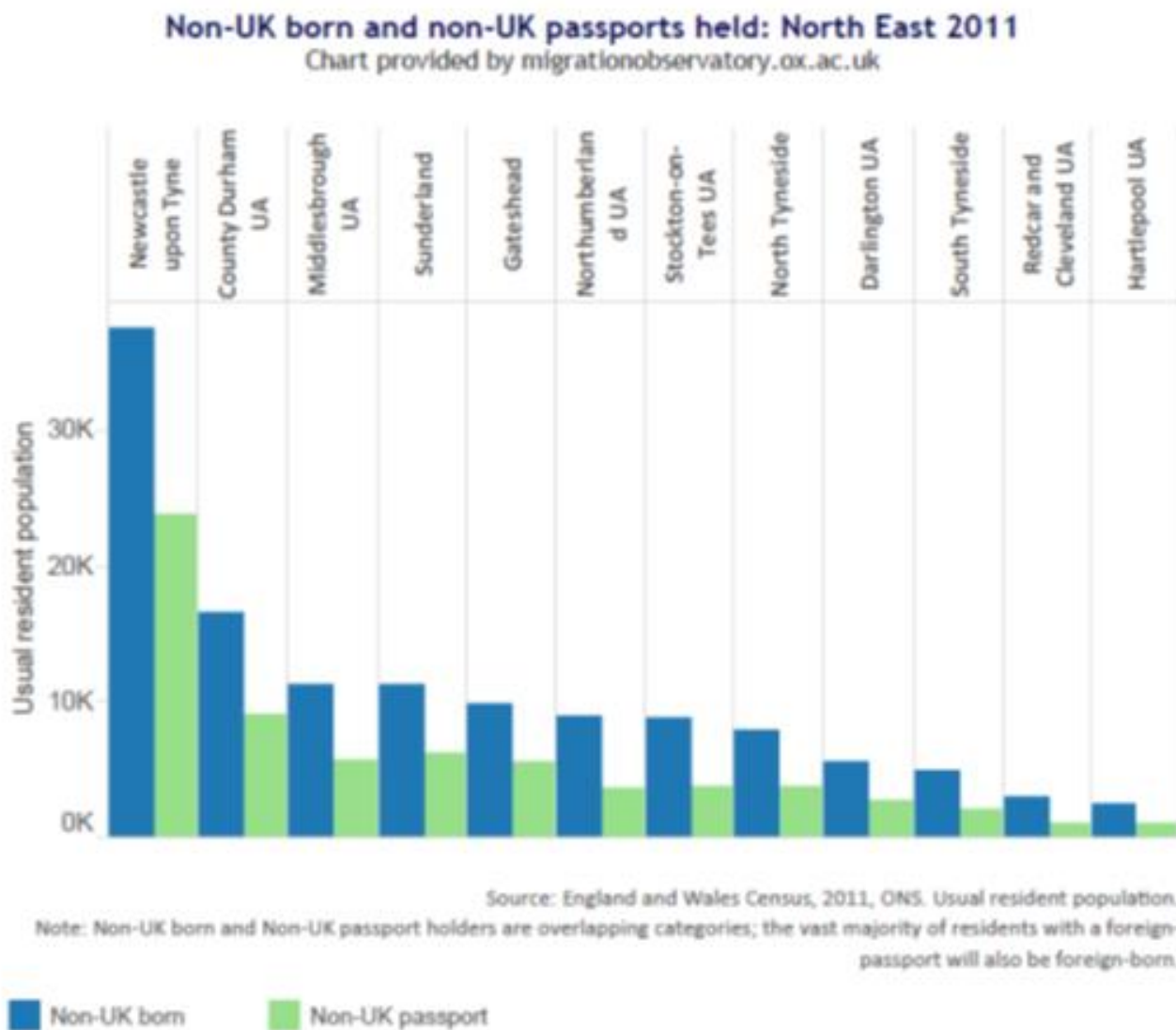


Table 3 Foreign-Born Population in England and Wales by Region and Year

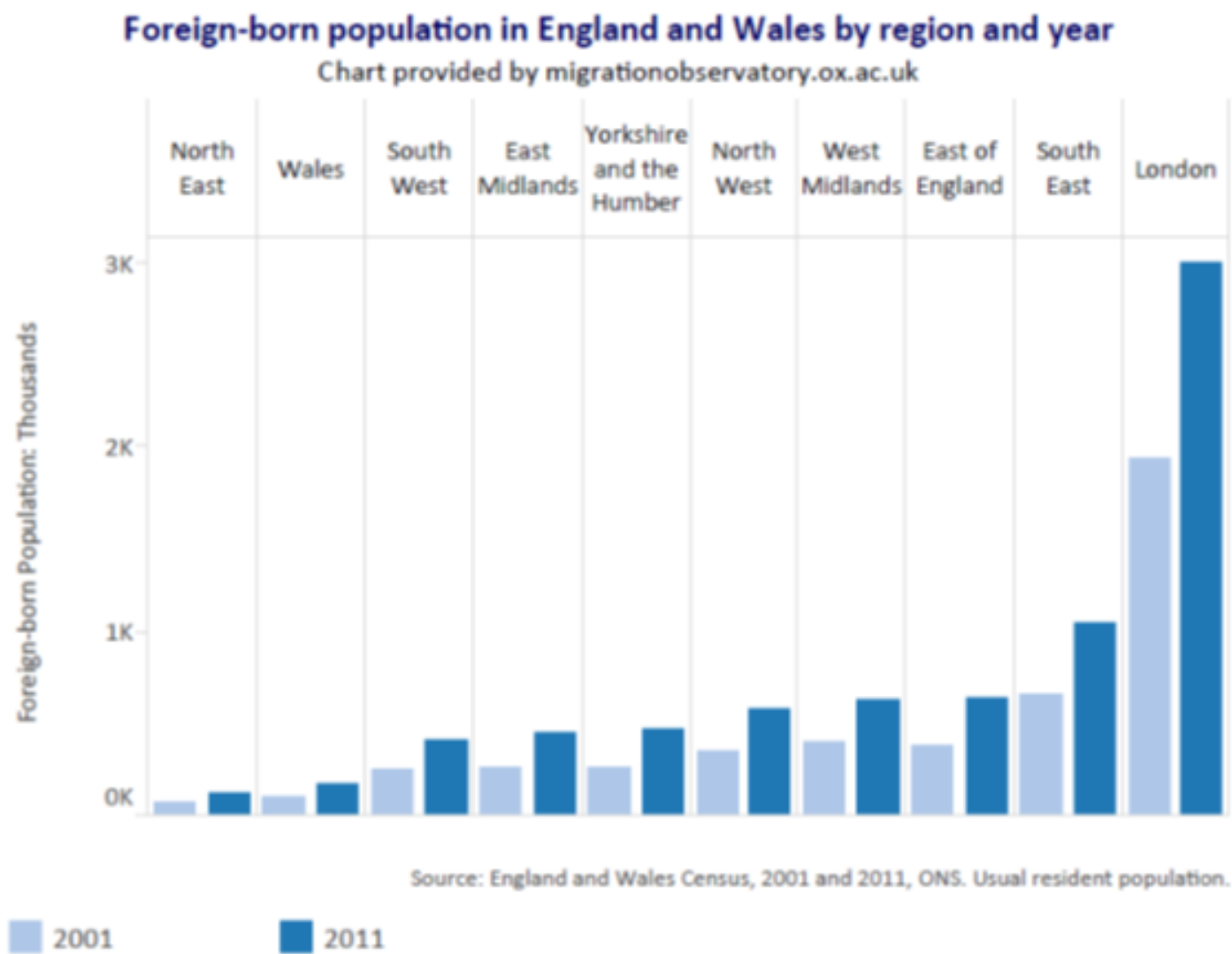


Table 4 Main Spoken Language if not English: North East 2011

	Usual residents	Share (%)*
Chinese languages(1)	9,302	13.2%
Polish	8,188	11.6%
Bengali(2)	5,787	8.2%
Arabic	4,822	6.8%
Urdu	3,803	5.4%
Panjabi	3,713	5.3%
Persian/Farsi	2,312	3.3%
Tagalog/Filipino	1,908	2.7%
French	1,900	2.7%
Kurdish	1,547	2.2%
German	1,518	2.2%
Spanish	1,267	1.8%
Russian	1,114	1.6%
Portuguese	1,106	1.6%
Greek	1,104	1.6%
Other	21,366	30.2%
Total	176,625	100%

Table 5 Activity Limiting Health Problem or Disability by Extent of Limitation

England, Wales, England regions, 2011, usual residents

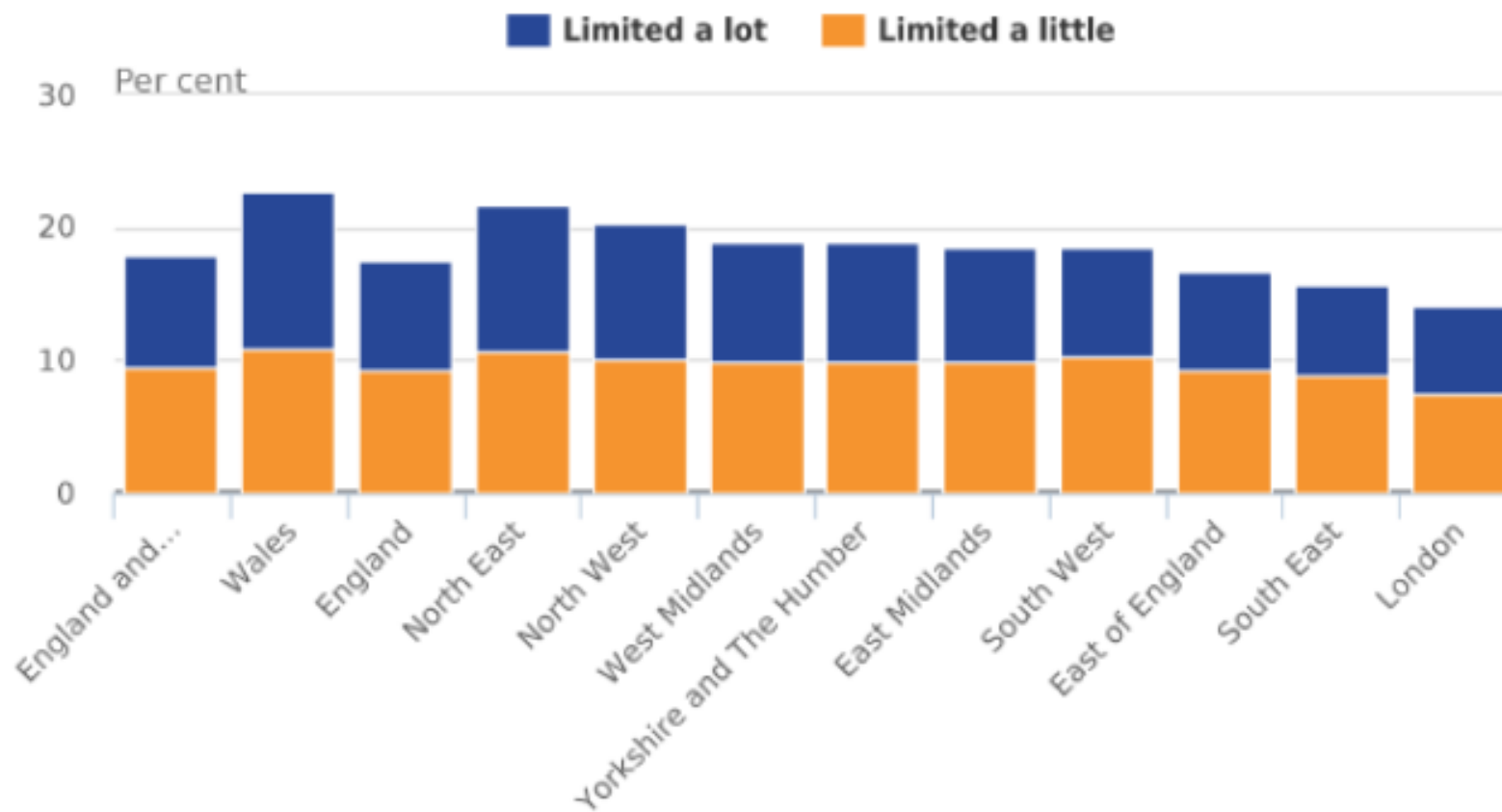


Table 6 Predicted Old Age Dependency Ratio by 2036

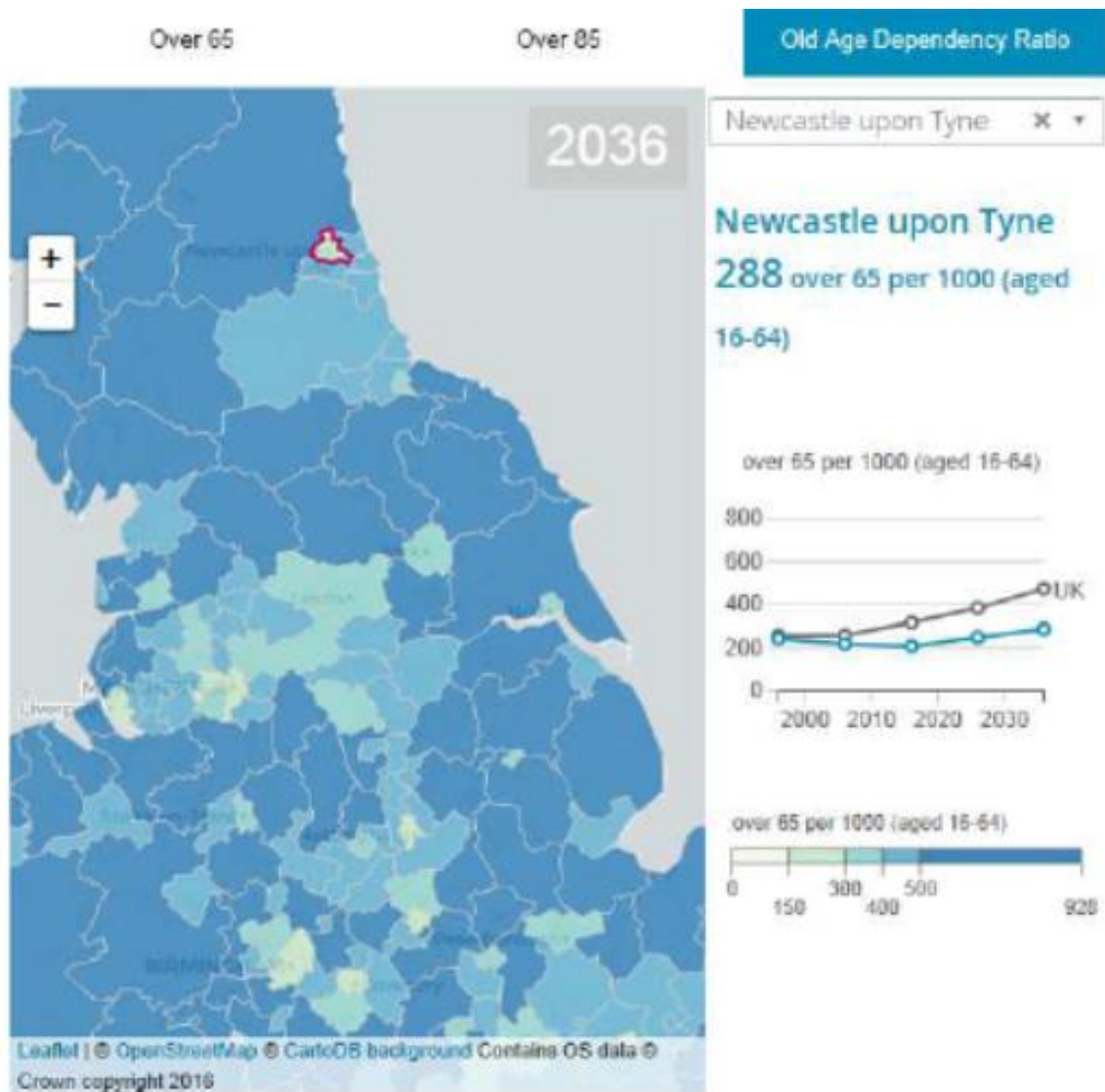
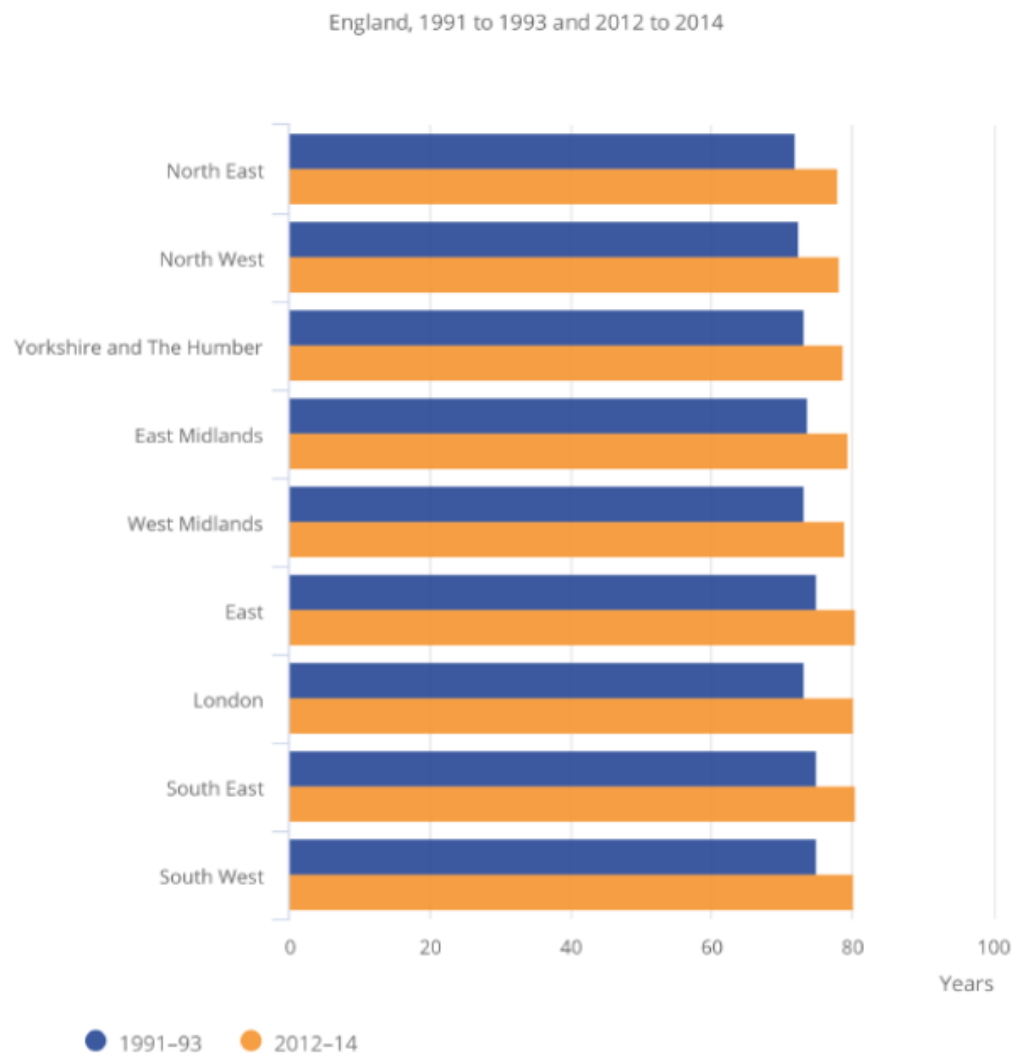


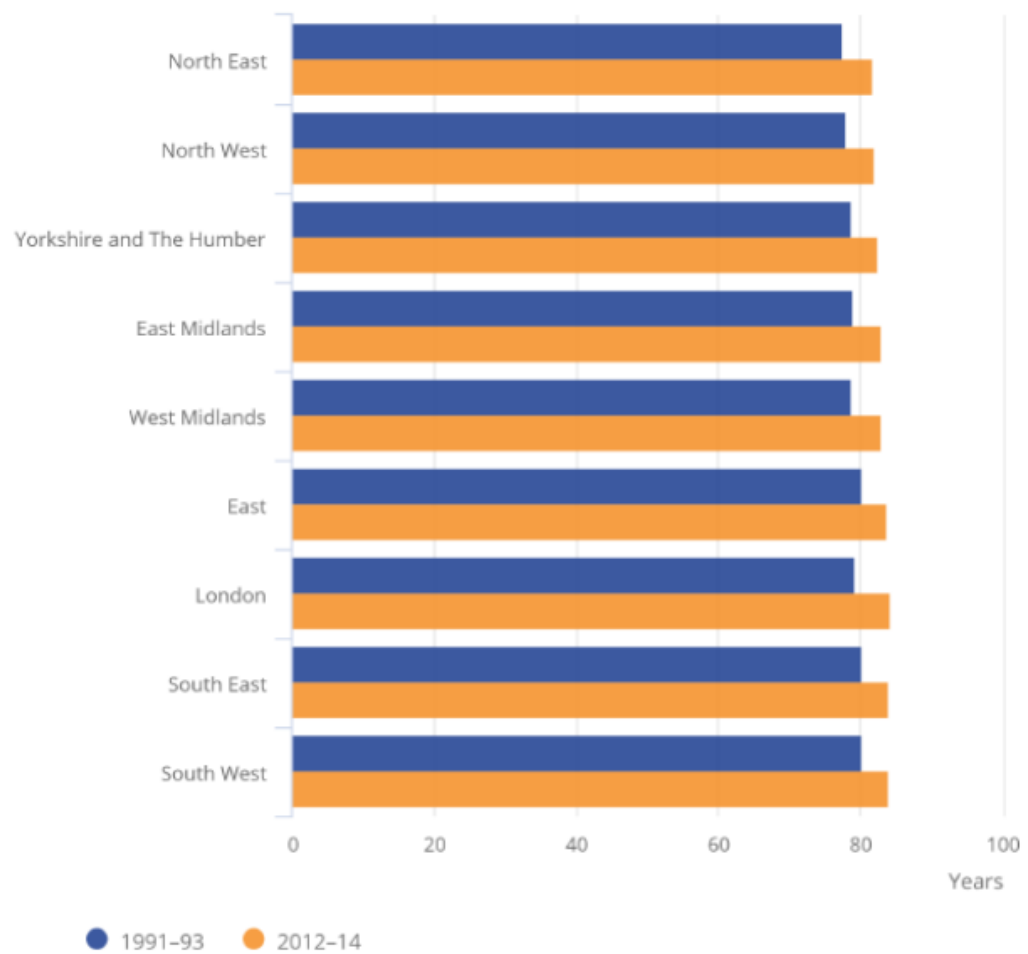
Table 7 Life Expectancy for New born Baby Boys by Region



Source: Office for National Statistics

Table 8 Life Expectancy for New born Baby Girls by Region

England, 1991 to 1993 and 2012 to 2014



Source: Office for National Statistics

Table 9 Median Income by Region after Housing Costs

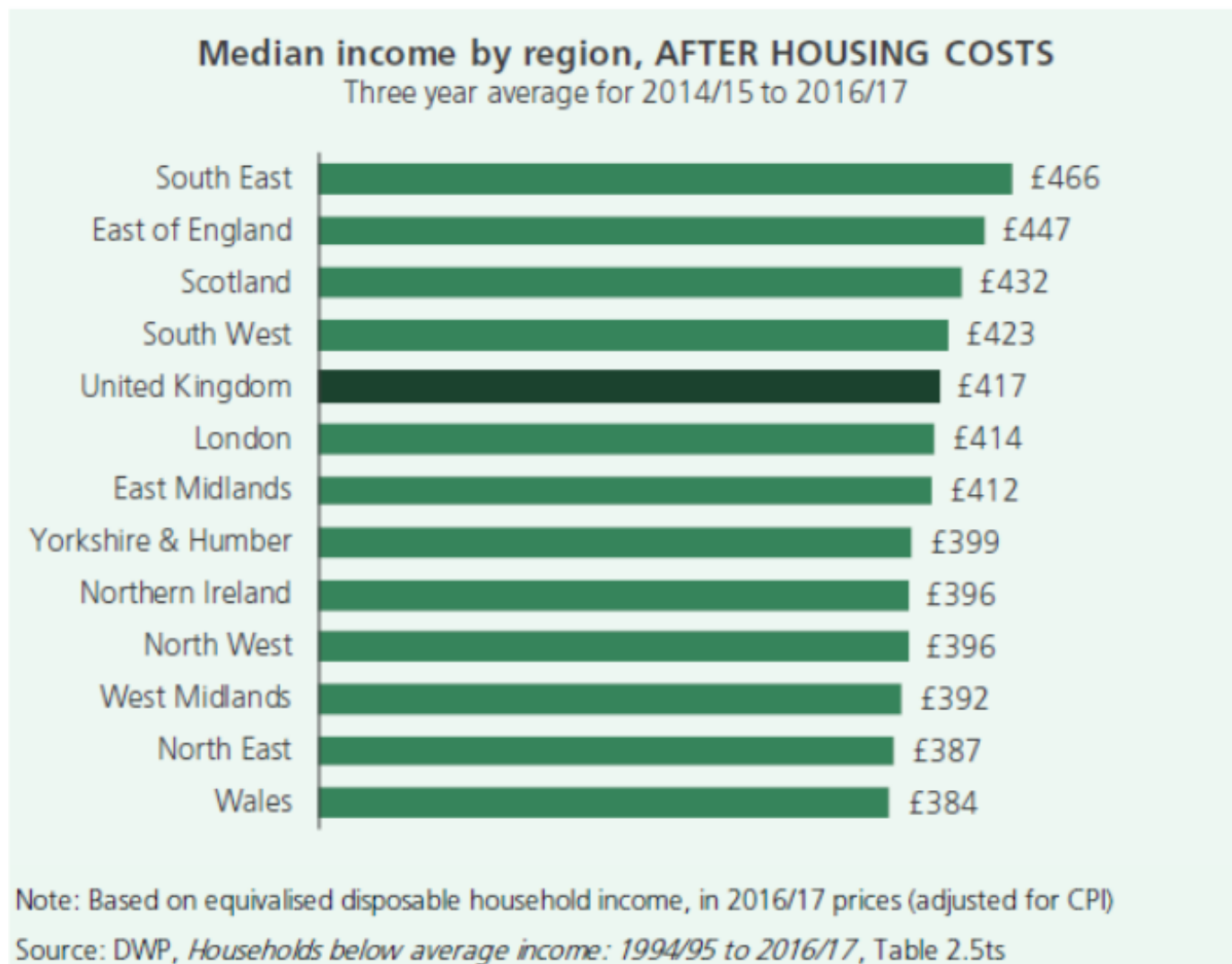
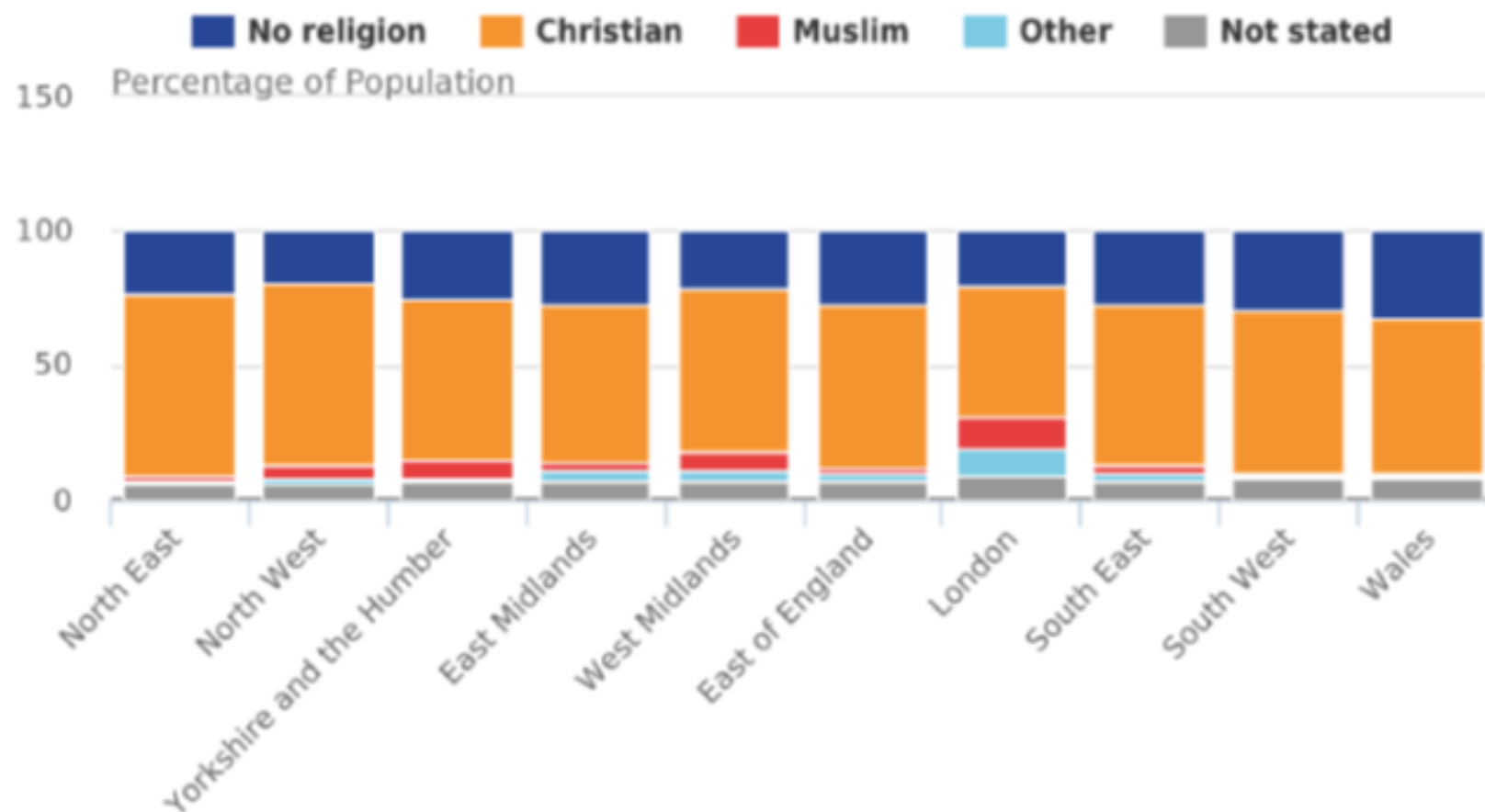


Table 10 Religious Affiliation England and Wales 2011



Source: Census - Office for National Statistics

Appendix 3 Equality Delivery System 2 (EDS2)

EDS2 - Overview - Steps for Implementation	
Step 1	<p>Confirm governance arrangements and leadership commitment</p> <p>NHS organisations should confirm their governance arrangements for using <i>EDS2</i>. Good governance is typified by two key attributes. First, the inclusion of members of the public, patients, carers, governors and members where relevant, communities, staff networks, staff-side organisations and local authority partners in governance structures. Second, by locating <i>EDS2</i> governance within existing mainstream governance structures. In this way, use of <i>EDS2</i> is not separate and isolated from mainstream business.</p> <p>At the outset, before organisations attempt to use <i>EDS2</i>, their Boards and senior leaders should confirm their own commitment to, and vision for, services with fair access and equivalent outcomes for people who use services, and workplaces where people can thrive based on their talent. They should stress that promoting equality is everyone's business, and that no one organisation or stakeholder can work in isolation from others in making progress. Some of <i>EDS2</i>'s outcomes challenge the leadership of NHS organisations to positively demonstrate their commitment to equality and the values that underpin the NHS Constitution.</p>
Step 2	<p>Identify local stakeholders</p> <p>NHS organisations should identify those local stakeholders that will need to be involved in <i>EDS2</i> use. For <i>EDS2</i> to be effective, these local stakeholders should include patients, carers, members of community groups, other members of the public, representatives of voluntary and community organisations, NHS staff and representatives of staff-side organisations, and encompass all protected groups. CCGs should involve member practices and their patient forums. For NHS foundation trusts, the local stakeholders include their governors, representative memberships and staff. Specific local stakeholders may vary depending on the particular <i>EDS2</i> outcomes which are explored and in what way. Local stakeholders can help organisations to word <i>EDS2</i> outcomes in down-to-earth ways.</p>
Step 3	<p>Assemble evidence</p> <p>NHS organisations should assemble evidence for analysing their equality performance. They should consider gaps in evidence and how they can be filled. The evidence should draw on JSNAs (Joint Strategic Needs Assessments), public health intelligence, CQC registration evidence, NHS Outcomes Framework data, surveys of patient and staff experience, workforce data and reports, their own equality monitoring and demographic data, local Healthwatch insight, and complaints and PALS data. As long as it is reliable and valid, the evidence can be quantitative or qualitative. Early insight and evidence can help to determine which <i>EDS2</i> outcomes, which services, and which aspects of each protected group, are explored and how.</p>
Step 4	<p>Agree roles with the local authority</p> <p>NHS organisations should agree the part that local Healthwatch organisations, health and wellbeing boards, and public health and other parts of the local authority will play in <i>EDS2</i> use. The role of local Healthwatch organisations can be pivotal in making <i>EDS2</i> work well.</p>

Step 5	<p>Analyse performance</p> <p>With local stakeholders, organisations should analyse their performance on each or most <i>EDS2</i> outcomes, perhaps focusing on a few specific issues, taking account of each relevant protected group. Organisations should share the evidence they have assembled (at Step 3) with their local stakeholders in accessible formats, so that local stakeholders can play their part in the analysis of performance and setting of equality objectives. See "Assessing and grading performance" and "Outcome and grading tables" below.</p>
Step 6	<p>Agree grades</p> <p>Based on these analyses, organisations and local stakeholders should agree a grade for each assessed outcome. If there is a disagreement about any grade, the views of local stakeholders should be given weight. Results can provide information to demonstrate PSED compliance. See "Assessing and grading performance" and "Outcome and grading tables" below.</p>
Step 7	<p>Prepare equality objectives and more immediate plans</p> <p>Using the grades across all assessed <i>EDS2</i> outcomes as a starting point, organisations with local stakeholders should select no more than four or five equality objectives for the coming business planning period. It is further advised that at least one equality objective per <i>EDS</i> goal is chosen. But this is not a hard and fast rule. No doubt these equality objectives will focus on the most urgent challenges. But <i>EDS2</i> is not just a means for identifying equality objectives. It is a means for uncovering equality-related progress or concerns in general, and the organisation may need to spread good practice or tackle the most pressing problems within or outside the setting of equality objectives.</p>
Step 8	<p>Integrate equality work into mainstream business planning</p> <p>Work arising from the setting of equality objectives or more immediate plans should be integrated within organisations' mainstream business planning processes. For example, organisations can report on this work within their NHS Integrated Plans, saying how they will respond to the QIPP challenge.</p>
Step 9	<p>Publish grades, equality objectives and plans</p> <p>Grades, equality objectives or other equality improvement plans, plus subsequent progress, should be published locally by organisations on their websites, in Annual Reports, and in other accessible ways. They should be shared with health and wellbeing boards for comment and possible action. With agreement from all parties, grades and equality objectives or plans may be shared by NHS commissioners and their local stakeholders with NHS England Area Teams for comment and possible action. Providers may report their grades and equality objectives or plans with commissioners as part of contract monitoring processes. Where serious and/or persistent concerns about providers relate to CQC's Essential Standards of Quality and Safety, CQC should be notified for possible inclusion on CQC's Quality & Risk Profiles and potential action.</p>

The goals and outcomes of *EDS2*

Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently

Continued on next page

The goals and outcomes of EDS2 (continued)

A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Contact Details

If you would like to find out more about our strategy for the next four years please contact:
Chris Rowlands
Equality & Diversity Lead
Northumberland Tyne and Wear NHS Foundation Trust
St Nicholas Hospital,
Newcastle upon Tyne
NE3 3XT
Tel. 0191 245 6793
equality@ntw.nhs.uk

A copy of this document is also available from the Trust in large print, braille and on audiotape, on request.

This document will be made available upon request in the following languages: Bengali, Urdu, Hindi, Cantonese, Punjabi, Arabic.

سوف يتم تقديم هذا المستند عند الطلب في اللغات التالية: البنغالية، والأردوية، والهندية، والكاتونية، والبنجابية والعربية

گزارش کرنے پر یہ دستاویز درج ذیل زبانوں میں فراہم کرانی جائے گی: بنگالی، اردو، ہندی، کیتھونیز، پنجابی، عربی

अनुरोध करने पर यह अभिलेख निम्न भाषाओं में उपलब्ध कराई जाएंगी: बंगाली, उर्दू, हिंदी, कॅटोनीज, पंजाबी, अरबी।

ਬੇਨਤੀ ਉੱਤੇ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੇਠ ਲਿਖੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲੱਬਧ ਕਰਾਏ ਜਾਣਗੇ : ਬੰਗਾਲੀ, ਉਰਦੂ, ਕੈਟੋਨੀਜ਼, ਪੰਜਾਬੀ ਅਤੇ ਅਰਬੀ।

如果有要求，必須提供本檔的以下語言的版本：孟加拉語、烏爾都語、北印度語、廣東話、旁遮普語和阿拉伯語。

অনুরোধসাপেক্ষে এই নথিটি নিম্নলিখিত ভাষায় পাওয়া যাবে: বাংলা, উর্দু, হিন্দি, ক্যাটোনিজ, পাঞ্জাবি, আরবি।

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

Trust Board

Meeting Date: 28th November 2018

Title and Author of Paper: Safer Staffing - Exception Report September 2018
Jackie King Clinical Nurse Manager Flexible Staffing
Anne Moore Group Nurse Director Safer Care

Executive Lead: Gary O'Hare Executive Director of Nursing and Operations

Paper for Debate, Decision or Information:
Safer Staffing September 2018 data and exception report for information.

Key Points to Note:

The following report includes the exception data and analysis of all wards against Trust agreed Safer Staffing levels for the period September 2018.

As work in relation to Safer Staffing progresses Trustwide, including both Carter Initiatives and progress of actions via the Trust- wide Strategic Staffing Group, more information is available to facilitate a broader narrative regarding any areas out-with the tolerance levels. Information is circulated to each Ward on acuity levels and also 'Care hours per patient day'. Both of these emerging data sources are now also used to inform the narrative within the Safer Staffing Report

The Strategic Staffing Group has also recently considered the limitations of the staffing data, the data does not capture where staff are moved between wards short term for a span of duty or where staff are providing high levels of observation to mental health or learning disability patients who are currently in- patients in Acute Hospital Care.

September 2018 exceptions:

The report highlights wards from each locality that have exceptions , (out-with agreed tolerance levels) ,where there is variance in planned and actual staffing levels which are significantly above or below planned levels

The analysis confirms there were no instances of harm attributed to variance in safer staffing levels in this reporting period.

Risks Highlighted to Committee :

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:

Outcome Required: For information.

Link to Policies and Strategies:

NHSI/NQB-Safer staffing and Carter 90 day review

1. Background

All NHS Trusts are required to publish information about the number of Registered Nurses and Non- Registered Health Support Workers on duty per shift on their inpatient wards.

This initiative followed the “Francis Report” which called for more openness and transparency in the health service and is in accordance with guidance issued by NHS England and the Care Quality Commission.

Full details are reported to public meetings of our Board of Directors and made accessible to the public via NHS Choices and NTW websites. The Trust is also required to display information to service users and visitors in our wards that shows the planned and actual staffing available on each shift.

2. Purpose of this report

The purpose of the report is to provide assurance on the current position across all inpatient wards within NTW in accordance with the National Quality Board (NQB) Safer Staffing requirements.

Detailed internal oversight and scrutiny is in place to ensure safer staffing levels are in place and appropriate action is taken where necessary.

This report is an exception report that highlights wards that are either 10% + under or 20% + over planned staffing levels. The exception reporting is via a RAG rating that identifies the following categories:

- red for any ward under 90%,
- white for within range
- green for wards over 120%

Data is only reported for inpatient wards as currently NHS England do not require us to report on day services or community services.

3. Reporting Process

The report is produced by the Safer Care Directorate on behalf of the Trust Board, Business Delivery Group and Collective Business Units. Information is retrieved via the Time and Attendance system (TAeR) and is supplied to NHSE via the Unify Report.

Going forward it is recognised that clinical services are also required to provide increasingly more robust assurance, therefore the report will be forwarded to ward teams in advance of publication to enable them to provide additional oversight and comments that will help to inform future reports.

To help to improve the narrative around exception reporting, acuity levels and dependency information is now being captured via a return from each ward and from April 2018 all trusts (Acute, Acute Specialist, Community and Mental Health) have been required to collect Care Hours per Patient Day monthly for all inpatient wards.

4. Safer Staffing Exceptions

The tables below relate to wards that show staffing levels which are either higher or lower than the planned staffing. As part of the ongoing scrutiny process, each month wards from each CBU that appear in the exceptions tables are highlighted which enables us to provide a more detailed narrative and feedback from wards on the rationale for the variance.

South CBU

**The south CBU has 20 wards.
September figures**

Ward	Registered days	Unregistered days	Registered nights	Unregistered nights
ALDERVALE - MEADOW VIEW	82.29%	233.30%	105.64%	198.73%
BEADNELL	105.56%	69.46%	103.01%	183.34%
BECKFIELD - DENE	63.05%	127.72%	105.43%	111.80%
BRIDGEWELL - MILL COTTAGE	103.96%	173.81%	105.45%	108.85%
BROOKE HOUSE	101.20%	126.77%	102.47%	46.05%
CLEADON - ROSEWOOD	113.35%	106.86%	107.25%	127.96%
CLEARBROOK - LOWER WILLOWS	97.06%	239.68%	106.33%	211.64%
LONGVIEW - EAST WILLOWS	55.53%	209.75%	99.20%	105.96%
MARSDEN	150.15%	154.09%	166.90%	147.54%
MOWBRAY	105.68%	95.81%	98.63%	107.55%
ROKER	88.22%	111.93%	128.19%	81.12%
ROSE LODGE	152.19%	79.54%	104.55%	164.34%
SHOREDRIFT - BEDE 1	98.62%	220.96%	52.55%	254.07%
SPRINGRISE - WEST WILLOWS	89.53%	128.78%	102.21%	105.49%
WALKERGATE WARD 1	87.04%	138.99%	119.48%	91.37%
WALKERGATE WARD 2	182.14%	166.82%	103.55%	274.15%
WALKERGATE WARD 3	75.92%	124.73%	106.88%	215.83%
WALKERGATE WARD 4	93.80%	73.03%	99.87%	139.23%
WARD 31A	60.91%	91.59%	93.48%	157.99%
RADS AT GIBSIDE	64.70%	101.40%	100.00%	100.74%

Within South Locality there are 9 wards that were under 90% within month. For the following wards this was due to vacant Registered Nursing posts: Longview, Aldervale, Roker, Springrise, Ward 1 and Ward 3. However during September more than 90 newly qualified Nurses commenced within the Trust. It is envisaged that the impact of these will start to be noticed from the October 2018 report.

Shoredrift ward whilst under on night duty was compensated through the use of experienced non-registered staff and additional support from the Night Coordinator. As stated previously in the report what is not captured in the way the data is reported is where staff are moved temporarily for part of a span of duty from other wards.

For Beckfield ward the Registered Nursing establishment was under in month as for a period of time there were only 7 patients on the ward therefore the staffing establishment was adjusted accordingly.

Similarly Ward 31a and RADS at Gibside adjust the staffing based on bed occupancy.

The over establishment use of non-registered staff reflects acuity levels and higher levels of supportive observation across the spectrum of wards within South Locality.

North CBU
The north has 15 wards
September figures

Ward	Registered days	Unregistered days	Registered nights	Unregistered nights	Comments
ALNMOUTH	99.98%	140.00%	102.72%	96.59%	
ASHBY	127.00%	237.38%	120.23%	192.19%	
BLUEBELL COURT	67.54%	110.81%	100.70%	141.68%	
EMBLETON	84.72%	176.76%	107.65%	152.26%	
FRASER HOUSE	106.04%	117.78%	111.68%	187.63%	
HAUXLEY	75.96%	103.71%	103.16%	103.98%	
KINNERSLEY	94.63%	153.19%	97.59%	146.30%	
LENNOX	102.47%	198.02%	113.81%	193.55%	
MITFORD	136.21%	112.28%	103.15%	111.82%	
NEWTON	96.99%	174.02%	103.85%	70.45%	
REDBURN YPU	83.79%	130.18%	72.57%	130.47%	
STEPHENSON HOUSE	137.72%	124.99%	108.56%	111.93%	
THE RIDING	105.92%	65.09%	213.65%	136.98%	
WARKWORTH	76.57%	181.07%	103.49%	131.74%	
WOODHORN	91.87%	215.73%	93.47%	142.48%	

Within North Locality there are 5 wards that were under 90% within month. For the following wards this was due to a combination of vacant Registered Nursing posts, maternity leave and sickness: Bluebell Court, Embleton, Hauxley, Redburn and Warkworth.

In addition Embleton ward had both high levels of seclusion within month and a number of patients requiring supportive observation within the acute trust setting. Transfer to the acute trust requires a number of staff to provide escort and for a number of patients within month this was in a ratio of 4 staff to 1 patient.

The over establishment use of non-registered staff reflects acuity levels and higher levels of supportive observation across the spectrum of wards within North Locality.

Central CBU
Central have 17 wards
September figures

Ward	Registered days	Unregistered days	Registered nights	Unregistered nights
AIDAN	78.66%	155.29%	107.35%	175.35%
AKENSIDE	90.44%	94.15%	109.96%	102.42%

BEDE	61.03%	113.29%	126.47%	106.68%
CASTLESIDE	106.20%	87.98%	103.63%	92.77%
COLLINGWOOD COURT	101.64%	179.37%	106.61%	172.17%
CUTHBERT	88.27%	76.87%	102.90%	96.65%
ELM HOUSE	90.16%	85.79%	102.40%	102.62%
FELLSIDE	80.45%	274.60%	103.39%	193.33%
KDU CHEVIOT	101.54%	109.13%	109.28%	105.30%
KDU LINDISFARNE	89.42%	165.03%	120.06%	206.20%
KDU WANSBECK	86.62%	146.01%	111.17%	169.47%
LAMESLEY	91.53%	185.46%	107.16%	118.63%
LOWRY	91.87%	148.99%	107.00%	123.91%
OSWIN	64.67%	165.76%	100.00%	156.82%
TWEED UNIT	80.17%	115.85%	106.43%	142.24%
TYNE UNIT	82.37%	112.75%	111.61%	109.42%
WILLOW VIEW	106.74%	126.64%	102.92%	62.05%

Within Central Locality there were 9 wards that were under 90% within month. For the following wards this was due to a number of vacant Registered Nursing posts: Aidan, Bede, Cuthbert, Fellside, KDU Lindisfarne, KDU Wansbeck, Tweed Unit and Tyne Unit. However during September more than 90 newly qualified Nurses commenced within the Trust. It is envisaged that the impact of these will start to be noticed from the October 2018 report.

Even with the newly qualified Nurses who commenced in September 2018 Bamburgh Clinic wards namely Oswin, Aidan and Cuthbert still had a number of remaining vacancies and these were to be brought into the monthly (October 2018) Trust recruitment campaign.

Oswin ward was under for Registered Nurses in month because it was not fully occupied and bed numbers are likely to be decreased going forward.

Willowview is under for non-registered staff on night duty as the current establishment is 3 staff and the ward constantly works with 2. Following the most recent Strategic Staffing meeting this establishment is to be formally reviewed.

Similar to North Locality there were a number of patients who within month required escort to the acute trust for physical health problems. These patients often require 4 staff to 1 patient escort to maintain safety.

5. Resourcing Position.

Recruitment update

Monthly recruitment campaigns are now well established and assist in reducing delays in the vacancy filling process and also in providing a much more responsive approach to recruitment, these are scheduled to continue on an ongoing basis.

There are in excess of 90 newly qualified nursing staff who have been recruited to posts across the Trust and who have started on the wards at the end of September 2018. It is anticipated that these staff will begin to make an impact on registered nursing levels in the October 2018 figures.

6. Conclusion

Safer Staffing levels have made some improvement in September 2018 due to new staff commencing in post. They are continually being risk assessed according to patient need. Adjustments are made as necessary to ensure patient safety is never compromised. **There were no incidents of harm in September 2018 attributed to staffing levels.**

Staffing levels are monitored continuously and where necessary are escalated to Locality and Trust Risk Registers.

As with most NHS Trusts, there are difficulties in some specialist areas with recruiting and retaining nursing staff, however NTW continues to be proactive in this area and examples of current initiatives that will help further improve and maintain safer staffing levels in the coming months include:

- Ongoing monthly recruitment campaigns;
- The launch of the Trust Apprenticeship Nursing Degree - interviews have been held and 30 staff will begin in January 2019;
- Skill mix reviews are ongoing as any individual post becomes vacant across all disciplines;
- The introduction of a new role, the Nursing Associate, is in the process of having implementation planned and the impact on releasing time to care for qualified staff will need to be evaluated.

**Jackie King Clinical Nurse Manager Flexible Staffing
Anne Moore Group Nurse Director Safer Care
November 2018**

ward name	Planned Q	Actual Qua	Planned Uj	Actual Ung	Planned Qj	Actual Qua	Planned Uj	Actual Ung	Unqualified Nig	Patient Da	CHPPD Reg	CHPPD Non Reg Staff	Day Reg %	Day Unreg	Night Reg %	Night Unreg	%age	Overall Day	Overall Night Coverage	Patient Da	CHPPD Reg	CHPPD Non Reg Staff	Day Reg %	Day Unreg	Night Reg %	Night Unreg
ALDERVALE - MEADOW VIEW	1275	1049.22	900	2099.67	322.5	340.7	645	1281.78		441	3.2	7.7	82.29%	233.30%	105.64%	198.73%		100.00%	100.00%	482	3.0	5.2	84.18%	168.66%	102.03%	142.86%
BEADNELL	825	870.83	900	625.15	322.5	332.2	322.5	591.27		74	16.3	16.4	105.56%	69.46%	103.01%	183.34%		87.51%	100.00%	82	13.2	14.8	85.20%	61.16%	102.61%	192.27%
BECKFIELD - DENE	1500	945.73	1800	2299	322.5	340	1612.5	1802.83		254	5.1	16.1	63.05%	127.72%	105.43%	111.80%		95.39%	100.00%	284	4.7	14.9	64.42%	136.42%	100.00%	101.35%
BRIDGEWELL - MILL COTTAGE	1050	1091.58	1125	1955.35	322.5	340.08	645	702.08		480	3.0	5.5	103.96%	173.81%	105.45%	108.85%		100.00%	100.00%	470	3.4	5.7	112.77%	169.34%	105.43%	107.13%
BROOKE HOUSE	1050	1062.6	900	1140.97	322.5	330.45	645	297.03		194	7.2	7.4	101.20%	126.77%	102.47%	46.05%		100.00%	74.26%	207	6.9	6.7	93.67%	110.26%	119.36%	54.72%
CLEADON - ROSEWOOD	1275	1445.17	1350	1442.55	322.5	345.87	645	825.33		386	4.6	5.9	113.35%	106.86%	107.25%	127.96%		100.00%	100.00%	496	3.6	6.1	79.17%	80.01%	104.25%	102.14%
CLEARBROOK - LOWER WILLOWS	1275	1237.52	900	2157.08	322.5	342.92	645	1365.07		488	3.2	7.2	97.06%	239.68%	106.33%	211.64%		100.00%	100.00%	505	3.2	6.8	93.91%	247.98%	102.99%	169.01%
LONGVIEW - EAST WILLOWS	1425	791.32	675	1415.83	322.5	319.92	645	683.43		529	2.1	4.0	55.53%	209.75%	99.20%	105.96%		100.00%	100.00%	504	2.6	3.6	64.59%	163.63%	106.28%	99.31%
MARSDEN	1050	1576.6	1800	2773.58	322.5	538.25	1290	1903.32		308	6.9	15.2	150.15%	154.09%	166.90%	147.54%		100.00%	100.00%	397	4.1	10.5	114.24%	132.22%	112.63%	127.79%
MOWBRAY	1200	1268.1	1350	1293.38	322.5	318.07	645	693.7		265	6.0	7.5	105.68%	95.81%	98.63%	107.55%		100.00%	100.00%	245	6.8	8.6	102.21%	101.22%	106.01%	104.12%
RADS AT GIBSIDE	1275	1124.78	450	503.68	322.5	413.4	322.5	261.6		101	15.2	7.6	88.22%	111.93%	128.19%	81.12%		100.00%	100.00%	87	18.8	9.4	97.12%	80.37%	102.72%	133.15%
ROKER	1050	1597.95	1350	1073.77	322.5	337.18	645	1059.97		367	5.3	5.8	152.19%	79.54%	104.55%	164.34%		100.00%	100.00%	393	4.7	5.7	135.30%	87.45%	107.43%	155.52%
ROSE LODGE	1950	1923.17	1800	3977.28	645	338.97	967.5	2458.08		286	7.9	22.5	98.62%	220.96%	52.55%	254.07%		100.00%	100.00%	279	6.9	26.7	79.02%	250.96%	49.16%	277.95%
SHOREDRIFT - BEDE 1	1575	1410.15	675	869.27	322.5	329.63	645	680.42		423	4.1	3.7	89.53%	128.78%	102.21%	105.49%		100.00%	100.00%	533	2.8	3.9	67.65%	183.34%	102.93%	122.31%
SPRINGRISE - WEST WILLOWS	1425	1240.25	675	938.17	322.5	385.33	645	589.33		515	3.2	3.0	87.04%	138.99%	119.48%	91.37%		100.00%	100.00%	530	2.8	3.8	77.33%	168.32%	102.68%	123.97%
WALKERGATE WARD 1	1500	2732.04	3150	5254.74	645	667.9	1612.5	4420.68		400	8.5	24.2	182.14%	166.82%	103.55%	274.15%		100.00%	100.00%	372	8.7	25.5	164.42%	155.65%	101.40%	265.93%
WALKERGATE WARD 2	1500	1138.75	2250	2806.32	322.5	344.7	967.5	2088.16		378	3.9	12.9	75.92%	124.73%	106.88%	215.83%		100.00%	100.00%	402	3.7	9.9	73.29%	105.50%	106.71%	152.25%
WALKERGATE WARD 3	1500	1407.03	2700	1971.68	645	644.18	645	898.05		417	4.9	6.9	93.80%	73.03%	99.87%	139.23%		83.41%	100.00%	382	5.6	7.4	93.70%	68.62%	102.07%	137.53%
WALKERGATE WARD 4	1725	1050.65	2700	2472.88	645	602.92	645	1019.01		470	3.5	7.4	60.91%	91.59%	93.48%	157.99%		76.25%	100.00%	556	3.2	6.2	60.62%	87.11%	102.87%	152.99%
WARD 31A	1050	679.38	1125	1140.7	322.5	322.5	322.5	324.9		130	7.7	11.3	64.70%	101.40%	100.00%	100.74%		83.05%	100.00%	116	10.1	10.8	74.57%	79.45%	106.30%	99.92%

ward name	Planned Q	Actual Qual	Planned U	Actual Unc	Planned Q	Actual Qual	Planned U	Actual Unc	Unqualified Nig	Patient Da	CHPPD Reg	CHPPD Non	Reg Staff	Day Reg %	Day Unreg	Night Reg %	Night Unreg	%age	Overall Day	Overall Night	Coverage	Patient Da	CHPPD Reg	CHPPD Non	Reg Staff	Day Reg %	Day Unreg	Night Reg %	Night Unreg
ALNMOUTH	1275	1274.72	675	945	322.5	331.27	645	623		538	3.0	2.9		99.98%	140.00%	102.72%	96.59%		100.00%	99.65%		535	2.9	3.2		91.05%	137.83%	102.68%	115.35%
ASHBY	1275	1619.28	1800	4272.75	322.5	387.73	1290	2479.31		150	13.4	45.0		127.00%	237.38%	120.23%	192.19%		100.00%	100.00%		147	13.6	43.6		122.42%	208.31%	110.53%	189.99%
BLUEBELL COURT	1275	861.13	900	997.25	322.5	324.75	322.5	456.93		418	2.8	3.5		67.54%	110.81%	100.70%	141.68%		89.17%	100.00%		390	3.4	3.6		71.75%	104.18%	107.68%	127.15%
EMBLETON	1275	1080.22	675	1193.1	322.5	347.18	645	982.1		438	3.3	5.0		84.72%	176.76%	107.65%	152.26%		100.00%	100.00%		554	2.8	4.7		88.26%	202.29%	105.03%	178.55%
FRASER HOUSE	1275	1351.98	2025	2385.07	322.5	360.18	645	1210.23		229	7.5	15.7		106.04%	117.78%	111.68%	187.63%		100.00%	100.00%		244	7.1	13.8		95.66%	108.42%	135.84%	164.72%
HAUXLEY	1050	797.55	1350	1400.02	322.5	332.68	645	670.67		336	3.4	6.2		75.96%	103.71%	103.16%	103.98%		89.83%	100.00%		303	3.8	7.4		72.99%	109.96%	106.91%	105.81%
KINNERSLEY	1275	1206.5	1125	1723.42	322.5	314.73	645	943.63		551	2.8	4.8		94.63%	153.19%	97.59%	146.30%		100.00%	100.00%		546	2.9	4.1		94.84%	116.74%	96.75%	131.50%
LENNOX	1185	1214.32	1725	3415.88	322.5	367.05	645	1248.37		137	11.5	34.0		102.47%	198.02%	113.81%	193.55%		100.00%	100.00%		186	7.9	32.1		87.96%	247.60%	113.53%	232.88%
MITFORD	1875	2554.01	10695	12008.63	967.5	997.99	9030	10096.91		720	4.9	30.7		136.21%	112.28%	103.15%	111.82%		100.00%	100.00%		699	4.4	31.2		98.37%	108.40%	113.11%	105.37%
NEWTON	1275	1236.6	1012.5	1761.97	322.5	334.93	967.5	681.62		390	4.0	6.3		96.99%	174.02%	103.85%	70.45%		100.00%	87.15%		403	4.0	7.0		94.61%	196.36%	104.72%	76.17%
REDBURN YPU	2362.5	1979.65	2025	2636.08	967.5	702.1	1290	1683.05		145	18.5	29.8		83.79%	130.18%	72.57%	130.47%		100.00%	100.00%		154	20.1	25.2		91.53%	95.56%	84.04%	140.59%
STEPHENSON HOUSE	1050	1446.02	2250	2812.38	322.5	350.12	967.5	1082.88		120	15.0	32.5		137.72%	124.99%	108.56%	111.93%		100.00%	100.00%		137	10.2	28.6		98.41%	117.97%	94.81%	117.02%
THE RIDING	1050	1112.18	2137.5	1391.25	322.5	689.03	645	883.53		66	27.3	34.5		105.92%	65.09%	213.65%	136.98%		85.50%	100.00%		93	21.2	34.9		129.71%	84.37%	162.93%	207.00%
WARKWORTH	1275	976.23	675	1222.23	322.5	333.75	645	849.72		515	2.5	4.0		76.57%	181.07%	103.49%	131.74%		100.00%	100.00%		563	2.3	4.3		68.63%	200.16%	115.30%	154.59%
WOODHORN	1275	1171.33	1125	2426.98	322.5	301.45	1290	1838.02		226	6.5	18.9		91.87%	215.73%	93.47%	142.48%		100.00%	100.00%		301	4.5	14.3		77.42%	224.05%	96.65%	128.58%

ward name	Planned Q1	Actual Q1	Planned U1	Actual U1	Planned Q2	Actual Q2	Planned U2	Actual U2	Unqualified Nig	Patient Da	CHPPD Reg	CHPPD Non	Reg Staff	Day Reg %	Day Unreg	Night Reg %	Night Unreg %	Overall Day	Overall Night Coverage	Patient Da	CHPPD Reg	CHPPD Non	Reg Staff	Day Reg %	Day Unreg	Night Reg %	Night Unreg
AIDAN	1500	1179.95	1350	2096.37	322.5	346.2	967.5	1696.55		269	5.7	14.1		78.66%	155.29%	107.35%	175.35%	100.00%	100.00%	310	5.4	11.0		84.01%	136.59%	104.09%	150.46%
AKENSIDE	1050	949.67	1350	1271.08	322.5	354.63	645	660.6		274	4.8	7.0		90.44%	94.15%	109.96%	102.42%	92.30%	100.00%	266	5.0	8.8		89.11%	110.18%	106.25%	120.91%
BEDE	1500	915.48	900	1019.65	322.5	407.88	645	688.1		363	3.6	4.7		61.01%	113.29%	126.47%	106.68%	87.16%	100.00%	379	3.6	4.5		66.11%	109.76%	101.75%	102.57%
CASTLESIDE	1050	1115.15	1575	1385.68	322.5	334.2	967.5	897.57		106	13.7	21.5		106.20%	87.98%	103.63%	92.77%	97.09%	98.20%	194	7.3	13.2		97.79%	98.91%	103.80%	95.45%
COLLINGWOOD COURT	1275	1295.93	675	1210.78	322.5	343.82	645	1110.49		461	3.6	5.0		101.64%	179.37%	106.61%	172.17%	100.00%	100.00%	481	3.3	5.0		92.21%	184.41%	106.33%	169.22%
CUTHBERT	1387.5	1224.78	900	691.8	322.5	331.85	645	623.37		447	3.5	2.9		88.27%	76.87%	102.90%	96.65%	82.57%	99.77%	461	3.2	3.4		77.64%	93.29%	99.12%	105.15%
ELM HOUSE	1050	946.73	1350	1158.23	322.5	330.23	322.5	330.95		268	4.8	5.6		90.16%	85.79%	102.40%	102.62%	87.98%	100.00%	255	5.0	6.1		84.14%	86.75%	102.42%	101.97%
FELLSIDE	1275	1025.72	675	1853.53	322.5	333.42	645	1246.95		499	2.7	6.2		80.45%	274.60%	103.39%	193.33%	100.00%	100.00%	565	2.6	5.8		82.82%	275.64%	111.38%	203.17%
KDU CHEVIOT	1185	1203.28	1035	1129.47	322.5	352.42	645	679.2		174	8.9	10.4		101.54%	109.13%	109.28%	105.30%	100.00%	100.00%	157	9.3	12.7		85.04%	121.90%	119.80%	103.69%
KDU LINDISFARNE	1185	1059.6	1380	2277.47	322.5	387.18	645	1329.99		257	5.6	14.0		89.42%	165.03%	120.06%	206.20%	100.00%	100.00%	301	5.2	12.2		99.21%	167.24%	101.32%	191.86%
KDU WANSBECK	1185	1026.4	690	1007.47	322.5	358.53	645	1093.05		180	7.7	11.7		86.62%	146.01%	111.17%	169.47%	100.00%	100.00%	187	7.9	10.8		88.09%	132.42%	112.33%	160.88%
LAMESLEY	1275	1166.97	675	1251.88	322.5	345.6	645	765.17		516	2.9	3.9		91.53%	185.46%	107.16%	118.63%	100.00%	100.00%	492	3.4	4.1		101.92%	171.36%	90.62%	121.71%
LOWRY	1275	1171.3	675	1005.68	322.5	345.07	645	799.19		441	3.4	4.1		91.87%	148.99%	107.00%	123.91%	100.00%	100.00%	445	3.4	4.6		86.31%	158.98%	104.15%	142.32%
OSWIN	1725	1115.48	900	1491.87	322.5	322.5	645	1011.48		296	4.9	8.5		64.67%	165.76%	100.00%	156.82%	100.00%	100.00%	326	4.2	6.4		55.83%	147.53%	104.68%	107.97%
TWEED UNIT	1185	950.07	1552.5	1798.62	322.5	343.23	967.5	1376.17		480	2.7	6.6		80.17%	115.85%	106.43%	142.24%	98.01%	100.00%	509	2.6	6.5		77.51%	117.89%	106.42%	142.99%
TYNE UNIT	1185	976.05	2415	2722.97	322.5	359.95	1290	1411.57		472	2.8	8.8		82.37%	112.75%	111.61%	109.42%	97.56%	100.00%	510	2.8	7.8		88.94%	102.32%	104.12%	107.79%
WILLOW VIEW	1050	1120.82	900	1139.72	322.5	331.93	645	400.2		423	3.4	3.6		106.74%	126.64%	102.92%	62.05%	100.00%	82.49%	458	3.1	3.8		98.35%	135.64%	100.23%	72.22%