Board of Directors Meeting (PUBLIC)

23 January 2019, 13:30 to 15:30
Ferndene, Prudhoe, NE42 5PB

Agenda

1.   **Service User/Carer Experience**

Information

2.   **Apologies**

Information

Chair

3.   **Declarations of Interest**

Information

Chair

4.   **Minutes of the previous meeting: Wednesday 28 November 2018**

Decision

Chair

📄   4. Meeting Minutes (Public Board) 28 November 2018.pdf   (7 pages)

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

Discussion

Chair

6.   **Chair's Remarks**

Information

Chair

7.   **Chief Executive's Report**

Information

Chief Executive

📄   7. CE Report Jan 2019 DRAFT.pdf   (3 pages)

Quality, Clinical and Patient Issues

8.   **Safer Care Report (Q3) Including learning from deaths**

Executive Director of Nursing/ Chief Operating Officer

| | 8. Q3 Safer Care Report (including Learning From Deaths) January 19 FINAL...pdf | (37 pages) |

9. Safer Staffing Levels (Q3) Including 6 monthly skill mix review

Executive Director of Nursing/ Chief Operating Officer

| | 9. Safer Staffing Levels Quarter 3 Report inc monthly skill mix For Trust B...pdf | (9 pages) |

10. Guardians of safe working hours annual update

Discussion

Executive Medical Director

| | 10.1 Guardian of safe working hours cover sheet.pdf | (1 pages) |
| | 10.2 Guardian of Safe Working Hours Annual Report Trust Board Dec 17 to Dec 18 Report.pdf | (6 pages) |

11. Service User and Carer experience (Q3)

Discussion

Executive Director of Commissioning and Quality Assurance

| | 11. BoD Service User and Carer Report Q3 201819.pdf | (24 pages) |

12. Commissioning and Quality Assurance Report (Q3, Month 8 and 9)

Discussion

Executive Director of Commissioning and Quality Assurance

| | 12. BoD Monthly Commissioning & Quality Assurance report Month 9.pdf | (5 pages) |

13. Board Assurance Framework and Corporate Risk Register (Q3)

Discussion

Executive Director of Commissioning and Quality Assurance

| | 13.1 BoD - Trust-Wide Risk Management Report January 2019 v2.pdf | (6 pages) |

14. Visit feedback themes (Q3)

Decision

Executive Director of Nursing/ Chief Operating Officer

Strategy and Partnerships

15. NHS Long Term Plan and Planning Guidance

Information

Deputy Chief Executive/ Executive Director of Finance

Regulatory

16. Briefing note on the Independent Review of the Mental Health Act (MHA) 1983 published December 2018

Discussion

Executive Medical Director

17. Quarterly Report to NHS Improvement and submissions

Discussion

Executive Director of Commissioning and Quality Assurance

17. BoD Quarterly Report on NHS Improvement (Single Oversight Framework) Q3 2018-19.pdf

(6 pages)

Minutes/Papers for Information

18.   **Committee updates**

<div align="right">Information</div>

<div align="right">Non-Executive Directors</div>

19.   **Council of Governors' Issues**

<div align="right">Information</div>

<div align="right">Chair</div>

20.   **Any other Business**

<div align="right">Chair</div>

21.   **Questions from the Public**

<div align="right">Discussion</div>

<div align="right">Chair</div>

Date, time and place of next meeting:

22.   **Wednesday, 27 February 2019, 1:30 pm to 3:30 pm, Board Room, St Nicholas Hospital, Gosforth, NE3 3XT.**

<div align="right">Information</div>

<div align="right">Chair</div>

Board of Directors Meeting (PUBLIC)

28 November 2018, 13:30 to 15:30
Training Room 4, Hopewood Park, SR2 0NB.

Attendees

Board members

Ken Jarrold (Chair) , John Lawlor (Chief Executive) , Les Boobis (Non-Executive Director) , Martin Cocker (Non-Executive Director) ,
Alexis Cleveland (Non-Executive Director) , James Duncan (Executive Director of Finance and Deputy Chief Executive) ,
Miriam Harte (Non-Executive Director) , Rajesh Nadkarni (Executive Medical Director) ,
Lisa Quinn (Executive Director of Commissioning and Quality Assurance) ,
Lynne Shaw (Acting Executive Director of Workforce and Organisational Development) , Peter Studd (Non-Executive Director)

In Attendance

Jennifer Cribbes (Corporate Affairs Manager) , Fiona Regan (Member of the Public / Carer) , Alison Chalmers (Member of the Public / Carer) ,
David Muir (Group Nurse Director) , Caroline Wills (Clinical Development Lead) , Chris Rowlands (Equality & Diversity Lead) ,
Kay Gwynn (Modern Matron)

Apologies

Gary O'Hare (Executive Director of Nursing and Chief Operating Officer) , Ruth Thompson (Non-Executive Director)

Meeting minutes

1. Service User/Carer Experience

Ken Jarrold opened the meeting and welcomed those in attendance.

Fiona Regan delivered a verbal presentation to share her personal experience of being the carer of her son who uses NTW services. Fiona delivered a very detailed overview of her experience of Care and Treatment Review meetings and services at Rose Lodge.

Ken Jarrold thanked Fiona for sharing her story and assured her that her views would be taken very seriously.

Fiona Regan, Alison Chalmers and Caroline Wills left the meeting.

Information
Fiona Regan/Caroline Wills

2. Apologies

Apologies were received from:
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer.
Ruth Thompson, Non-Executive Director.

Information
Chair

3. Declarations of Interest

John Lawlor advised the Board that he had registered a new interest as his wife Julie Lawlor is working in Cumbria on a part time basis.

There were no conflicts of interest declared for this meeting.

Information
Chair

4. Minutes of the previous meeting: Wednesday 24 October 2018

The Board agreed that the minutes of the 24 October 2018 were a true and accurate record of the meeting.

📄 4. DRAFT minutes - Board held in Public 28 November 2018.pdf

Decision
Chair

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

Item (5) Crisis Team phone lines
The Board agreed to defer this action to allow information to be collated. Peter Studd and Miriam Harte requested further information in relation to Crisis Team call abandonment rates.

📄 5 - Action List.pdf

Discussion
Chair

6. Chair's Remarks

Ken Jarrold provided a verbal update and referred to the NHS Long Term Plan and restructure of the NHS. Ken advised that it was important for the Trust to continue to influence changes wherever possible on behalf of the interests of the people we serve.

7. Chief Executive's Report

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 local Integrated Care System (ICS) and advised that the Trust is working towards becoming part of a Shadow ICS from 1 April 2019.

John advised that the NHS Long Term plan was expected to be published in the near future.

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

🗋 7.1 - CE Report Nov 2018 FINAL.pdf
🗋 7.2 Appendix 1 - NHS Providers Briefing - October 2018 Budget.pdf

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance Report (Month 7)

Lisa Quinn spoke to the Commisioning and Quality Assurance report to update the Board in relation to the Trust's position against the Single Oversight Framework (SOF). Lisa explained that the report had been reduced to provide a high-level overview as previously requested. Lisa further advised that the full report was still being presented and reviewed at the Trust's Quality and Performance Committee.

Lisa confirmed that the Trust's regulatory position against the Single Oversight Framework (SOF) was 1 and the CQC currently have no material concerns. The Board was reminded of the 3 outstanding CQC 'must do' areas.

It was confirmed that all CQUINs had been assessed and achieved at the end of October and there had been a small improvement in waiting times.

In relation to staff sickness, Lisa advised that there had been a reduction in October which was against the seasonal trend.

James Duncan spoke to the finance section of the report and it was noted that there had been no significant change since the previous month.

Ken Jarrold thanked Lisa and James for the report and commended the new format.

The Board received the Integrated Commissioning and Quality Assurance report.

🗋 8. BoD Monthly Commissioning Quality Assurance report Month 7.pdf

9. 'Flu Assurance Report

Kay Gwynn spoke to the enclosed Flu Vaccination Assurance report to update the Board on the Trust's position in relation to NHS England's request to achieve a 100% Flu Vaccination uptake for care workers who have direct patient contact.

Kay referred to the enclosed best practice management checklist and explained the risks associated with frontline staff who are not vaccinated. The measures in place to mitigate the risks were explained. Kay advised that the Department of Health will collect the reason why staff refuse to be vaccinated via an anonymous survey and the results will be collated nationally.

Further discussion took place in relation to why frontline workers refuse the vaccination and the risks involved.

In response to a question raised by Peter Studd, Kay advised that 73% of staff had been vaccinated the previous year.

I

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

10. CQC Community Mental Health Survey

Lisa Quinn spoke to the enclosed CQC Community Mental Health Survey report to inform the Board of the recently published results.

Lisa advised that in relation to the overall survey, there had been a National decline in experience from 34% to 30%. Lisa explained that the result for NTW was 36% which is above the National average but is a small deterioration from previous results in 2017. Despite this, NTW has seen an improvement in the area of respect and dignity where Nationally that area had declined.

Lisa referred to the appendix which showed the responses for each of the questions asked. Lisa highlighted areas where NTW had scored the highest in the Country.

Lisa further explained that the survey correlates closely with the result of the Trust's Points of You questionnaires.

The Board received and noted the CQC Community Mental Health Survey Report.

📄 10.1 Board CQC Service User Survey November 2018 FINAL.pdf
📄 10.2 Board CQC Service User Survey November 2018 FINAL Appendix 6.pdf

11. No Waste

James Duncan spoke to the enclosed No Waste Report to update the Board on the national issue relating to clinical waste disposal. James reminded the Board of the discussion held at October Closed Board meeting where it was explained that NTW did procure some services from the company. However, NTW were experiencing no issues due to having a low level of clinical waste. James advised that there may be a small risk to NTW as a consequence of the national controversy.

The Board received and noted the position in relation to Clinical Waste Disposal.

📄 11. No Waste.pdf

Strategy and Partnerships

12. Gateshead Health and Care partnership : Memorandum of Understanding

James Duncan spoke to the enclosed report; Gateshead Health and Care Partnership Memorandum of Understanding and reminded the Board of the discussions held at the July Board Development session.

In response to a question raised by Peter Studd regarding decision making, James advised that in instances where organisations cannot come to a consensus, decisions may go to a vote and ultimately an organisation may consider withdrawing from the Partnership.

Ken Jarrold summed up and commented that the local partnership approach is very powerful and it is important for NTW to be involved to shape the services provided to the local population.

The Board approved and supported the Gateshead Health and Care Partnership Memorandum of Understanding.

The Board authorised the Trust's management team to work with partner organisations on the detailed terms of reference and working arrangements.

📄 12. Gateshead Health and Care Partnership MOU Board Paper November 2018.pdf

13. Charity Committee Annual Report and Accounts

Martin Cocker spoke to the enclosed Charity Committee Annual Report and Accounts and reminded the Board members of their delegated responsibility as trustees of the Charity.   Martin advised that Mazars had conducted a full independent review and audit on the annual report and accounts of the Charity and there were no issues to report.

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

The Board further received and noted the annual report of the Chairman of the Charitable Funds sub-committee.

📄 13.1 Charity Cover page 2018.pdf
📄 13.2 Charity Committee report October 2018 final.pdf
📄 13.3 Charity Annual Report and Accounts 2018 FINAL.pdf

Workforce

14. Freedom to Speak Up - 6 month update

Discussion

Acting Executive Director Of
Workforce And
Organisational Development

Lynne Shaw spoke to the enclosed Freedom to Speak Up Guardian Report to update the Board on concerns raised and logged by the Freedom to Speak Up Guardian and Central Workforce Team between 1 April 2018 and 30 September 2018. Lynne advised that there had been 21 cases reported and logged during the period which was identical to the number reported during the previous six months. Lynne brought the Board's attention to Appendix 1 which detailed each case and confirmed that there had been no trends identified.

The Board received and noted the Freedom to Speak up 6 month update report.

📄 15. FTSUG report - Nov 2018.pdf

15. Freedom to Speak Up Self-Assessment

Lynne Shaw spoke to the enclosed Freedom to Speak Up Self-Review Report to update the Board on the Trust's position against the NHS Improvement and National Guardian's Office criteria.

Lynne advised that the self-assessment had been completed by Neil Cockling, Freedom to Speak up Guardian, Les Boobis, Non-Executive Director with the responsibility for FTSU and herself. Lynne explained the format of the report and areas for further development.

It was confirmed that James Duncan is the Executive Lead, for FTSU.

The Board recieved and noted the Freedom to Speak Up Self -Assessment report.

📄 16. Freedom to Speak Up Self-Review Tool.pdf

16. Workforce Directorate Quarterly update

Discussion

Acting Executive Director Of
Workforce And
Organisational Development

Lynne Shaw spoke to the enclosed Workforce Quarterly Update report to advise the Board on the key work and developments made since the last meeting.

Lynne provided further information in relation to the EU Settlement Scheme and NHS Improvement Direct Support Retention Programme. Lynne advised that NTW was participating on Cohort 3 of the NHSI Direct Support Retention Programme and brought the Board's attention to the action plan that was enclosed within the report.

The Board recieved and noted the Workforce Directorate Quarterly update.

📄 14.1 Quarterly Workforce Report - Nov 2018.pdf
📄 14.2 Quarterly Workforce Report - Appendix 1 Retention Action Plan Version 7 ...pdf
📄 14.3 Quarterly Workforce Report - Appendix 2 Workforce Retention KPI Dashboar....pdf

17. Fit and Proper Person Test update

Discussion

Acting Executive Director Of
Workforce And
Organisational Development

Lynne Shaw spoke to the enclosed Fit and Proper Person Test report to update the Board on the Trust's current position. Lynne advised that all tests had been conducted in September and that no issues had been found in any of the areas.

The Board received and noted the Trust's position in relation to compliance with the Fit and Proper Person requirement.

📄 17. FPPT - Board November 2018 (002).pdf

18. Equality and Diversity Strategy

Chris Rowlands spoke to the enclosed Equality and Diversity Strategy 2018 - 2022 and reminded the Board that the Strategy is part of the Trust's legal obligations under the Public Sector Equality Duties.

Chris advised the Board that the Equality Act requires the Trust to set objectives for a four year period. Chris referred to the action planning and reporting cycle within the report and explained that the Strategy will be reviewed by the Board annually and updated so it continues to be a live document.

Peter Studd raised a question regarding staff recruitment, applicants from an Equality and Diversity background and where the jobs are advertised. Chris advised that the Trust had recently moved to a new recruitment system called Trac which collects more information on where jobs are advertised and Equality and Diversity areas. Chris commented that the Trac system will become a valuable source of information going forward.

John Lawlor commented on the importance of having a fair representation of individuals with protected characteristics, staff service users and carers.

Rajesh Nadkarni pointed out that it may be more difficult for NTW to ensure representation from a BAME background due to having smaller representation locally in comparison to other areas of the Country. Subsequently, it was agreed that we will have more work to do to ensure representation.

The Board recieved and noted the Equality and Diversty Strategy.

📄 18. Equality and Diversity Strategy 2018 Revision 2.0 November 2018.pdf

Safer Staffing

19. Safer Staffing - Exception Report September 2018

David Muir spoke to the enclosed exception report to provide the Board with an update in relation to safer staffing compliance for September 2018. David explained the two exceptions during the month and confirmed there had been no instances of harm attributed to the variance in safer staffing levels.

Discussion took place regarding the staffing levels at Rose Lodge. David confirmed that the figures demonstrated that Rose Lodge was not understaffed.

The Board received and noted the contents of the Safer Staffing Levels exception report for September 2018.

📄 19.1 Safer Staffing Report for sep 2018 (002) (002) (003).pdf
📄 19.2 group data sept.pdf
📄 19.1 Safer Staffing Report for sep 2018 (002) (002) (003).pdf
📄 19.2 group data sept.pdf

Minutes/Papers for Information

20. Committee updates

There was nothing significant to report.

21. Council of Governors' Issues

Ken Jarrold provided a verbal update on the Council of Governors current issues. These included the recent Governor Elections and turnout for each of the positions and the current position in relation to the ongoing recruitment of two Non-Executive Directors.

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

22. Any other Business

There was no further business to note for this meeting. Ken Jarrold closed the meeting and noted that it was the final meeting of two of the Non-Executive Directors, Martin Cocker and Ruth Thompson. Ken thanked Martin and Ruth for their tremendous contribution to the Board and said that they would be greatly missed.

23. Questions from the Public

There were no members of the public in attendance at this point of the meeting.

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

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	23 January 2019

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. Staff Survey
2. Flu Update

Regional updates

3. North Cumbria

National updates

4. Brexit
5. Long Term Plan
6. Driving forward system working: A snapshot of early progress in collaborative commissioning.

Outcome required: For information

Chief Executive's Report

23 January 2019

Trust updates

1. Staff Survey

The 2018 National Staff Survey closed on 30 November 2018. The return rate was 67% which is a slight increase on the previous year. The initial high level report has been received from Quality Health who co-ordinates the survey on behalf of the Trust. Locality/Directorate reports, including NTW Solutions have not yet been received but these are expected late January/early February.

2. Flu update

The seasonal flu campaign is now in its 17th week; currently 73% of frontline staff have been vaccinated.

We require 98 more front line staff to be vaccinated by the end of February to achieve herd immunity and the CQUIN target. Further flu clinics are being held across the Trust in both January and February; these are being advertised through the Trust Bulletin, all user e-mails, and posters.

Currently we have the highest vaccination uptake in qualified nurses across the North East and Cumbria region. Weekly reporting continues to NHS England and monthly reporting to the Department of Health.

Regional updates

3. North Cumbria

In its November meeting the Board of Directors approved the Outline Business Case and agreed to move to Full Business Case with a preferred option of a Service Transfer to NTW for Mental Health and Learning Disabilities service for the population of North Cumbria. Work continues on the development of the Full Business Case which will be presented to the Board of Directors for consideration in February.

National updates

4. Brexit

On the 21st December 2018, the Department of Health & Social Care issued guidance on EU Exit Operational readiness. This guidance which was provided to all Providers and Commissioners of NHS services emphasised the need to prepare contingency plans in case of a "no deal" agreement prior to the UK leaving the EU in March 2019. The covering letter states that although this is not government policy each organisation should consider and plan for the management of local risks of a "no deal" Brexit.

The Department of Health with the support of NHS England & Improvement and Public Health England have set up a National Response Centre with the task of responding to any disruption to the delivery of Health & Care services within England that may be caused or affected by EU exit. They will also be responsible for co-ordinating EU exit related information flows across the Health and Care System. It is emphasised however that the Response Centre will not bypass the existing Regional reporting structures.

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The National Guidance highlights actions to be taken by all Health & Adult Social Care Organisations from a contingency perspective. Seven key areas are highlighted within this guidance for particular consideration:

- Supply of medicines and vaccines:
- Supply of medical devices and clinical consumables:
- Supply of non-clinical consumables, goods and services:
- Workforce:
- Reciprocal healthcare:
- Research and clinical trials: and
- Data sharing, processing and access

The Trust Leads for each of these areas have been provided with materials to support them in undertaking an assessment of our state of readiness. The baseline position shows compliance in all 7 areas with 5 moderate risks and 2 low risks.

5. **NHS Long Term Plan**
   The NHS Long Term Plan was published on 7th January 2019 and you can access the full document *here*.

   The Government has put together a plan which rightly gives mental health the focus it deserves and represents a vital step towards parity of esteem.

   The plan includes a £2.3bn ring-fenced local investment fund over five years for mental health services which will help to tackle some of the pressures on the system and help to deliver on important aims, including increased access to CAMHs services with a view to treating 345,000 more children and young people by 2023/24, and implementing clear access standards for community and emergency mental health care.

   While our analysis of the plan and its implications will be ongoing, I wanted to provide you with a summary of its mental health content which you can find **here**.

6. **Driving forward system working: A snapshot of early progress in collaborative commissioning**

   In partnership with NHS Clinical Commissioners, the membership body for clinical commissioning groups (CCGs), NHS Providers have published a new report which you can find it *here*.

   This report revisits views from leaders in CCGs, providers, national bodies and think tanks about how the commissioner/provider relationship is evolving in the context of system working. It explores views of strategic commissioning and reflects emerging practice in systems that are rethinking the way in which they plan and design services at a local level to support the delivery of joined-up and sustainable care.

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors Meeting

Meeting Date: Wednesday 23rd January 2019

Title and Author of Paper: Quarter 3 – Safer Care Report (Including Learning from Deaths) – October – December 2018
Author of Paper in response to this report –
Jan Grey – Associate Director of Safer Care
Dr Damian Robinson – Group Medical Director – Safer Care
Tony Gray - Head of Safety , Security and Resilience
Vicky Clark – Incidents, Complaints and Claims Manager
Craig Newby – Deputy Head of Safety , Security and Resilience
Peter Astbury – Investigatory Team Lead

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

Paper for Debate, Decision or Information: Information

Key Points to Note:
- This report contains all the safety related activity for the period October – December 2018, including the formal reporting mechanism for reporting how the Trust is "Learning from Deaths".
- For the first time this report will include data and analysis related to Infection Prevention and Control (IPC) Incidents as well as Medical Device and Clinical Equipment information.
- The report shows that there was a reduction in the overall number of incidents reported this quarter in comparison to the previous quarter. Safeguarding and Self harm incidents were reduced. There was a slight increase in the number of incidents involving Aggression and Violence however the Positive and Safe section of this report forecasts an overall reduction in violence and aggression of 5% for the year.
- The Positive and Safe Section of the report also forecasts year end reductions in the use of restraint and prone restraint as well as a large drop (17%) in the number of reported staff assaults. Use of Mechanical restraint (MSE) appears to have increased.
- So far this financial year 184 Serious Incidents have been reported and were subject to review in line with the Serious Incident Framework / NTW incident Policy. Based on the current monthly average for reported Serious Incidents (57) meeting the threshold for a review, the projected total for reported Serious Incidents is 241 a 16% increase on the previous year.
- The Blanket Restriction Policy – NTW (C) 59 was approved by Directors in November 2018, with an implementation date of January 2019, the work to complete this is being overseen by the Deputy Chief Operating Officer, and an action plan and project team are in place. A review of current information already being collected through an established audit regime , will be formalised in line with the new policy, with all CBU's collecting their approach to blanket restrictions and what they are doing to mitigate them. It is anticipated that the collection will start in February / March 2019.

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

Northumberland, Tyne and Wear
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NHS
Northumberland,
Tyne and Wear
NHS Foundation Trust

Safer Care Report – Quarter 3
January 2019
Reporting Period: October to December 2018

Caring | Discovering | Growing | **Together**

3

Contents

4

Introduction

This Safer Care Report includes activity relating to quarter 3, October – December 2018, this report builds on the monthly report that is produced for the organisation and Clinical Commissioning Groups every month and is presented to the Corporate Decisions Team – Quality.

Incident Reporting and Management

Incident Reporting

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

Table 1 – All Incident Activity - Quarter 3 – October - December 2018

Incident Type	Q3 Oct 17 to Dec 17	Q4Jan – March 18	Q1April – June 18	Q2July – Sept 18	Q3Oct - Dec 18
Aggression And Violence	3442	3206	3133	3201	3287
Inappropriate Behaviour (Including smoking)	638	448	376	390	394
Safeguarding	1693	1849	2119	2141	2089
Self-Harm	1198	1108	1145	1482	1113
Security	547	563	519	474	450
Totals	**7518**	**7174**	**7292**	**7688**	**7333**

All Other Incidents	2466	2403	2496	2705	2723
Totals	**9984**	**9577**	**9788**	**10393**	**10056**

It can be seen from the above table incident reporting has decreased slightly when compared to the previous Quarter.

There were a total of 39,814 incidents reported throughout the full 12 month period. Quarter 3 again shows that over 10 thousand incidents for the quarter were reported for only the second time, although the total numbers are reduced by over 300 from last Quarter.

Aggression and Violence has increased marginally in the 3rd quarter by 86 and for the 2nd quarter in a row, this is being closely monitored in line with the trust Positive and Safe Strategy.

Self-harm has reduced in Quarter 3

Safeguarding and Public Protection concerns have fallen slightly after increasing quarter on quarter since the equivalent quarter in 2017. They have though remained over 2,000 for the third straight quarter. Each year there is a known pattern of a reduction of safeguarding and public protection activity in December with an anticipated increase following the festive period.

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All the activity is suitably considered at the Corporate Decision Team's – Quality Meeting and through the Trust's Quality and Performance Committee, where the themes and trends are analysed and understood. The clinical groups also provide an update through the Quality and Performance Committee on a 6 monthly rotational basis, exploring their own activity and the reasons for it.

Serious Incidents Reported – Quarter 3

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

Table 2 – Serious Incidents Reported – Quarter 3 – October - December 2018

Incident Type	Q3			Q4			Q1			Q2			Q3		
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	June-18	July-18	Aug-18	Sept-18	Oct-18	Nov-18	Dec-18
Death	11	23	17	14	7	14	16	21	12	10	15	23	15	15	13
All Other Serious Incidents	8	2	4	7	3	1	4	2	9	4	6	4	7	3	3
Totals	19	25	21	21	10	15	20	22	22	14	21	27	22	18	16

Quarterly Totals		65			46			64			62			56	
	Serious Incidents 2016-2017			184											
	Serious Incidents 2017-2018			207											
	Serious incidents 2018-19			183 YTD (April 1st 2018 –Q3)											

The average rate for incidents that are subject to a review, in line with the serious incident framework, for each quarter is 57. When reporting on deaths as serious incidents it is acknowledged that due to the changes we have made to the serious incident policy, and the weekly discussion with Directors we have around deaths, more deaths that are reported are likely to be reviewed as serious to allow for a concise investigation to be carried out in line with the National Serious Incident Framework.

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

When looking over an annual basis on deaths investigated there were 183 deaths subject to a serious incident investigation in 2018, so far this year there have 140 deaths that are subject to a serious incident investigation. This will be closely monitored by the Safer Care Team in collaboration with the Clinical Care Groups to review any trends. No areas of concern are identified and the activity is evenly spread across the organisation.

All deaths reported and level of investigation

The Trust has robust policies and procedures for identifying and investigating deaths which follow guidance issued by the National Quality Board. Where applicable, investigations are conducted using a root cause and human factors framework and in partnership with families and carers. Learning points are identified, disseminated,

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embedded and their impact evaluated with the entire process monitored by the Trust-wide Learning and Improvement Group

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

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

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

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

Table 3 – Deaths Recorded, Reported, Reviewed and Investigated

Category	Q3 Oct 17 to Dec 17	Q4 Jan – March 18	Q1 April – June 18	Q2 July – Sept 18	Q3 Oct – Dec 18
Death as Serious Incident (Level 3) Homicide by a Patient	0	1	0	1	2
Deaths investigated as SIRI	23	13	16	14	13
Deaths reviewed as after action reviews.	28	22	33	34	30
Deaths reported to NRLS	9	4	8	8	2
Deaths reported to LEDER	7	7	19	13	3
Deaths subject to mortality reviews	18	17	6	13	17
Deaths being investigated due to family concerns that are not part of any investigation process above	0	0	0	0	0
Deaths subject to a Safeguarding Process*	4	1	0	0	0
All other deaths not subjected to review or investigation**	233	274	235	184	183

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

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

Positive and Safe Care

Service user Project Coordinator

Paul Sams has developed a number of Talk 1st social media sites including Facebook and Twitter, which are proving to be a popular method of communication and discussion. The Facebook group has become a vibrant place with people sharing what they are most proud of as well as sharing best practice. Paul is also undertaking regular Talk 1st clinics with in-patient units where he provides support and advice around the positive and safe agenda.

Audit and Policy

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

Innovation and Research

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

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

Body worn camera pilots have been running in both Beckfield and Alnmouth since October 2018. This is a six month pilot where all members of staff, on duty, will be using body worn cameras. This followed an engagement programme with staff, patients and carers. Work undertaken in Northamptonshire Healthcare NHS Foundation Trust showed a reduction of violence and aggression in some areas where body worn cameras were introduced. A benefits realisation plan is being formulated to measure the effectiveness of this initiative. Staff and patient feedback regarding the introduction of the cameras has been positive, in the main. Footage has been used for reflective feedback, which provides a useful aid in terms of debrief and incident analysis.

The Sleep Well initiative started at the end of September. All 6 wards involved have implemented sleep disorder screening and have been able following MDT review, to substantially increase the amount of patients whom are included in the 6hr uninterrupted Sleep period .Evaluation is ongoing but early reports are that both patients and staff are finding this beneficial, reduction in disturbed or agitated behaviour has been noted within the older persons services.

Sleep Well has been lucky to secure a nationally recognised expert to present her work on applying CBT to sleep disorders which will form part of an enhanced training day for the Sleep Well wards.

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The team is currently exploring the use of digital technology in bedrooms to support better sleep health by providing enhanced monitoring for those patients deemed currently too risky to include on the 6hr uninterrupted sleep period.

Dr Keith Reid is planning to deliver sessions on Positive and Safe Practice – A Medical Contribution to medical staff across the organisation in spring 2019.

Dr Reid also presented at the CQC Mental Health Away Day in relation to his work around developing national minimum standards for restrictive intervention reduction plans.

Putting People First – Positive and Safe Care Conference

This took place on Wednesday 7th November 2018 and was well attended by staff from NTW, TEWV and others from the North East and North Yorkshire Restraint Reduction Network. In all, around 400 people attended. A number of keynote speakers addressed the conference including Iris Benson and Raf Hamaizia who presented their own personal stories as service users and how initiatives such as Safe Wards can help to develop better experiences. Guy Cross, CQC, provided an update on the work of the Expert Reference Group including Seni's Law, data collection via the MH Minimum Data Set and PMVA training accreditation.

The day also included 20 workshops hosted jointly by NTW and TEWV as well as a poster competition. The day ended positively with a pledge to develop more collaborative work in this area between NTW and TEWV.

Monitoring

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

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

Internally all clinical staff have access to Talk 1st dashboards and this information forms part of regular clinical discussions including CPA reviews, CTR's and ward rounds. In addition to this ward based data is scrutinised and discussed at every Talk 1st cohort review date, which every ward attends on a three monthly basis.

Whilst Trust wide data is very useful to look at the overall position, ward based information helps clinical managers to identify hotspot areas as well as areas where incident rates have fallen significantly. Used in conjunction with ward based dashboards, this information is proving to be incredibly useful to front line clinicians in formulating patient centred approaches in reducing incidents and improving patient experience.

Use of Restraint

Restraint	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	8772	7905	8040	5132	-17%

Prone Restraint	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	3193	2393	2084	1501	-7%

Restraint numbers for this year are reducing at the same rate across all three locality groups. This positive position is a reflection of ongoing initiatives under the Talk 1st banner; although it must be noted a number of other variables may help to create

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decreases. There are a number of areas where restraint rates have increased, these being Adult Acute North Locality, CYPS PICU and CYPS LD services.
It must be noted the overall restraint numbers still include low level supportive care where staff hold patients to aid in toileting and other personal needs. Analysis of this type of activity shows around 78% of OPS restraints are low level interventions. Development of the Safeguard incident reporting system will allow us to disaggregate this information to provide further clarity.

Prone restraint is also forecast to reduce in comparison to last year. Last year we saw a 13% decrease in prone restraint and the year-end forecast shows a potential further 7% reduction. Positive and Safe interventions, such as Safe Wards, Star Wards and other patient centred initiatives have helped to reduce the amounts of prone restraint. The use of seclusion chairs have started to help to reduce prone restraint even further.
Some of our biggest reductions in restraint have been in CYPS MH Inpatient services where primary intervention work is proving to be very successful. Levels of prone restraint in Autism services remain relatively high and analysis of this information has highlighted specific requirements around the safe restraint of an individual patient.

Seclusion

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	2004	1411	1213	996	6%

The number of seclusions reduced last year by 14% and this year the figure is forecast to be approx. 6% higher. Increases in seclusion have been noted in Adult Acute North, Oswin and Autism. A further iteration of the Talk 1st Dashboard has been released, which also shows the duration of seclusion and gives a far more accurate reflection of seclusion use over the year. Seclusion duration has increased slightly during the period. This is driven by a small number of longer term seclusions for example KDU Lindisfarne.

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

Assaults on Staff

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	3705	3815	3759	2420	17%

There is no national comparison for our data following the closure of NHS Protect. Last year saw the first decrease in staff assaults since merger in 2006. This year the current forecast position is a reduction of 17% which would be unprecedented should that be the end of year position. Like other metrics staff assaults have reduced significantly in certain areas this year; particularly in CYPS MH Inpatient and Autism. This needs to be balanced against increases in Adult Acute, CYPS LD, and OPS South.

Mechanical Restraint Use (MRE)

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	369	433	141	218	96%

MRE use can include the use of either emergency response belts, handcuffs or a combination of both of these. The numbers shown above do not include those deployed by either the police or secure transport services. Ongoing analysis of MRE use shows its deployment primarily in relation to hospital / dental transfers and in the main safe

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movement of patients to seclusion. North Locality Group show the highest increases associated with a small number of patients within Autism and CYPS services. All MRE use is subject to strict governance, which includes director approval and monthly scrutiny at the Trust Positive and Safe Implementation Group. Although there is a trend between an increase in MRE and a decrease in staff assaults, analysis of this data suggests there is no obvious correlation in this activity.

Self-Harming Behaviour

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	4542	6370	4898	3844	2%

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

Violence and Aggression

	2015/16	2016/17	2017/18	2018/19	Year-End Forecast
Trust Total	12543	12304	13411	9809	-5%

The current year-end forecast position for violence and aggression is lower than last year by 5%. A small increase in community services requires further analysis but could be accounted for by improved reporting cultures following the introduction of web based incident reporting. The more significant increases can be found in Oswin, KDU Cheviot, Warkworth and Newton.

Blanket Restrictions

The Safer Care report will be the governance system to report on blanket restriction activity within the Trust, so the Board is sighted on this as a development. In quarter 3 the blanket restriction policy – NTW (C) 59 was approved by Directors in November 2018, with an implementation date of January 2019, the work to complete this is being overseen by the Deputy Chief Operating Officer, and an action plan and project team are in place. A review of current information already being collected through an established audit regime , will be formalised in line with the new policy, with all CBU's collecting their approach to blanket restrictions and what they are doing to mitigate them. It is anticipated that the collection will start in February / March 2019, with a further update in quarter 4 report. This will be much more detailed that the current restrictive practice information reported in the above section which is limited to physical interventions and restraints.

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

Examples of blanket restrictions are the approved Trust Smoke Free Policy, and restrictions on certain items on wards such as alcohol and illicit substances. However as

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the system of governance develops and the information around blanket restrictions is communicated to patients, families and carers and it is captured through the Trust system's. This will undoubtedly result in a review of clinical practices, and future agreement of what blanket restrictions are and are appropriately authorised.

Safeguarding and Public Protection

Trust-wide Safeguarding and Public Protection concerns
In the previous quarter the Safeguarding and Public Protection concerns totalled 2133, an average of 711per month. In quarter 3 the concerns reported are of a similar number with a slightly reduced total of 2090 and an average of 696 per month.

Table 4

Cause 1	Central Locality Care Group	North Locality Care Group	South Locality Care Group	Nursing & Chief Operating Officer	Chief Executive	Total	%
Safeguarding Adults - Staff Allegation	10	15	19	0	0	44	2.1
Safeguarding Children - Staff Allegation	0	3	0	0	0	3	0.1
Safeguarding Adults Patient On Patient	21	30	20	0	0	71	3.4
Safeguarding Children Patient On Patient	0	12	0	0	0	12	0.6
Neglect	0	1	0	0	0	1	0.0
MAPPA	13	43	11	1	0	68	3.3
MARAC	78	79	111	0	1	269	12.9
PREVENT	4	4	2	0	0	10	0.5
Safeguarding Adults – Concerns	393	206	364	0	0	963	46.1
Safeguarding Children – Concerns	164	234	250	1	0	649	31.1
Total	683	627	777	2	1	2090	100.0

Safeguarding concerns

As with previous reports the highest types of concerns raised are safeguarding adult's 963 and Safeguarding children 649.

Public Protection concerns

Multi-Agency Risk Assessment Conference (MARAC)

Over the three month period there have been 269 MARAC concerns where a significant incident of Domestic Abuse has occurred and a MARAC meeting has been held to safeguard the victim. This quarter there has been 42 MARAC meetings held in 6 Local Authority Areas attended by a SAPP Practitioner on behalf of the trust. On average 6 victims or perpetrators are active to trust services that are discussed at each multi-agency meeting to safeguard the victim wherever possible. As expected these incidents occur within the home and the majority reported by community services or by inpatient services when a patient makes a disclosure.

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Multi-Agency Public Protection (MAPPA)

There were 68 MAPPA referrals made an increase from last quarter of 46. These referrals are made to the MAPPA unit when a service user person maybe posing a high or very high risk of serious harm to the public and the case requires active involvement and co-ordination of interventions from multi-agency partners to manage the presenting risks of serious harm.

Prevent
10 concerns in respect of possible radicalisation of service users were raised by staff.
Four of those required referral to Special Branch/Channel Panel.

Patient on Patient abuse
There were 71 adults and 12 young people where there were safeguarding concerns reported of patient on patient abuse, wards were supported by the SAPP team in respect of safety planning where necessary.

Staff Allegations

47 staff allegations were reported a significant reduction from last quarter of 67, 44 were in relation to adults and 3 children, and this is similar to previous quarter. All staff allegations reported are investigated fully with safety plans put in place and monitored by SAPP team.

Locality Care groups activity and analysis

Central Locality

Table 5

Cause 1	Inpatients Central CBU	Community Central CBU	Access Central CBU	Secure Care Services CBU	Total	%
Safeguarding Adults - Staff Allegation	3	1	1	4	9	1.32
Safeguarding Adults Patient On Patient	10	3	2	6	21	3.08
MAPPA	0	7	3	3	13	1.91
MARAC	2	42	28	6	78	11.44.
PREVENT	1	3	0	0	4	0.59
Safeguarding Adults - Concerns	56	198	88	51	393	57.62
Safeguarding Children - Concerns	6	86	64	8	164	24.05
Total	**78**	**340**	**186**	**78**	**682**	**100.00**

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North Locality

Table 6

Cause 1	Inpatients North CBU	Community North CBU	Access North CBU	Specialist Children & Young Peoples Services CBU	Total	%
Safeguarding Adults - Staff Allegation	13	0	2	0	15	2.39
Safeguarding Children - Staff Allegation	0	0	0	3	3	0.48
Safeguarding Adults Patient On Patient	28	1	1	0	30	4.78
Safeguarding Children Patient On Patient	0	0	0	12	12	1.91
Neglect	0	1	0	0	1	0.16
MAPPA	2	2	6	33	43	6.86
MARAC	1	24	54	0	79	12.60
PREVENT	0	2	2	0	4	0.64
Safeguarding Adults - Concerns	55	52	87	12	206	32.85
Safeguarding Children - Concerns	7	31	65	131	234	37.32
Total	**106**	**113**	**217**	**191**	**627**	**100.00**

South Locality

Table 7

Cause 1	Inpatients South CBU	Community South CBU	Access South CBU	Neurological & Specialist Services CBU	Total	%
Safeguarding Adults - Staff Allegation	16	0	1	2	19	2.45
Safeguarding Adults Patient On Patient	13	1	4	2	20	2.57
MAPPA	2	5	3	1	11	1.42
MARAC	2	46	50	13	111	14.29
SG36 PREVENT	0	1	1	0	2	0.26
SG37 Safeguarding Adults - Concerns	56	132	127	49	364	46.85
SG38 Safeguarding Children – Concerns	7	89	138	16	250	32.18
Total	**96**	**274**	**324**	**83**	**777**	**100.00**

Access CBUs- Domestic abuse and active service users being discussed at MARAC meetings as a victim or perpetrator of abuse within Access CBU teams are as expected high totalling 132, last quarter there was 118. All victims and perpetrators Health records are updated to inform services of the recent incident as well as a 'Risk Alert' placed on to the 'Red Triangle' within the demographics page to ensure that all staff are aware of current Risks. 12 referrals were made into the MAPPA process for those service users who are deemed as being high or very high risk to others. Again in this quarter, South Access CBU has the greatest number of safeguarding children and safeguarding adult concerns raised, this is in keeping with the client population and associated services within Sunderland and South Tyneside.

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Community CBU's- As expected Community services CBU's have high prevalence of reported activity in respect of safeguarding adult and children of 382 and 206 reported concerns respectively. These concerns raised by service users/staff are in respect of alleged or actual abuse by family members, carers or people within the community. 112 Domestic Abuse concerns were discussed in MARAC who were active to clinicians in community teams. In all cases the risk intelligence and multi-agency plan to safeguard the victim was shared with the clinicians involved. 5 Prevent concerns were made.

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

Inpatient CBU's- Inpatient CBU's have the highest reported category for patient on patient abuse, 51 concerns were raised, this is a slight increase from last quarter of 44. The majority resulted in no or minor harm occurring to patients on wards. All actual or alleged abuse is routinely reported, resulting in safety planning being put in place by MDT's to prevent wherever possible further abuse between patients supported by the trust SAPP team. Referrals are made to the Local Authority Safeguarding Teams and or Police where necessary. The Inpatients CBU's as expected had the highest reported staff allegation concerns of 32 reported by wards, these were raised by either patients or fellow staff, this is a reduction from last quarter of 43.

Table 8

Outcome Type	Central Locality Care Group	North Locality Care Group	South Locality Care Group	Nursing & Chief Operating Officer	Chief Executive	Total	%
Local After Action Review	4	5	5	0	0	14	0.67
Misadventure	0	0	1	0	0	1	0.05
SAPP Awaiting Outcome	4	3	4	0	0	11	0.53
T2-4(Significant Harm): Other Agency LA Referral	28	22	31	0	0	81	3.87
T2-4: MAPPA/PDP Risk Management Plan (NTW)	0	1	1	0	0	2	0.10
T2-4: MARAC Referral Made (NTW)	5	2	4	0	0	11	0.53
T2-4: MARAC Safety Plan (NTW Referral)	4	7	10	0	0	21	1.00
T2-4: MARAC Safety Plan (Other Agency Referral)	49	56	71	1	0	177	8.46
T2-4:MAPPA/PDP Referral Made NTW	1	2	1	0	0	4	0.19
T2-4:MAPPA/PDP Risk Management Plan (Other Agency)	1	1	0	0	1	3	0.14
Tier 1 (Low Level): Gateshead LA Referral	9	1	1	0	0	11	0.53
Tier 1 (Low Level): Newcastle LA Referral	32	1	1	0	0	36	1.72
Tier 1 (Low Level): Northumberland LA Referral	4	40	2	0	0	46	2.20
Tier 1 (Low Level): NT LA Referral	1	4	1	0	0	6	0.29
Tier 1 (Low Level): Other LA Referral	0	4	10	0	0	14	0.67
Tier 1 (Low Level): SG Concern Action By Ward/Dept	314	309	358	0	0	981	46.89
Tier 1 (Low Level): ST LA Referral	0	5	8	0	0	13	0.62
Tier 1 (Low Level): Sunderland LA Referral	0	1	36	0	0	37	1.77

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Tier 2-4 Significant Harm Special Branch Involvement	1	1	0	0	0	2	0.10
Tier 2-4 Significant Harm Special Branch referral	1	0	1	0	0	2	0.10
Tier 2 - 4(Significant Harm): Other LA Referral	11	14	19	1	0	45	2.15
Tier 2-4 (Significant Harm): ST LA Referral	2	1	19	0	0	22	1.05
Tier 2-4 (Significant Harm): G'head. LA Referral	26	1	5	0	0	32	1.53
Tier 2-4 (Significant Harm): N'Land LA Referral	11	53	2	0	0	66	3.15
Tier 2-4 (Significant Harm): Ncstle LA Referral	57	6	11	0	0	74	3.54
Tier 2-4 (Significant Harm): NT LA Referral	8	13	2	0	0	23	1.10
Tier 2-4 (Significant Harm): Police Involvement	107	68	83	0	0	258	12.33
Tier 2-4 (Significant Harm): S'land LA Referral	4	6	89	0	0	99	4.73
Total	684	627	778	2	1	2092	100.00

As with previous reports the highest outcome in relation to safeguarding children and adult concerns outcome were action by the ward/department, this was 46% of all concerns raised in this quarter. This is in respect of early identification of concerns that require single agency action planning only, having not met the threshold for significant harm. The trust wide reporting culture of a preventative model is clearly embedded in practice.

Case Reviews

There has been 1 Domestic Homicide Review agreed this quarter "where a victim took their own life and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted." *Home Office Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews.* The trust is also undertaking a Serious Incident Investigation in this case.

There has been 1 Serious Adult Review agreed this quarter, following the death of a young woman, prior to her death she had been assaulted by a number of individuals none of which were charged with assault but it was deemed this contributed to her death and increasing use of substances. Following a multi-agency case review it was decided due to her vulnerability, care and support needs her case reached the threshold of a multi-agency review under the Care Act 2015.

There has been 1 MAPPA Serious Case Review commissioned this quarter, this is an out of area review following the murder of a member of the public by a young man who was under MAPPA arrangements at the time. He had previously had an inpatient admission for assessment with NTW but had since been discharge back to local area as per arrangements.

Infection Prevention Control (IPC) and Medical Devices and Clinical Equipment

This is the first full quarter report for IPC incidents using only the information from the web based reporting system. All incidents were managed with support and advice from the Infection Prevention and control team.

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Further work is required to include additional cause groups which are currently being recorded as other. The additions will include skin infections and dental, further to these additions a more comprehensive categorisation in cases of Clostridium difficile will align this infection with the national reporting categories.

IPC Incidents by Cause 1 Quarter 3 October to December 2018

Cause 1	Oct- 18	Nov-18	Dec-18	Total	%
MRSA – Colonisation	4	0	1	5	3.09
MRSA – Infection	1	2	0	3	1.85
Streptococcal Infection	0	0	1	1	0.62
Clostridium Difficile / Toxin Positive	2	3	0	5	3.09
Gastrointestinal Infection Viral	0	2	4	6	3.70
Gastrointestinal Infection Bacterial	1	0	0	1	0.62
Suspected Confirmed / infection	10	18	9	37	22.84
Chickenpox	1	1	2	4	2.47
Shingles	2	0	0	2	1.23
Hepatitis – Type B	0	1	0	1	0.62
Hepatitis – Type C	1	1	0	2	1.23
Scabies	1	0	0	1	0.62
Other	0	0	1	1	0.62
SEPSIS	13	9	12	34	20.99
Pressure Ulcer Category 1	1	0	0	1	0.62
Confirmed FLU	0	0	1	1	0.62
Urinary Tract Infection UTI	13	9	13	35	20.99
Chest Infection	13	9	13	35	21.60
Unexpected Deterioration in Health	1	1	2	4	2.47
Total	**59**	**54**	**49**	**162**	**100.00**

As expected there is a seasonal increase in chest infections with 2 confirmed cases of influenza in clinical staff (as indicated in the report) no patients to date affected.

An outbreak of diarrhoea and vomiting with a typical viral presentation was well managed by the staff on Roker ward at Monkwearmouth Hospital.

An outbreak of diarrhoea and vomiting affecting 17 staff working in the IRT /crisis service based at SGP. This followed a Christmas party held by the staff, in which a buffet lunch was provided by the staff, children were also attending the party. This outbreak presented as a typical point source viral infection, all staff recovered without complications.

There has been an improvement in the reporting of UTI infections following the work undertaken for NICE guidance and review of the Urinary Tract infection PGN.

Increased reporting of sepsis reflects the awareness of clinical staff through education and the introduction of the sepsis tool. There is further work to be undertaken with clinical teams in reporting this cause group through the web based system. Although there have been 34 episodes recorded in the 3 reporting months this does not accurately reflect the number of patients with a definitive diagnosis of sepsis. The IPC matrons are working closely with the web based system and the clinical teams to ensure more accurate reporting.

Seasonal Flu Vaccination Programme

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The seasonal flu vaccination programme is now into its 15th week, currently we have 72.3% of frontline staff vaccinated, at this point we require approximately 137 front line staff to be vaccinated to achieve 75% uptake and to obtain the full CQUIN payment.

Drop in clinics continue around Trust sites, staff who have been vaccinated at their GP surgeries or other health providers are being encouraged to complete a self-declaration form.

Weekly regional reporting to NHSE continues with monthly reporting to the DH reporting system through Immform.

Weekly vaccination reports are circulated to all Directors for cascade.

Medical Devices and Clinical Equipment by Cause 1 Quarter 3 October to December 2018

Cause 1	Oct-18	Nov-18	Dec-18	Total	%
ECT Equipment Fault / Failure	1	0	0	1	11.1
Bed / Cot Side Failure / Issue	0	1	0	1	11.1
Lack Of / Unavailability of Clinical Device	1	2	0	3	33.3
Wrong Device / Equipment Used	0	0	1	1	11.1
Medication Blood Monitoring Equipment	2	0	1	3	33.3
Total	**4**	**3**	**2**	**9**	**100**

This is a brief summary of what has been reported as a medical device incident by clinical staff.

Equipment fault reported within the ECT department was due to maintenance work being undertaken by the Acute Trust without informing NTW staff working in that department prior to the work commencing. Alternative equipment was sourced to use whilst the maintenance was undertaken. ECT sessions went ahead as planned. Communication has taken place via estates to help prevent a similar issue reoccurring.

The reporting of unavailable equipment is often a consumable/single use item e.g. a urine testing kit. Staff are usually able to source this from another clinical area.

Wrong device used was reported by staff for a patient who was taken to an outpatient appointment using a different type of wheelchair.

All of the medication blood monitoring equipment reports are linked to the Yumenzen machine. All of these incidents are reported to pharmacy who manage the contact for this equipment. There is not a common theme in these reported incidents the company involved are working closely and promptly with the clinical teams and pharmacy.

Harm Free Care (Safety Thermometer / Mental Health Safety Thermometer)

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

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Safe	Data period	Trust value	Peer median	National median	Chart
Proportion of Patients with Harm Free Care	Jul 2018	■ **98.2%**	94.5%	95.3%	
Proportion of Patients with Harm from a Fall	Jul 2018	■ 0.0%	1.0%	0.9%	
Proportion of Patients with New VTE	Jul 2018	■ 0.0%	0.0%	0.0%	
Proportion of Patients with New Pressure Ulcers	Jul 2018	■ 0.4%	0.8%	0.8%	
Proportion of Patients with a UTI and Catheter	Jul 2018	■ 0.0%	0.3%	0.2%	

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

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

The four criteria are as follows:-

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

In order to give a reflection of this activity the following gives a breakdown on the number of incidents for points 1, 3, and 4.

Proportion of patients that self harmed – reporting period October – December 2018 Quarter 3

There were 1,116 epsisodes of self harm between 1st October 2018 – 31st December 2018, this involved 420 patients. Of the 420 patients 15 self harmed 10 or more times accounting for 442 incidents or 40% of the total. Of the 420 patients 306 self harmed once in this quarter. 1 patient self harmed 79 times in the quarter. 3 patines self harmed over 50 times.

Proportion of patients that were a victim of violence and aggression – reporting period October – December 2018 Quarter 3

There were 353 epsisodes of aggression and violence where a patient was a victim between 1st October and 31st December 2018, this involved 218 patients. Of the 218 patients 1 was a victim 10 or more times.

Of the 218 patients 146 were a victim once in this quarter, 67% of the total number of patients. The remaining 33% were a victim between 2 and 12 times.

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Proportion of patients with omitted medication – reporting period October – December 2018 Quarter 3

There were 80 medication incidents of omitted medication / ingredient reported between 1st October 2018 – 31st December 2018, this involved 71 patients. Of the 71 patients 7 had their medication omitted more than once. The other 64 patients experienced an omission once. Each medication incident is reviewed by Pharmacists with the patient supported and advised of corrective action to take. The Pharmacists support the individual clinical teams to review the incidents to prevent the re-occurrence.

Central Alert System – Exception Report

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

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

Learning from Deaths

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

Mortality Reviews

As noted in the Quarter 2 report a thematic review of natural cause deaths subject to Mortality Reviews was being conducted by Margaret Orange.

The mortality review paper was presented at BDG on 19th October 2018. Below is a summary of the paper.

The framework of the report followed a process of defining the context, the process of mortality review and any changes that had been made through the process.
It then went on to review the cases to date;
37 cases with desktop review, 13 remaining outstanding
None of these cases were appropriate for SI process (undetermined), all cause of death were natural causes.
The gender split within the cases was 22:15 male to female.
The largest age group within the cohort were 80-89 years. 17 of the 37 cases were over 80 years. As these deaths were deemed natural causes, there should be consideration that 46% exceeded the current life expectancy rate in the North East of England (80.1 years).
Almost half of the cases in this analysis were from South locality.
Alzheimer's/dementia type diagnosis made up almost 50% of this analysis with a further 24% having schizophrenia/psychosis type diagnosis.
Further findings;

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There were 12 out of 37 cases where there was no learning found and reports of good care, communication and appropriate care-planning were highlighted.

Whilst undertaking the desktop mortality review, there were no root causes found but there was incidental learning identified in 25 cases. These can be summarised in the following themes (the number in brackets refers to how many cases highlighted this theme from the 25 cases);

- Physical Health Care; (n16 - 64%)
- FACE Risk Screening (n7 – 28%)
- Pharmacological (4 – 16%)
- Core Documentation (11 – 44%)
- Communication (4 – 16%)
- Care Coordination (8 – 32%)
- Duty of Candour (2 – 8%)

Alongside this, 4 out of the 37 cases were escalated to LAAR (11%) and 1 case escalated to LeDeR in relation to Learning Disability.

The following work around Mortality Review was also completed in Quarter 3.

In November 2018. The Royal Collage of Psychiatrists proposed their new Care Review Tool.

This Care Review Tool was developed by the Royal College of Psychiatrists through its Centre for Quality Improvement, with funding from NHS England. It is based on the Structured Judgement Review methodology, originally developed by the Royal College of Physicians.

The tool requires the collection of demographic information that along with diagnostic information and summary of NOK contact would highlight if any of the following predetermined 'RED FLAGS' have been raised:

- Family, carers or staff have raised concerns about the care provided
- There was a diagnosis of psychosis or eating disorder during the last episode of care
- The service user was a psychiatric Inpatient at the time of death or in the previous month.
- The service user was under the care of CHRT or equivalent at the time of their death.

If any of the above flags are raised the Mortality review would progress.

The Investigatory Team Lead along with the Head of Clinical Risk and Investigations was asked to conduct a desktop comparison throughout the month of December triaging all reported natural cause deaths against both the established NTW CPA criteria for Mortality Reviews and using the predetermined red flags suggested by the Royal Collage of Psychiatrists.

PLEASE NOTE; Mortality reviews were not conducted, the purpose of the comparison was to look at the numbers of reviews that each criteria would generate along with some basic details pertaining to gender, age and diagnosis.

<u>Results</u>

In total 37 Natural Cause Deaths were reported in December 2018.

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<u>NTW CPA Criteria</u>

A total of 5 natural cause deaths met the CPA criteria although only 3 progressed to Mortality Review as 2 met the criteria for another NTW review process (Local AAR).

All Male. Average age = 81. All were open to Older Persons Services.

<u>Royal Collage Criteria</u>

A total of 6 natural cause deaths raised the red flags proposed by the Royal Collage for mortality Review, although only 4 would have progressed to Mortality Review as 2 met the criteria for another NTW review process (Local AAR). Of those 4 that would have progressed, all met the red flag in relation to diagnosis.

All Male, Average age = 64, 3 were open to working age adults while one was open to older persons services.

Summary

In terms of numbers of cases that would qualify for Mortality Review, the two totals 3 and 4 are very similar and so adoption of the Royal Collage approach would not, based on this limited sample increase workload significantly.

Adoption of the Royal Collage approach would suggest that the average age of the subject would fall considerably and reviews would include a greater number of service users open to Working Age Adult services as opposed to the current criteria which tends to focus reviews on an older age group within Older Persons Services.

The Royal Collage approach suggests that additional Red Flags could be added temporarily or permanently by Trusts to target certain groups / services / diagnosis for the purposes of specific learning.

The findings of both the Thematic Review and desktop comparison will be considered and support further discussion within the Trust Learning and Improvement Forum, this is scheduled to take place in January 2019

Learning from Deaths – Case Vignette

This review looked at the death of an out-patient in their 80's who died as a result of jumping/falling out of a bedroom window in their own home.

A referral had first come into the memory service in 2017 identifying confusion, with low mood and fleeting suicidal ideation.

Following acceptance of the referral, investigations and assessments were carried out, resulting in a diagnosis of mixed dementia, predominately Alzheimer's and Vascular.

A care package was developed to maintain the patient in their own home, with the support of informal carer's.

Other issues included frequent falls, this had improved as it was noted the patient was going out less. However they were increasingly using sherry, citing it as one of their few pleasures. There was no evidence of intoxication or dependency, but there was some concern about the amount being consumed as staff attempted to monitor this.

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Two weeks prior to the patient's death they appeared to experience a sudden deterioration, particularly in relation to a belief that an intruder was accessing the house at night and stealing keys. This was causing a raised level of distress.

Arrangements were underway at the time of the death to increase the home package of care until able to access a respite placement at the patients chosen residential home.

Core Learning

There were concerns about how much the patient was drinking. There was evidence within the record that the team were actively addressing this, however the intervention was not supported by a formal care plan as the team didn't believe they were providing an intervention by monitoring the use/amount of alcohol being consumed.

Key Action

Addictions Clinical Effectiveness and Governance Lead to provide training and awareness about clinical interventions in relation to alcohol use in older people and how this would support care planning.

Core Learning

To consider the risk of upstairs windows in domestic dwellings that are designed to provide a fire exit when completing an environmental assessment of risk in vulnerable and/or distressed service users.

Key Action

An article has been placed in the Safety Bulletin to raise awareness of this potential risk factor when completing assessments.

The family have also agreed about using this incident to be used as a case study as part of the Suicide Risk training delivered across the organisation.

Learning and Improvement Group (LIG)

Below are the areas of presentation and discussion from the Trust-wide Learning and Improvement Group

Suicide Bereavement Conference
Emma Bailey gave a presentation on the International Suicide Bereavement Conference, September 2018.
The conference focused on understanding suicide behaviour and the impact on the bereaved. This started as a complaint from a family and was developed in response to this. There were limited resources available three years ago for those affected by suicide, including a lack of protocol and guidance. The Trust is going to produce PGN.

The key messages of the conference were;
- That the bereaved are not just the family. The relevance is about the connection and significance of the relationship.
- That the impact can be very isolating and devastating.
- That we should be mindful of the stigma and language used

The key lessons for the Trust is that the bereaved are at high risk of coming back into service, and prevention work is important.

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NCISH Clinical Risk Assessment

Uri Torres presented on the National Confidential Inquiry into Suicide and Safety in Mental Health work. The main presentation of the Inquiry was about suicide rates in the last ten years. The last year focused on risk assessment. The conference looked at Nav Kapur's report "The assessment of clinical risk in mental health services.

Uri discussed risk assessment tools and the challenges they hold. Our Liaison services use Becks and FACE risk assessment tools. A quarter of all NHS mental health services in the UK use locally developed tools. All authorities try to categorise risk to predict likelihood. Only 12% incorporate safety planning into risk assessment. 19% suggest a prompt to talk to the GP. Clinicians say it is difficult to get relevant information.

A variety of clinicians were asked what they thought of the predictive value in the risk tool. 70% of psychologists thought it had value whilst no doctors thought it had value. Research showed that 95% of suicide cases had a negative predictive value.

In line with NICE Guidelines for long term management of self-harm Uri advised that comprehensive bio/psychosocial and personalised risk assessment is best, rather than a checklist.

The Inquiry report had clinical messages: Risk assessments cannot usefully guide clinical decision making but rather are an aide memoire and tools have little use in preventing suicide.

Uri also presented on Health Education England's Self harm and Suicide Prevention Competence Framework. This echoed the findings of the National Confidential Inquiry. Its key findings showed that the most effective risk assessments incorporate the following:

- engage with carers and family, they have a structured clinical risk assessment,
- are personalised
- focus on evidence based treatments
- incorporate a safety plan, including reduced access to lethal means
- have prompts for discussion with other professionals

Psychiatric Liaison Teams

Sarah Brown gave a presentation on Newcastle and Gateshead Psychiatric Liaison SUI Thematic Review between October 2017 and 2018. She looked at the incidents and any themes emerging.

There were eight Serious Untoward Incidents in this period; 7 unexpected deaths and 1 serious self-harm incident. Emerging issues related to

- Improving communication
- Clarifying roles and responsibilities
- Clinical Decision-making
- Documentation omissions/errors, where details get lost
- Developing the Leadership Team

Communication was the main theme emerging. Sarah discussed how an Action Plan had been developed from this:

- Much work had already been done by the AAR's
- Over the last year Newcastle/Gateshead psychiatric service had moved to a service 24/7.
- There were improved relations between NTW, NUTH & QE with improved interface meetings.

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There were teething problems with the 24/7 service where referrals had doubled. There is uncertainty over funding. Old age in particular is a complex area where resources are needed.

Sarah summarised that it is not possible to have a reliable tool of who will end their life, we just use the best tools we can.

Rachel Winter ran through the PLT SUI Thematic Review Action Plan:
- Improving communication – needs to be both verbal and written.
- Roles and Responsibilities – we need to communicate more clearly about this.
- Clinical Issues - For example there is a real gap with patients falling through IAPT who don't have needs for Community Teams. If someone is accepted into IAPT there can be a wait, staff need to be mindful in their risk assessments.
- Documentation
- Leadership Team - There have been changes in the teams and we have young teams which mean we need to invest in our staffing.

- **Blanket Restrictions**
  Kerry Graham presented a paper on Restrictive Practices and discussed emerging themes. Mail is a big issue. We can restrict this on specific wards. Sometimes restrictions come from a culture that has developed and are not always helpful to everyone e.g. bedtimes, laundry room access. The CQC highlighted some of these.

  Kerry discussed the General Principles identified in the paper:
  For example - Blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks identified for particular individuals.
  Kerry provided clarity on issues around legal authority. She clarified when restrictions are permitted. Training on blanket restrictions was discussed. The Trust will include legislation training from the first of December. We will collect this on Dashboard.

Complaints Reporting and Management

Complaints Received

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

Complaints have decreased in Quarter 3 by approximately 4% in comparison to Quarter 2 and decreased by approximately 18% from Quarter 3 of 2017; the reason for this is not known. This is currently under close scrutiny by the Executive Director of Nursing and Chief Operating Officer and the Operational Directors.

Complaint Type	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	Total
Complex	53	45	34	20	12	164
Joint Not Lead	2	2	5	2	0	11
Joint NTW Lead	1	3	5	4	1	14
Non-Clinical	0	0	0	1	0	1
Standard	71	83	104	82	91	431
Total	**127**	**133**	**148**	**109**	**104**	**621**

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Complaints Received by CCG

District	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	Total
NOT APPLICABLE	5	4	10	7	8	34
NHS BLACKBURN WITH DARWEN CCG	0	1	0	0	0	1
NHS CUMBRIA CCG	2	0	1	1	1	5
NHS DARLINGTON CCG	0	1	1	1	0	3
NHS DURHAM DALES, EASINGTON AN	0	3	2	0	0	5
NHS EAST LANCASHIRE CCG	0	1	0	0	0	1
NHS GATESHEAD CCG	12	15	21	13	10	71
NHS HARTLEPOOL AND STOCKTON-ON	0	0	2	0	0	2
NHS HULL CCG	1	0	0	0	0	1
NHS LEEDS WEST CCG	1	0	0	0	0	1
NHS NEWCASTLE NORTH AND EAST C	18	16	13	11	11	69
NHS NEWCASTLE WEST CCG	12	15	13	10	7	57
NHS NORTH DURHAM CCG	2	1	2	0	0	5
NHS NORTH TYNESIDE CCG	16	14	13	9	11	63
NHS NORTHUMBERLAND CCG	28	22	22	19	27	118
NHS SHEFFIELD CCG	1	0	0	0	0	1
NHS SOUTH TEES CCG	2	2	0	0	1	5
NHS SOUTH TYNESIDE CCG	11	15	14	10	12	62
NHS SUNDERLAND CCG	16	23	33	28	16	116
NHS VALE OF YORK CCG	0	0	1	0	0	1
Total	**127**	**133**	**148**	**109**	**104**	**621**

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Complaint Compliance to Response Timescales

Month	Compliance
October	92%
November	91%
December	96%
Overall compliance for Quarter 3	**93%**

Complaints by Category

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

The three highest categories, communication, patient care and values and behaviours accounted for 68% of all complaints received and reflects the National picture.

Appointed investigating officers are now requested to determine the correct categories after they have made contact with the complainant to ensure wherever possible the most accurate category is identified.

Category Type	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	Total
Access To Treatment Or Drugs	3	3	0	1	4	11
Admissions And Discharges	5	9	9	3	3	29
Appointments	7	11	9	3	4	34
Clinical Treatment	8	7	8	3	3	29
Communications	17	19	28	29	31	124
Consent	1	0	0	0	0	1
Facilities	1	2	4	1	2	10
Integrated Care	0	0	0	0	1	1
Other	1	2	1	0	1	5
Patient Care	43	36	33	38	30	180
Prescribing	4	6	10	2	2	24
Privacy , Dignity And Wellbeing	1	1	1	2	3	8
Restraint	2	0	0	0	0	2
Staff Numbers	1	0	1	0	0	2
Trust Admin/ Policies/Procedures Including Rec Man	4	6	14	3	3	30
Values And Behaviours	25	27	29	21	14	116
Waiting Times	4	4	1	3	3	15
Total	**127**	**133**	**148**	**109**	**104**	**621**

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Complaints Relating to Death

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

In collecting this data, the base line over the last 3 years the Trust has averaged 7 complaints per year, this is in comparison to over 1,000 deaths reported each year. This also acknowledges that many families and carers seek answers around concerns relating to care which are responded to as part of the serious incident investigations under the Trust's Duty of Candour processes. It is also hoped that with the full implementation of Learning From Deaths Policy, that if family and carers want answers to care and treatment issues, we can do so through the mortality review process, acknowledging that we would always investigate complaints received.

Department	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	Total
Addictions Services SLD 4 To 6 Mary Street	0	1	0	0	0	1
Crisis Response & Home Treatment S Tyne Palmers	0	1	0	0	0	1
Crisis Response & Home Treatment SLD HWP	1	0	0	0	0	1
GHD Community Non Psychosis Team Dryden Rd	0	1	0	0	0	1
Liaison Psychiatry Service NCL & N Tyne RVI	0	1	0	0	0	1
North Tyneside Recovery Partnership Wallsend	0	0	1	0	0	1
Springrise	0	0	1	0	0	1
Street Triage North Of Tyne Ravenswood	1	0	0	0	0	1
Total	**2**	**4**	**2**	**0**	**0**	**8**

Parliamentary Health Service Ombudsman

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

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

North Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Position	Trust Investigation Outcome
03.01.18	3619 (BC)	C2036693	PHSO – draft report received	Files and records sent back 24.01.18	Partially upheld

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Opened	Complaint Number	PHSO Reference	Current Status	Current Update	Trust Investigation Outcome
				20.12.18 PHSO draft report received – partially upheld. Comments requested back by 16 January 2019	
03.04.18	3884 (GJ)	To be confirmed	PHSO – Preliminary Enquiry	Request for complaint information and copy of an incident report form 04.04.18 Information sent	Partially upheld
16.08.18	4313 (ES)	To be advised	PHSO – Preliminary Enquiry	Request for copy of complaint response	Not upheld
16.10.18	4137 (JK)	C2057254	PHSO – Preliminary Enquiry	Request for information sent to clinical team 21.09 12.10.18 all information forwarded to PHS0	Not upheld
16.10.18	3521 (KJ)	0695000326	PHSO – Preliminary Enquiry	Request for copies of complaints and associated responses – sent 16.10.18	Not upheld x 3
19.10.18	4138 (SN)	C2053199	PHSO – decision to investigate	Comments on scope of investigation due back by 02.11.18 31.10 Further letter received to request records and complaint file	Partially upheld / not upheld

Central Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Update	Trust Investigation Outcome
26.10.17	3776/4103 (SD)	C2027320	PHSO – final report received	19.07.18 complainant has requested complaint reference 4103 to be included in the scope of the investigation. 21.08.18 Informed by PHSO that investigation is about to commence 19.12.18 Final report received – complaint not upheld. 20.12.18 Letter of apology sent with regard to IO speaking to patient's mother about the complaint without consent. Complaint will now be closed	Partially upheld

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07.06.18	3539 (DP)	C2045699	PHSO – request for health records	Records prepared and sent 25.06.18	Partially upheld / partially upheld
30.07.18	4180 (HG)	To be confirmed	PHSO – proposal for resolution	Request for copy of complaint response and health records from 9.03.17 to 11.03.17 31.10.18 email received from PHSO with detail of proposed resolution for comment – recommendation of letter of apology and £200 payment financial redress. 07.11.18 Confirmed to PHSO that clinical team are in agreement with proposal. 10.12.18 Letter of apology and cheque sent.	Not upheld / not upheld
18.10.18	3033 (SL)	C2065715	PHSO – re-opened case	18.10.18 Informed by PHSO that after closing this case down as the scope could not be agreed with complainant, they have decided to re-open the case. Complainant took legal advice and PHSO agreed decision was procedurally unfair. Awaiting revised scope of investigation.	Partially upheld
24.10.18	3983 (DF)	C2055387	PHSO intention to investigate	PHSO correspondence received confirming intention to investigate and proposed scope of investigation.	Partially upheld
06.12.18	4484 IG	To be advised	PHSO preliminary enquiry	Preliminary enquiry received from PHSO for records and complaint file. Details advised to AD and group Directors.	Not upheld
11.12.18	4766 SW	To be advised	PHSO preliminary enquiry	Preliminary enquiry received from PHSO for copies of complaint responses.	Partially upheld Decision not to investigate
12.12.18	4238	To be advised	PHSO preliminary enquiry	Telephone contact to ask if we would review complaint again – has already been reopened	Not upheld on both occasions

South Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Update	Trust Investigation Outcome
28.03.18	3698 (MM)	C2036582	PHSO request for records	Request for patient records and complaint file	Partially upheld

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					20.04.18 Information sent	
18.04.18	2869 (EF)	C2047857	PHSO Intention to Investigate	Request for patient records and complaint file by 08.05.18 15.10.18 PHSO intention to investigate. Scope of investigation identified. Request for complaint information / copy records / copy of relevant clinical standards by 25.10.18 25.10 email sent to PHSO with information requested	Upheld / not upheld
01.05.18	3362 (CM)	C2040052	PHSO final report	16.08.18 Request for evidence that actions have been completed 04.10 information forwarded to PHSO 31.10 Final report received – recommendation that within 3 months Trust to provide evidence that changes are being made in service delivery to prevent delays in prescribing medication and identifying who is responsible for making these changes.	Upheld / partially upheld
03.05.18	3540 (JS)	C2034689	PHSO request for records	Copy of records requested and sent 14.09 request received for further information and records due back by 20.09 19.09 further information requested sent to PHSO	Partially upheld / not upheld
11.05.18	4258 (DMc)	Enquiry 0673000292	PHSO preliminary enquiry	Request for confirmation that Trust formal complaint procedure completed	Partially upheld / not upheld
26.06.18	3571 (KT)	Enquiry 0680000203	PHSO preliminary enquiry	Request for documentation 09.07.18 Documentation sent to PHSO	Partially upheld
13.12.18	4202 (RP)	C2064676	PHSO preliminary enquiry	28.12.18 Advised by PHSO will not be able to investigate until further local resolution carried out. Awaiting	Partially upheld/ Decision not to investigate

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				correspondence from complainant regarding this.	

Claims

Claims received by Case Type

Case Type	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	Total
Claims Not Covered By NHSLA	0	0	0	0	0	0
CNST	2	2	0	3	2	9
Employers Liability	3	1	3	8	5	20
Ex Gratia Complaint	0	0	0	0	1	1
Ex-Gratia	11	11	13	15	12	62
Ex-Gratia PHSO	0	0	1	0	1	2
Property Expense Scheme	0	0	0	0	1	1
Public Liability	0	2	0	1	0	3
Third Party Claim	1	1	0	2	0	4
Total	**17**	**17**	**17**	**29**	**22**	**102**

Ex gratia claims predominantly make up the largest proportion of claims. Employer liability claims are the second largest group and there has been a decrease from Quarter 2 but the reason for this is not clear. This will be kept under review, and we will await annual information from NHS Resolutions around the national picture of claims activity.

Claims received by Category

Category	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	Total
Accidental Injury	2	1	2	3	0	8
Allegation Of Failure To Provide Appropriate Care	1	0	0	4	2	7
Assault On Other	1	0	0	0	0	1
Assault on Staff	2	3	1	5	6	17
Damage To Patient Property (Accident)	0	0	3	1	1	5
Damage To Patient Property (Violence)	1	3	0	0	0	4
Damage To Staff Property (Accident)	1	1	1	3	1	7
Damage To Staff Property (Violence)	2	3	6	9	5	25
Damage To Trust Property	0	0	0	0	1	1
Expenses Incurred Due To A Trust Process	1	0	1	0	1	3
Exposure To Hazard	0	0	0	0	1	1
Industrial Deafness	0	1	0	0	0	1
Information Governance	0	1	0	1	0	2
Injured During Restraint	0	0	0	1	0	1
Loss Of Patients Property	7	2	1	2	4	16
Missing Patient Monies	0	0	2	0	0	2
Unexpected Death	0	2	0	0	0	2
Total	**18**	**17**	**17**	**29**	**22**	**103**

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

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

Claims Received by CCG

District	2017-18 (3)	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	Total
NOT APPLICABLE	9	9	11	23	17	69
NHS GATESHEAD CCG	2	0	0	0	0	2
NHS HULL CCG	1	0	0	0	0	1
NHS NEWCASTLE NORTH AND EAST CCG	2	0	1	0	1	4
NHS NEWCASTLE WEST CCG	0	0	1	1	1	3
NHS NORTH DURHAM CCG	2	0	1	0	0	3
NHS NORTH TYNESIDE CCG	1	0	1	0	0	2
NHS NORTHUMBERLAND CCG	1	6	1	1	0	9
NHS SOUTH TYNESIDE CCG	0	0	0	0	2	2
NHS SUNDERLAND CCG	0	2	1	4	1	8
Total	18	17	17	29	22	103

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Appendix 1

Serious Incidents Reviewed at Panel in October to December 2018

Serious Incidents Reviewed at Panel in October 2018

Eight incidents were reviewed at panel during October, of which seven were STEIS reported. Of the seven STEIS reportable incidents, six were unexpected community deaths (one has returned a natural cause conclusion and will be de- escalated from STEIS) and one was a serious self -harm incident.
One of the cases was a non STEIS incident of a fire in seclusion.
- Of the seven STEIS reportable incidents all have gone or will go within the 60 day timescale. There were four incidents reviewed from the North locality, two from the South and two from the North.

Serious Incidents Reviewed at Panel in November 2018

Nine incidents were reviewed at panel during November, of which seven were STEIS reported. Of the seven STEIS reportable incidents, six were unexpected community deaths (one has returned a natural cause conclusion and will be de- escalated from STEIS) and one was a serious self -harm incident. .
- Of the seven STEIS reportable incidents all have gone or will go within the 60 day timescale. One has had a request for de logging as a natural cause conclusion has been given.
- There were six incidents reviewed from the South locality, two from the Central and one from the North.

Serious Incidents Reviewed at Panel in December 2018

Five incidents were reviewed at panel during December, of which three were STEIS reported. Of the three STEIS reportable incidents, one was an unexpected community death, one a serious self-harm incident and one a fractured neck of femur. Three were from the South locality, one from the Central and one from the North. The three STEIS reportable incidents all will be completed within the 60 day timescale.

Learning themes identified from all Serious Incidents and Deaths reviewed in October – December 2018

Good Practice

- Thorough assessment for underlying physical causation for presentation at assessment
- Family support
- Collaborative working
- Duty of Candour

Documentation and Record Keeping

- Core documentation not updated/completed as per standard
- Poor quality of MDT discussion

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- The use of cutting and pasting
- Lack of rationale recorded for clinical decision making

Clinical Assessment/ Risk Assessment

- Risk assessment and consideration of environmental factors
- Underscoring of risk
- Lack of updating risk assessment when risks have changed
- Lack of consideration of physical health risks

Incident Reporting

Physical Health Monitoring

Management of fall

Alcohol Audit

Medication Error

Management of Waiting Lists

Safeguarding

Coroner - Regulation 28 of the new Coroners Act

No Regulation 28 received within this time frame

Mortality Reviews of Natural Cause Deaths

Within this quarter there were 5 Mortality Reviews

The 5 cases were reviewed in October at panel. The average age of those reviewed was 65, which is lower than previously due to the young age of two individuals reviewed. However as per previous panels very little learning is coming out of the reviews other than the age of people and the queries around the need for care coordination when a person is in residing in a care home. One of the cases was escalated to be reviewed at an AAR level.

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Appendix 2

Learning From All Deaths Dashboard - Within Mental Health and Learning Disability Services

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

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Learning from Deaths Dashboard - Data Taken from Trust's Risk Management System Reporting Period - Quarter 3- October 2018 - December 2018

NHS Northumberland, Tyne and Wear NHS Foundation Trust

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

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

Total Number of Deaths Reported	Total Number of Community Deaths	Total Number of In-Patient Deaths	Total Number of Deaths Reviewed in Line with SI Framework	Total number of deaths subject to Mortality Review	Total number of actions resulting in change of practice
Q1	Q1	Q1	Q1	Q1	Q1
269	47	1	49	5	144
Q2	Q2	Q2	Q2	Q2	Q2
233	45	7	50	13	209
Q3	Q3	Q3	Q3	Q3	Q3
224	43	0	43	0	58
Q4	Q4	Q4	Q4	Q4	Q4
0	0	0	0	0	0
YTD	YTD	YTD	YTD	YTD	YTD
726	135	8	142	18	411

Total Recorded Deaths (not including Learning Disability)

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

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

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

Total Number of Learning Disability Deaths Reported	Total Number of Community Learning Disability Deaths	Total Number of In-Patient Deaths	Total Number of Deaths Reviewed in Line with SI Framework or Subject to Mortality Review	Total number of deaths reported through LeDer (All Deaths Reported)	Total number of actions resulting in change of practice
Q1	Q1	Q1	Q1	Q1	Q1
10	11	0	1	11	0
Q2	Q2	Q2	Q2	Q2	Q2
13	13	0	0	13	0
Q3	Q3	Q3	Q3	Q3	Q3
4	4	0	0	4	0
Q4	Q4	Q4	Q4	Q4	Q4
0	0	0	0	0	0
YTD	YTD	YTD	YTD	YTD	YTD
27	28	0	1	28	0

Learning Disability Deaths

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

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NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

Board Report

Meeting Date:	23rd January 2019

Title and Author of Paper: Safer Staffing Quarter 3 Report, including Six Month Skill Mix Review Update
Jackie King, Clinical Nurse Manager
Vida Morris, Group Nurse Director, North Locality Care Group

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

Paper for Debate, Decision or Information: Information

Key Points to Note:
This report includes the exception data and analysis of all wards against Trust agreed Safer Staffing levels for Quarter 3.

As work in relation to Safer Staffing progresses Trust-wide, 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 analysis confirms there were no instances of harm attributed to variance in safer staffing levels in this reporting period.

Since the last Trust Board Report, July 2018, workforce plans and skill mix have continued to be reviewed and are subject to close monitoring and scrutiny, taking into account demographic profiles, investment, service developments and transformation. Most importantly within inpatient areas across the Trust changes in clinical need influence safe staffing levels on a daily basis across the Trust.

The skill mix section of this report outlines initiatives being progressed to ensure that NTW continue to have a workforce fit for purpose to respond to change in clinical need and to reflect both transformation and future service change.

Risks Highlighted to Committee: None

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

Equal Opportunities, Legal and Other Implications: N/A

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

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

BACKGROUND

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

The commitments were:

- To publish staffing data from April 2014.

- A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every six months.

- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level.

- A Trust Board report is made available containing details of planned and actual staffing on a shift by shift basis at ward level for the previous months. To be presented to the Trust Board every three months.

- The quarterly report must also be published on the Trust's website, and Trusts will be expected to link or upload the report to the relevant hospital(s) web page on NHS Choices.

NTW has adopted a robust application of the guidance including:

- An agreed methodology is in place incorporating both the electronic and paper rostering systems to gather the staffing information in a systematic manner.

- A RAG system is in place to alert Group Nurse Directors of any wards that have deviated from the agreed staffing levels.

- Ward Managers report on a daily basis any significant variance to their planned staffing levels including changes to acuity and dependency.

- An escalation process is in place for both in hours and out of hours including on-call mechanisms.

- The information is collated to support analysis of ward staffing.

- A Clinical Nurse Manager oversees the process and escalates as required to service and director leads.

- Safer staffing is discussed and monitored at ward/service group and key Trustwide meetings.

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

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

QUARTER 3 UPDATE

South Locality Care Group
The South Locality Care Group has 20 wards.
Quarter 3 Analysis:

Ward	Registered days	Unregistered days	Registered nights	Unregistered nights
Aldervale	88.32%	189.87%	107.46%	159.38%
Beadnell	108.41%	61.39%	107.55%	194.54%
Beckfield	102.19%	144.38%	103.06%	130.09%
Bridgewell	128.30%	167.32%	105.49%	125.56%
Brooke House	90.22%	115.53%	110.59%	87.91%
Cleadon	128.93%	130.52%	106.62%	273.39%
Clearbrook	93.07%	217.75%	105.80%	149.98%
Longview	80.95%	180.88%	116.53%	117.21%
Marsden	138.72%	155.55%	116.16%	144.26%
Mowbray	112.13%	89.59%	104.96%	106.93%
Gibside	78.19%	125.45%	103.84%	112.92%
Roker	114.95%	89.00%	103.56%	127.73%
Rose Lodge	89.95%	224.38%	52.45%	247.61%
Shoredrift	95.05%	121.52%	111.99%	113.46%
Springrise	84.47%	161.47%	144.18%	116.86%
Walkergate Ward 1	213.23%	138.34%	109.74%	243.84%
Walkergate Ward 2	84.45%	94.04%	106.67%	167.34%
Walkergate Ward 3	100.84%	68.81%	105.60%	148.22%
Walkergate Ward 4	82.04%	88.58%	98.31%	172.73%
Ward 31a	125.33%	63.19%	100.91%	107.82%

Within South Locality there are six wards that were under 90% within the quarter for registered staff, which has reduced from nine wards in the previous quarter. The wards who remain under have increased the percentage of registered nurse coverage.

This improvement was predicted due to the recruitment of newly qualified nurses who commenced with the Trust in September 2018.

The wards that remain under 90% for their registered nurse staffing either have vacancies which are currently out to recruitment or there are some wards in which vacancies have been filled with newly qualified staff. However these new staff will not be commencing with the Trust until March 2019.   It is envisaged that this will result in further improvement to the registered nurse staffing percentages.

Walkergate Park
Wards 2 and 4 at Walkergate Park continued, throughout this quarter, to have qualified staffing levels below planned staffing. However, they are improved from the previous quarter and all wards at Walkergate Park work together to ensure that the staffing remains safe across the site. Ward 4 has been working with reduced

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occupancy and the establishments altered accordingly to reflect this reduced occupancy. On a daily basis the Clinical Nurse Managers work with the Ward Managers to ensure that the staffing is appropriate for the number of beds occupied.

Regional Affective Disorders Service (RADS) Ward 31a
RADS continue to have qualified vacancies and remain below their numbers for qualified staffing but work in close collaboration with Ward 31a to ensure that the ward has the required safe level of qualified staff.

Rose Lodge
Rose Lodge are under for registered nursing staff on night duty as they have reviewed the staffing and no longer require two registered staff on night duty. Staffing establishments need to be updated accordingly for future reporting

North Locality Care Group
The North Locality Care Group has 15 wards
Quarter 3 Analysis**:**

Ward	Registered days	Unregistered days	Registered nights	Unregistered nights
Alnmouth	108.38%	121.99%	111.13%	109.82%
Ashby	151.30%	213.20%	122.96%	179.73%
Bluebell Court	85.86%	105.02%	104.11%	123.16%
Embleton	128.21%	159.57%	129.93%	161.41%
Fraser House	104.29%	124.79%	108.21%	177.87%
Hauxley	79.13%	102.65%	100.00%	104.84%
Kinnersley	112.44%	143.52%	104.56%	124.38%
Lennox	147.87%	208.99%	119.05%	178.78%
Mitford	188.21%	170.74%	158.38%	152.01%
Newton	131.51%	160.54%	108.57%	79.78%
Redburn YPU	93.94%	118.58%	94.28%	128.48%
Stephenson House	134.78%	115.45%	109.76%	110.60%
The Riding	55.78%	41.39%	144.96%	53.90%
Warkworth	108.55%	143.47%	112.83%	134.80%
Woodhorn	141.16%	246.59%	99.88%	139.23%

Within North Locality there are three wards under 90% within quarter 3 this is an improvement from five wards in quarter 2.

Hauxley
The ward is below the planned staffing numbers for qualified staff and over the planned staffing for unqualified staff. This is due to a number of reasons including a reduction in bed occupancy and the piloting of alternative staffing levels. More information will be provided on completion of this pilot work.

The Riding
This Ward is operating below staffing levels as they have been working towards closure of the ward and currently only have one patient.

Embleton
The ward is working above its planned staffing levels due the increase in acuity and associated increased levels of supportive observation. The Ward have now recruited into their qualified vacancies

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The wards who have had more than 120% unregistered staffing are due to an increase in patient acuity, increased observations and escort to acute hospitals. Stephenson and Ashby have complex individual care packages which require an increased ratio of patient to staff support.

As part of the 'Carter' work staff are moved around the wards dependent on clinical need for all spans of duty this is not reflected in the figures. The figures also do not reflect staff that are on restricted duties, pregnant or where recommendation from Team Prevent suggests adjustments for individual staff members, where these matters result in the staffing levels needing to be increased.

Central Locality Care Group
Central Locality Care Group have 17 wards
Quarter 3 Analysis:

Ward	Registered days	Unregistered days	Registered nights	Unregistered nights
Aidan	73.20%	151.48%	100.37%	166.64%
Akenside	86.81%	98.38%	103.44%	106.40%
Bede	68.33%	112.26%	98.29%	105.96%
Castleside	111.10%	113.97%	103.91%	118.83%
Collingwood Court	96.10%	155.46%	109.50%	155.51%
Cuthbert	74.71%	90.18%	101.24%	105.83%
Elm House	90.61%	80.97%	103.38%	160.30%
Fellside	84.18%	213.17%	109.16%	213.17%
KDU Cheviot	84.25%	117.45%	111.22%	112.99%
KDU Lindisfarne	97.58%	162.01%	130.47%	261.65%
KDU Wansbeck	93.63%	150.55%	105.24%	161.62%
Lamesley	115.00%	122.78%	112.96%	105.66%
Lowry	109.64%	147.20%	108.77%	148.20%
Oswin	73.55%	122.94%	118.38%	118.86%
Tweed Unit	88.93%	117.90%	103.30%	139.99%
Tyne Unit	94.51%	99.59%	112.79%	105.87%
Willow View	101.31%	134.62%	103.45%	71.20%

Within Central Locality there are eight wards under 90% within quarter 3, which is an improvement from nine wards in quarter 2. This is due to a number of qualified vacancies, some of which have been recruited into with nurses due to qualify and commence in post in March 2019.

Bamburgh Clinic
Oswin, Aidan and Cuthbert still have a number of remaining vacancies and these were brought into the monthly (October 2018) Trust Recruitment Campaign. Many of them have been appointed into from the nurses due to qualify in March 2019.

Aidan, Bede Cuthbert and Oswin are currently reviewing their Safer Staffing figures and are working in close collaboration with each other to ensure that all of the Bamburgh Clinic wards are staffed appropriately.

Cuthbert have two qualified nurses on maternity leave who will be returning January and April 2019 respectively. These two wards have fluctuating bed occupancy due

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to patients in transition in their pathway, therefore staffing levels reflect this and may result in staff being allocated to support other wards at times of reduced occupancy.

Fellside
Fellside have two qualified nurses currently on maternity leave and unfilled vacancies and are being supported by qualified staff from the adjacent Lamesley Ward in the Tranwell Unit.
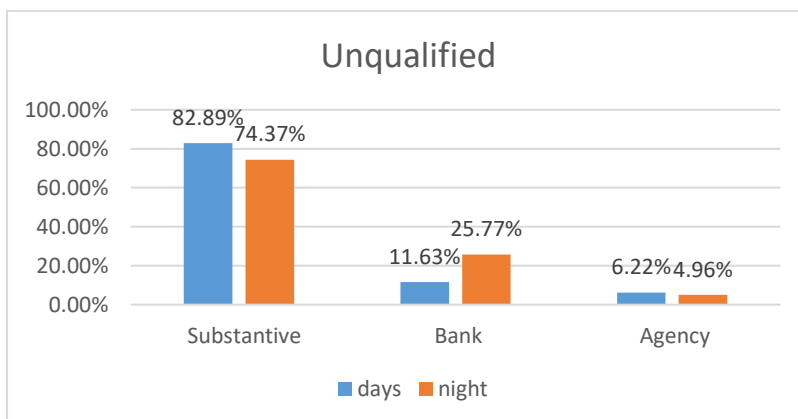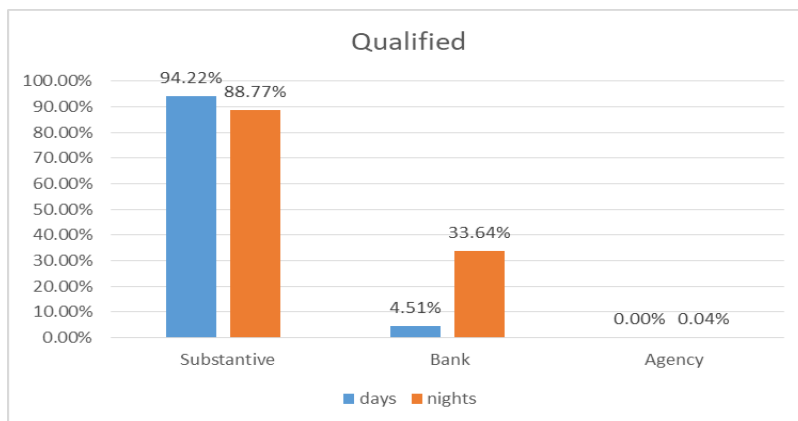
Akenside
Akenside Ward work in close collaboration with Castleside Ward to ensure that both wards have the appropriate staffing levels for the number of patients on the ward and levels of acuity.

Wards who are over the 120% for unregistered staff are for similar reasons to the other Locality Care Groups: acuity, observations and escort to acute hospitals. Also staff who are on non-clinical duties or restricted duties are counted in the staffing but the wards are providing additional staff supporting these, to ensure that the patients can receive the optimum care they need.

BANK AND AGENCY AND FILL RATES

There has been no significant changes to the unqualified use but there is a change in the qualified bank usage on nights for inpatient wards during this quarter. This might, in this quarter, reflect a small number of vacancies emerging due to staff retirement. However these shortfalls can be quickly addressed via the monthly recruitment campaigns. Wards are also supported on night duty by Night Shift Co-ordinators who can deploy staff from other areas during any night shift if needed.

Qualified

	Substantive	Bank	Agency
days	94.22%	4.51%	0.00%
nights	88.77%	33.64%	0.04%

Unqualified

	Substantive	Bank	Agency
days	82.89%	11.63%	6.22%
night	74.37%	25.77%	4.96%

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STRATEGIC STAFFING GROUP

The Strategic Staffing Group meet monthly to discuss the key issues for the delivery of safe, sustainable and productive staffing. All Locality Care Groups are represented and regular review of bank and agency use across the Trust as a whole are key elements of the discussions. The group is looking at all the data currently gathered with regards to staffing so that they are not viewed in isolation, this data is triangulated and utilised as combined tools to aid in the safer staffing of the wards.

SIX MONTHLY SKILL MIX REVIEW AND ANALYSIS OF CURRENT STAFFING MATTERS

Trustwide Value Based Recruitment and Retention

Trustwide Value Based Recruitment and Retention is led through a steering group which meets on a weekly basis. The group considers not only all matters pertaining to recruitment and retention but also requests for alternative employment and the workforce implications and actions required in relation to proposed service change.

The Trust now has embedded a monthly recruitment cycle with the dates already circulated for all campaigns up until the end of December 2019. These monthly cycles enable more timely and responsive recruitment and proactive planning in addressing staff changes and vacancies.

Following each monthly campaign the steering group considers the campaign any learning and improvements required to further streamline processes whilst ensuring both quality, consistency in approach and fidelity to the value based model.

The steering group creates a forum whereby Trustwide solutions to staffing matters can be explored and addressed with collaboration across all elements of the Trust.

Pathways into nursing and enhancing the workforce

- **Trainee Nursing Associate**
  Due to the timescales imposed from Centre the programme has been delivered at the same time as the NMC have worked towards both the regulation of this new role and the development of standards of proficiency, both of which have been recently published.

  This means that the initial cohort of Trainee Nursing Associates on qualifying, will be required to apply to join the nursing associate part of the NMC register meeting wider registration requirements and the Trust awaiting guidance from the NMC regarding this process.

  The Trainee Nursing Associate role offers significant advantages and possibilities in terms of skill mix and plays a vital role in supporting clinical career pathway development for registered nurses both now and in the future.

  The Trust has two cohorts in training:

  Cohort 1: the initial cohort of ten are due to qualify in April 2019. The NMC, as the legal regulator, will regulate nursing associates in broadly the same way that they regulate registered nurses and midwives.

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CBU/Trustwide workforce plans will need to consider how skill mix will flex to accommodate this new TNA role in practice.

Cohort 2: the Trust has recently taken advantage of the opportunity of an enhanced training grant to support learning disability workforce capability and have recruited eleven health care staff to this programme which commenced December 2018.   Trainees are required to work for at least 50% of their working hour in a learning disability service.

The Trust Practice Placement Team will work with Associate Directors of Nursing to accommodate the movement of staff from mental health services into suitable learning disability services as per programme requirement.

- **Assistant Practitioners**
  The development of the Assistant Practitioner post has been a key element in delivering the Trust Nursing Strategy. The advent of the Nursing Associate and in particular their regulation by the NMC has proved to be a "game changer" in the way that the Trust develop and utilise this vital part of the workforce. From the initial stages in the development of the TNA programme it was identified nationally that Assistant Practitioners would have the opportunity to undertake a bridging programme, which would enable them to become Nursing Associates. To date this has not been accomplished nationally and the Trust has asked for greater clarity from the national lead as workforce plans will need to reflect the numbers of Assistant Practitioners requiring access to the bridging programme.

- **Secondees to Nurse Training**
  Currently the Trust is supporting the following numbers of staff to undertake nurse training:

  Open University: seven Mental Health Nurses are due to qualify in August 2019; five Mental Health Nurses are due to qualify in August 2020; two Adult Nurses are due to qualify in August 2020.

  Teesside University: - traditional full time three year programme; 10 Learning Disability Nurses are due to qualify in January 2021.

- **Nurse Degree Level Apprenticeship**
  Following successful NMC validation of this co-produced programme with Sunderland University the Trust has 39 healthcare assistants commencing this three / four year programme (based on entry qualification) on 21st January 2019. Placements have been identified and relevant managers have been provided with detailed information regarding placements and theoretical sessions. The cohort will be supported by a recently appointed Education Support Nurse who will facilitate peer support sessions.

- **Pre-Nurse Education Programme**
  There is no longer a requirement for this programme as all NTW candidates have already gained places on traditional degree level programmes.

- **MSc Advanced Clinical Practice Apprenticeship programme development**

   This new programme has been co-produced with Sunderland University and City Hospitals Sunderland NHS Foundation Trust and is designed to promote the development of high levels of knowledge, skills and professionalism.

   The opportunity is only open to registered mental health and learning disability nurses at Band 7 or above who are employed full time in a clinical role and have experience for at least two years at this level.

   The Trust is supporting six places and in line with workforce plans has focused on the development of mental health and learning disability nurses with three places allocated to each branch. The recruitment process will take place during January 2019 and the programme will commence in March 2019.

   The development underpins the Trust Nursing Strategy strategic aim to create capacity, capability and flexibility to work across traditional boundaries. New roles will enable the development of the "next generation" of senior nurses and support staff recruitment and retention by creating a clear clinical career pathway in line with the Trust plan to "grow our own" workforce from entry to Nurse Consultant level.

Current Workforce Initiatives

The Trust proactively works to support pathways into nursing to enable us to secure the future Nursing workforce. In addition, for those staff who wish to advance their nursing careers initiatives such as the MSc Advanced Clinical Practice will enable and facilitate succession planning in growing nursing leadership roles for the future workforce.

Nursing Bank and Agency Usage

The Trust continues to monitor weekly nursing bank and agency usage at service level and monthly via the Strategic Staffing Group.

CONCLUSION

This report aims to provide the Trust Board with assurance in relation to Safer Staffing, work undertaken to achieve the most effective skill mix within services and proactive and creative initiatives to continually grow the nursing workforce and ensure a workforce fit for the future, which is both flexible and responsive.

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24th January 2019

Title and Author of Paper:
Annual Report on Safe Working Hours (Jan to Dec 2018) : Dr Clare McLeod (Trust Guardian)

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:
- The New TCS for trainees in Psychiatry came into force in February 2017
- Annual Report - Jan to Dec 2018
- Guardian is nationally and locally linked with other Trust Guardians
- Establishment of Junior Doctors Guardian of Safeworking Forum (which includes representative from BMA & LNC Chair)
- Increase in Trainees moving to 2016 Terms & Conditions of Service

Risks Highlighted to Board :
- 36 Exception Reports raised during the year with TOIL being granted for 27 due to hours and rest, and no action for 5 case. Payment was made to 2 trainees
- 38 Agency Locums booked during the period covering vacant posts and sickness
- 482 shifts lasting between 4hrs and 12hrs were covered in the 3mth period by internal doctors
- On 55 occasions during the period the Emergency Rotas were implemented
- There was 1 fine during the year
- 17 IR1s submitted due to insufficient handover of patient information

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required: None

Link to Policies and Strategies: None

ANNUAL REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING – January to December 2018

Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from 2nd August 2017 are on the New 2016 Terms and Conditions of Service. There are currently 117 trainees working into NTW with 96 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 26 trainees employed directly by NTW working as Trust Grade Doctors or Teaching Fellows. (Total 143).

Introduction

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

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

High level data

Number of doctors in training (total): 117 Trainees (at December 2018)

Number of doctors in training on 2016 TCS (total): 96 Trainees (December 2018)

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

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

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

New Trust Guardian of Safeworking: Dr Clare McLeod

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Exception reports (with regard to working hours)

Grade	Rota	Q1	Q2	Q3	Q4	Total Hours & Rest	Total Education
				Exception Reports Received			
CT1-3	Gateshead			5		5	
CT1-3	St George's Park	4	4		1	9	
CT1-3	NGH				5	4	1
CT1-3	RVI	2			4	6	
CT1-3	St Nicholas	4	1	1		5	1
ST4+	North of Tyne	1			1	2	
ST4+	SOT			1		1	
ST4+	CAMHS	1			1	2	
Total	36	12	5	7	12	34	2

Work schedule reviews

During the year there have been 36 Exception Reports submitted from Trainees; the outcome of which was that TOIL was granted for 27 cases, 5 no action required, 2 Cases were not agreed and payment was made on 2 occasions. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings

i)   Agency

Locum bookings (agency) by department				
Specialty	Q1	Q2	Q3	Q4
Neuro Rehab				
Hopewood Park	3	3	2	2
Gateshead	1			
NGH	4	3	2	
RVI				
SNH	1			
CAMHS				
LD				
SGP	5	6	1	
South of Tyne			1	1
North of Tyne			3	
Total	14	12	9	3

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Locum bookings (agency) by grade				
	Q1	Q2	Q3	Q4
F2				
CT1-3	14	9	5	2
ST4+		3	4	1
Total	14	12	9	3

Locum bookings (agency) by reason				
	Q1	Q2	Q3	Q4
Vacancy	14	12	5	3
Sickness/other			4	
Total	14	12	9	3

b) Locum work carried out by trainees

Area	Number of shifts worked Q1	Number of shifts worked Q2	Number of shifts worked Q3	Number of shifts worked Q4	Total for the Year	
SNH	17	22	13	11	63	
SGP	41	26	16	12	95	
Gateshead	8	10	3	8	29	
Crisis	9	4	5	8	26	
Hopewood Park	16	20	13	13	62	
RVI	14	4	6	4	28	
NGH	17	6	3	16	42	
North of Tyne	33	11	16	22	82	
South of Tyne	0	0	18	26	44	
CAMHS	6	4	1	0	11	
Total	161	107	94	120	482	

c) Vacancies

Vacancies by month						
Area	Grade	Q1	Q2	Q3	Q4	
NGH/CAV	CT	3	3		3	
	GP	3	3	1		
SNH	CT	3		3	3	
	GP			2		
SGP	CT	9	9	6	6	
	GP	3	3	1	1	
RVI	CT					
HWP	CT	6	9	8	4	
	FY2			2	2	
Gateshead	CT		1	2	1	
	GP			2	2	
Total		27	28	27	22	

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d) **Emergency Rota Cover**

Emergency Rota Cover by Trainees					
		Q1	Q2	Q3	Q4
Vacancy		3	2	4	1
Sickness/Other		4	11	19	11
Total		7	13	23	12

e) **Fines**

There was 1 fine during the year. This was due to inadequate rest between shifts due to working late following emergency admissions at St George's Park. The doctor has received payment accordingly and the Guardian has issued a fine to the service of £383.96. At the Junior Doctor Forum agreement was reached to purchase books to assist trainees sitting CASC exams.

Qualitative information:

Very low numbers of Exception Reports continue despite efforts to raise the profile at Junior Doctor Forums and Induction. Guardian of Safe-working and Medical Staffing Representative are attending various sites to meet with trainees following teaching to raise awareness of Exception Reporting. Dates have been added to the calendar for 2019.

Issues arising

There have been 17 IR1s submitted for Insufficient Medical Handover since the system was introduced in May 2018 which relate to insufficient handover when a patient is admitted to hospital.

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

The BMA have produced the Fatigue and Facilities charter which outlines steps to promote better working conditions for doctors to reduce fatigue, improve safety and provide more efficient care.

Matt Hancock, Secretary of State for Health and Social Care, has allocated funds to be spent by the Guardian of each trust specifically to improve the working conditions for junior doctors. These funds are contingent on trusts agreeing to the principles outlined in the BMA Fatigue and Facilities charter.

Actions taken to resolve issues:

The Director of Medical Education has reviewed and summarised the IR1s submitted for Insufficient Medical Handover up until November 2018. This summary has been circulated to all medical staff and crisis team managers in the trust. The guidance of when to submit an IR1 has again been circulated to all medical staff and the crisis teams. The Guardian and Medical Staffing representative have met with trainees at

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HWP and SGP to explain about when and how to submit an IR1 form for Insufficient Medical Handover and have arranged to visit trainees at CAV in January 2019.

The number of IR1s submitted has increased since the Guardian visits to trainees. These will continue to be reviewed and reported through the forum and report to the Board. IR1s with both possible reporting codes (PC12: Insufficient Medical Handover and SD08: Poor Transition of Care) are now included in the reports which are sent to the Guardian, DME and Medical Staffing Manager.

The Forum now alternates between a Thursday and a Friday. Following feedback from trainees, it was agreed that a room with a large screen set up with skype would be arranged so that trainees could join the forum together. This will be piloted at HWP for the meeting on 10th January.

The profile of Exception Reporting continues to be raised through the Junior Doctor Forum, at Induction for new doctors and at visits to trainees. The document "What is Work" which is guidance as to when it would be appropriate to raise an Exception Report, originally developed by the Guardians of Safe Working across the Region has been updated following discussions in the Junior Doctors Forum and is now on the trust intranet. The Guardian has shared the document with all trainees in the trust and will continue to use it at Induction. The Guardian and the Medical Staffing Team have met with trainees at HWP on 7th November and SGP on 10th December to raise awareness of Exception Reporting. There are dates to meet trainees rotating through four trust sites on a monthly basis, arranged at times to coincide with training; the next meeting is at CAV on 31st January.

At the Guardian Forum on 16th November, it was confirmed that the trust agrees in principle with the BMA Fatigue and Facilities charter. It was agreed that a working group be formed to review the charter, to agree the points which were relevant to this trust and to add any additional points more specific to NTW. The first meeting was held on 17th December. The charter was agreed in the main. The Guardian will ensure that information relating to the importance of taking breaks is conveyed at Induction and review the information given about safety when travelling to trust sites out of hours and about changing facilities and showers.

Rest facilities for trainees to use when on duty and to sleep after a night shift to ensure safety to drive home were discussed in this working group. The current facilities are shared with day-time teams and need to be vacated at 9am. The difficulty identifying appropriate accommodation was discussed. It was proposed that the money received on the adoption of the charter could be used to fund appropriate rest facilities and it was suggested that this could be the purchase of pods which would be directly accessed from trust buildings for the sole use of junior doctors to provide appropriate rest facilities. The Director of Workforce Planning will write to Mr. Hancock to enquire about the likely amount the trust would have to spend on improving conditions for junior doctors, on acceptance of the charter, to inform the

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discussions about how best to use these funds. This will continue to be discussed through the Forum.

Summary

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

The process to record episodes of Insufficient Medical Handover is now established and will continue to be reviewed at the Guardian Forum. A summary of reports submitted to date and the guidance has been shared with all medical staff and crisis team managers.

The Guardian and medical staffing representatives have arranged monthly meetings with trainees rotating through four trust sites to discuss Exception Reporting, medical handover and for any other issues that arise.

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

Through the Guardian Forum, the BMA Fatigue and Facilities charter is being reviewed. It has been accepted in principle and a working group has been convened to look at trust specific issues to add to or amend the document. Once adopted, we understand that the trust would receive funds from the Secretary of State for Health and Social Care to be spent by the Guardian to improve the working conditions for junior doctors.

Dr Clare McLeod

Trust Guardian of Safeworking

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Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors

Meeting Date: 23rd January 2019

Title and Author of Paper: Service User and Carer Experience Summary Report - Quarter 3 2018/19   Anna Foster, Deputy Director of Commissioning & Quality Assurance

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

Paper for Debate, Decision or Information: Information

Key Points to Note:
- The overall Friends and Family Test average recommend score for Quarter 3 was 88%, a slight decrease on the previous quarter's score of 89%. This remains broadly in line with the national average.

- The format of the Friends and Family Test is being reviewed nationally.

- 1,600 service users and carers have provided feedback during Quarter 3 2018-19, which is a 11% reduction compared with the previous quarter overall, caused by a 19% decrease in South locality. Service users provided 70% of feedback and 30% was from carers.

- Comments received remain mostly positive in line with previous quarters.

- During the period there were 14 comments posted on the NHS website, Care Opinion & Healthwatch, with an improving positive trend.

Risks Highlighted: n/a

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

Equal Opportunities, Legal and Other Implications: n/a

Outcome required: for information

Link to Policies and Strategies: n/a

Service User & Carer Experience Report 2018/19 Quarter 3

Service User and Carer Experience

Quarter 3 2018/19 Update

Executive Summary:

The Trust continues to use the Points of You survey across the organisation to seek feedback on the experience of service users and carers. In the quarter we received 1,600 survey returns, of which 71% were from service users and 19% from carers. The volume of responses was a decrease of 11% compared to the previous quarter due to a 19% reduction in the South locality**.**

The Friends and Family Test is incorporated into the Points of You survey. The "would recommend" score for NTW this quarter decreased to 88% which is slightly below the national average and a deterioration of 1%.

Trust wide, most feedback received is positive (question scores are generally more than eight of ten and 75% of comments received are positive).

Key areas of improvement in the period are:

Core Service	Question	Change
Children & Young Peoples Community Mental Health Services	Q9 – Did we help	Score improved from 7.7 to 8.1
Community based mental health services for older people	All questions	All scores improved
Acute mental health wards	Q4 – Did we listen to you	Score improved from 7.6 to 8.0
	Q6 – Did you receive the information you needed	Score improved from 7.8 to 8.5
	Q8- Did you feel safe	Score improved from 7.9 to 8.6

Key areas of deterioration in the period are:

Core Service	Question	Change
NR Inpatient	Q3 – Have your say	Score deteriorated from 8.5 to 7.4
Community mental health services for people with LD or autism	All questions	All question deteriorated
Community based mental services for adults	Q9 – Did we help	Score deteriorated from 8.0 to 7.8
Mental health crisis services and health based places of safety	Almost all questions	All questions deteriorated except Q8 – Did you feel safe.
Adult mental health wards	Q3 – Have your say	Score deteriorated from 7.3 to 6.8
	Q5 – Did you know who to talk to	Score deteriorated from 8.3 to 7.9
Rehabilitation wards, Older peoples mental health wards and D wards	All questions	All questions deteriorated

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

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

A detailed analysis of published comments made about trust services and responses provided on social media has been included within this report at Appendix 2. The proportion of positive feedback via this mechanism is increasing.

1.   Purpose and Background

This report provides a summary of the Quarter 3 2018/19 service user and carer experience feedback received across the Trust.

The Trust is committed to improving the quality of services by using experience feedback to understand what matters the most to service users and carers. The information included in this paper outlines the Quarter 3 position on the following:

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

2.   Recent local and national developments

Friends and Family Test development project
NHS England is carrying out a project[1] to improve some areas of the way the Friends and Family Test operates, and has undertaken interviews with providers, commissioners and other stakeholders. The project aims to make recommendations in early 2019.

Planned internal developments September 2018-March 2019

Enhancement of the Points of You database has been identified within the Informatics workplan for the period October 2018 to March 2019. Developments being undertaken include:
- Enhanced process for wards and teams to share what actions they have taken in response to feedback received
- Enhanced analytical functionality for CBU and groups locality
- Development of infographics for use in wards and teams to share their feedback

NEQOS review of patient experience Board Assurance

During the period the North East Quality Observatory were commissioned to undertake a review of mental health providers board assurance reporting in relation to patient experience. The report was received in early January 2019 and will be reviewed for best practice examples which could be incorporated into NTW practice.

Realist Evaluation of the use of Patient Experience Data to Improve the Quality of inpatient Mental Health Care (EURIPIDES)
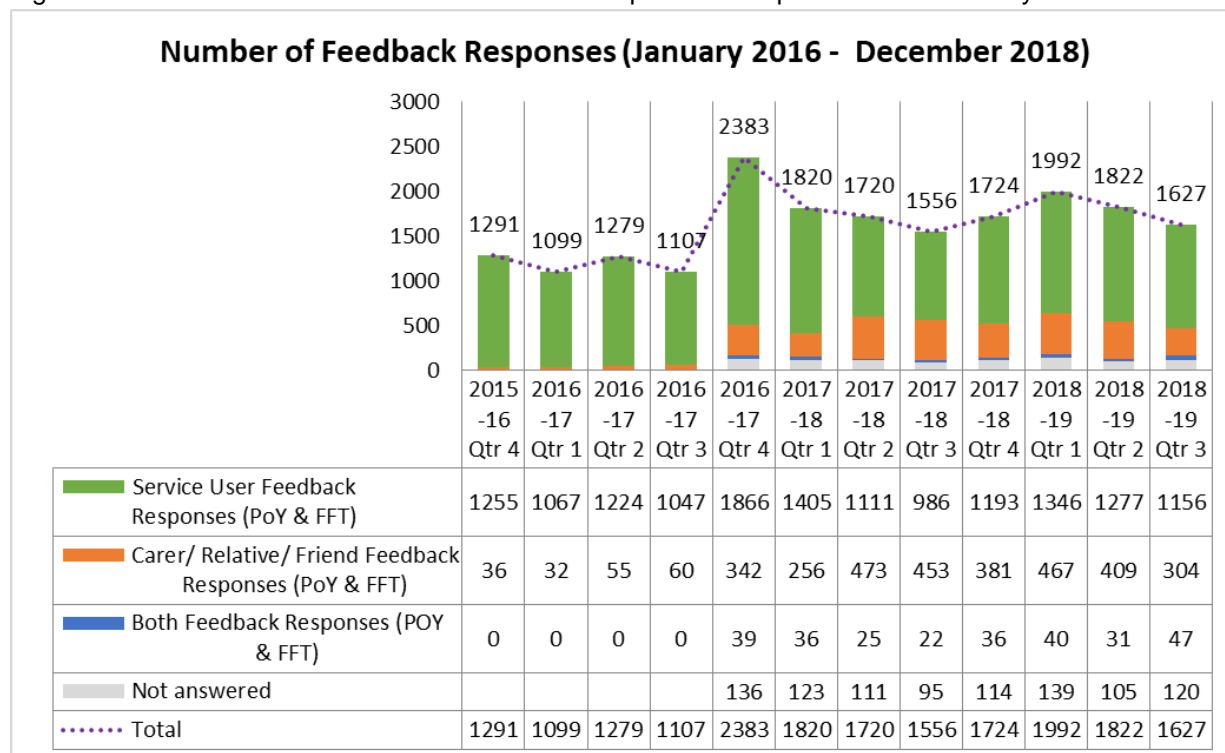
The Trust has participated in this research and the final report is anticipated early 2019.

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[1] https://www.england.nhs.uk/fft/friends-and-family-test-development-project-2018-19/

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

Over 1,600 service users and carers provided feedback on their experience with the Trust during the period. Experience feedback is shared with clinical and operational teams via locality Group Quality Standards meetings and via an online dashboard updated daily.

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

Number of Feedback Responses (January 2016 - December 2018)

	2015-16 Qtr 4	2016-17 Qtr 1	2016-17 Qtr 2	2016-17 Qtr 3	2016-17 Qtr 4	2017-18 Qtr 1	2017-18 Qtr 2	2017-18 Qtr 3	2017-18 Qtr 4	2018-19 Qtr 1	2018-19 Qtr 2	2018-19 Qtr 3
Service User Feedback Responses (PoY & FFT)	1255	1067	1224	1047	1866	1405	1111	986	1193	1346	1277	1156
Carer/ Relative/ Friend Feedback Responses (PoY & FFT)	36	32	55	60	342	256	473	453	381	467	409	304
Both Feedback Responses (POY & FFT)	0	0	0	0	39	36	25	22	36	40	31	47
Not answered					136	123	111	95	114	139	105	120
····· Total	1291	1099	1279	1107	2383	1820	1720	1556	1724	1992	1822	1627

The volume of responses received to Points of You (incorporating the Friends and Family Test) decreased in the quarter by 11% to 1,627. The reduction is mostly in the South locality (19%), with Central locality reduced by 5% and North locality's responses increasing by 1%. There may be a seasonal factor in this reduction in responses. Other key points relating to response volumes this quarter include:

- Nearly half of all responses continue to be from the South locality.

- The automated mailshot remains the predominant method of completion at 60%, however this quarter there was an increase in the proportion of feedback received via the hard copies of Points of You circulated by wards and teams (36%, was 31% last quarter).

- Uptake of the online version of Points of You remains low at 4%.

- The proportion of feedback received in relation to mainstream community and access CBU's, remains high at 70% (75% last quarter) reflecting the Trusts balance of care between inpatient and community care.

- Feedback from the Neurological & Specialist Services CBU accounts for 14% of feedback received in the quarter. This CBU is managed by the South locality.

- There is still low uptake of the Points of You survey in many inpatient areas, possibly reflecting the use of other feedback mechanisms used such as community meetings.

Figure 2 Points of You responses by locality and method January 2017 to December 2018
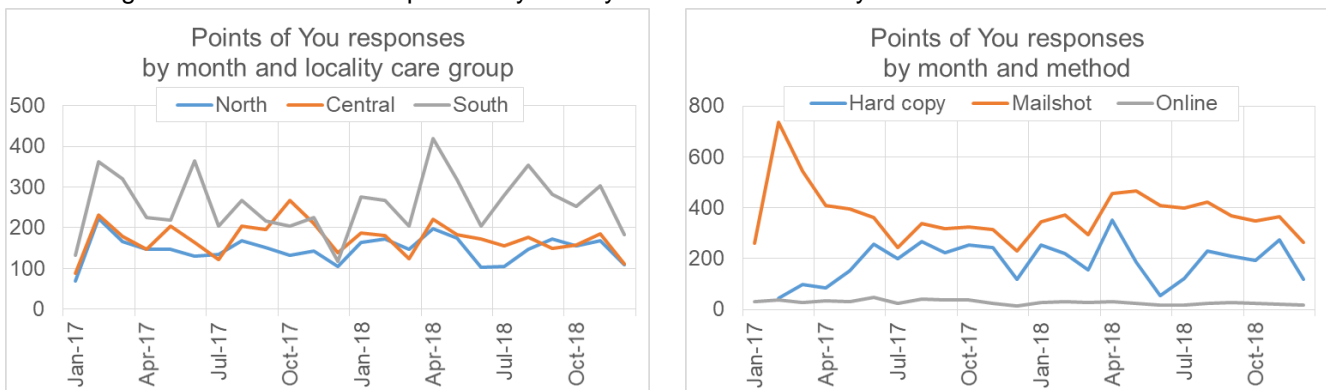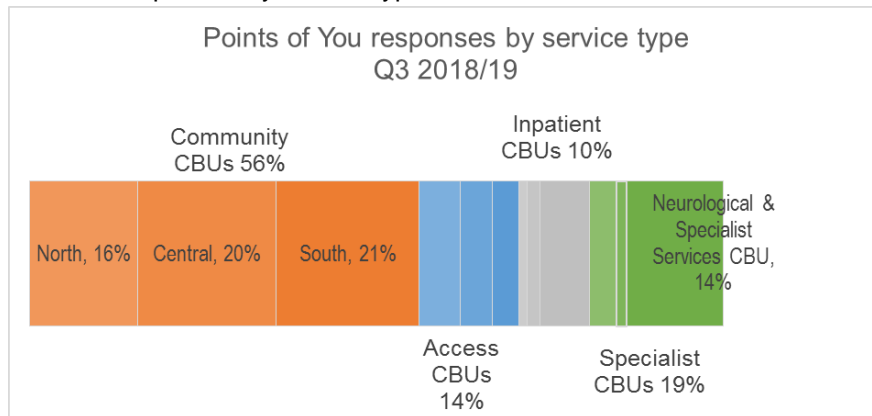

Figure 3 Points of You responses by service type October to December 2018

 The ten services with the highest response volumes in the quarter (representing 35% of feedback received) were

Table 1 Top 10 Points of You responses by service October to December 2018

Team	CBU	Q3 Responses
Memory Protection Service	Community South CBU	122
Outpatient and Community Rehabilitation Clinic	Neurological & Specialist Services CBU	57
Memory Assessment Service Newcastle	Community Central CBU	53
Newcastle and Gateshead Children and Young Peoples Service	Community Central CBU	53
Sunderland Older Adult Community Treatment Team	Community South CBU	51
Adult ADHD Service	Community Central CBU	50
Exercise Therapy	Inpatients South CBU	48
Drug and Alcohol Service	Access Central CBU	46
Northumberland Children and Young Peoples Service	Community North CBU	44
Northumberland Recovery Partnership	Access North CBU	38

4.   NHS Friends & Family Test Q3 2018/19

The Points of You survey includes the Friends and Family Test (FFT) question which asks respondents to rate the likelihood that they would recommend the service they have received to family or friends.

The Trust's overall FFT average recommend score for Quarter 3 has slightly reduced to 88%, compared with 89% in quarter 2. This is slightly below the most recent published average for providers of mental health services, which was 90% in October 2018.

Figure 4: NTW Friends & Family Test responses and recommend score Qtr1 16/17 to Qtr3 18/19. (NB the national average recommend score resides around 90%-89% – indicated by the thick blue dotted line, this national data is published up to October 2018)
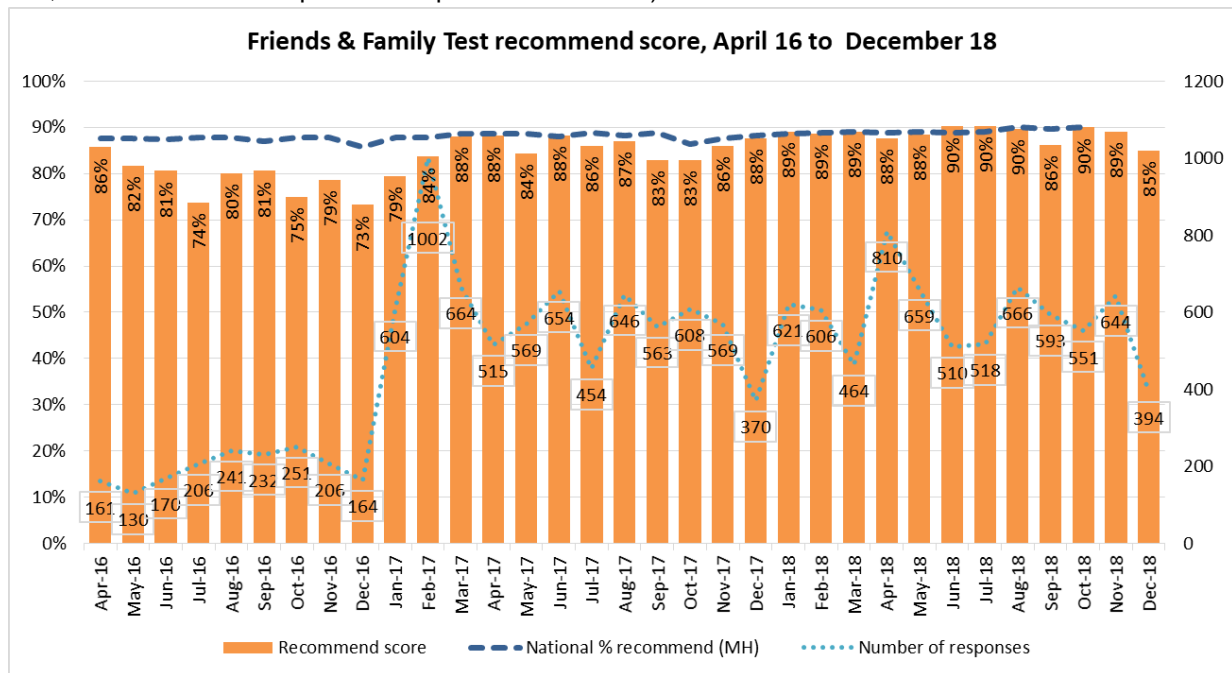
The NTW FFT recommend score fluctuates by month, and after a sustained improvement in score to 90% in summer 2018, there were drops in September and December 2018. The decrease was most evident in the Central locality.

Note that a total of 60 services received recommend scores of 100% in the period (accounting for 19% of the responses received). There also remains a large number of services with very low or no responses, and work is ongoing to increase engagement with the points of you process in these teams.

Figure 5 below provides an annual view of FFT results to establish if there is any seasonal pattern to results.
Figure 5: NTW Friends & Family Test recommend scores by month

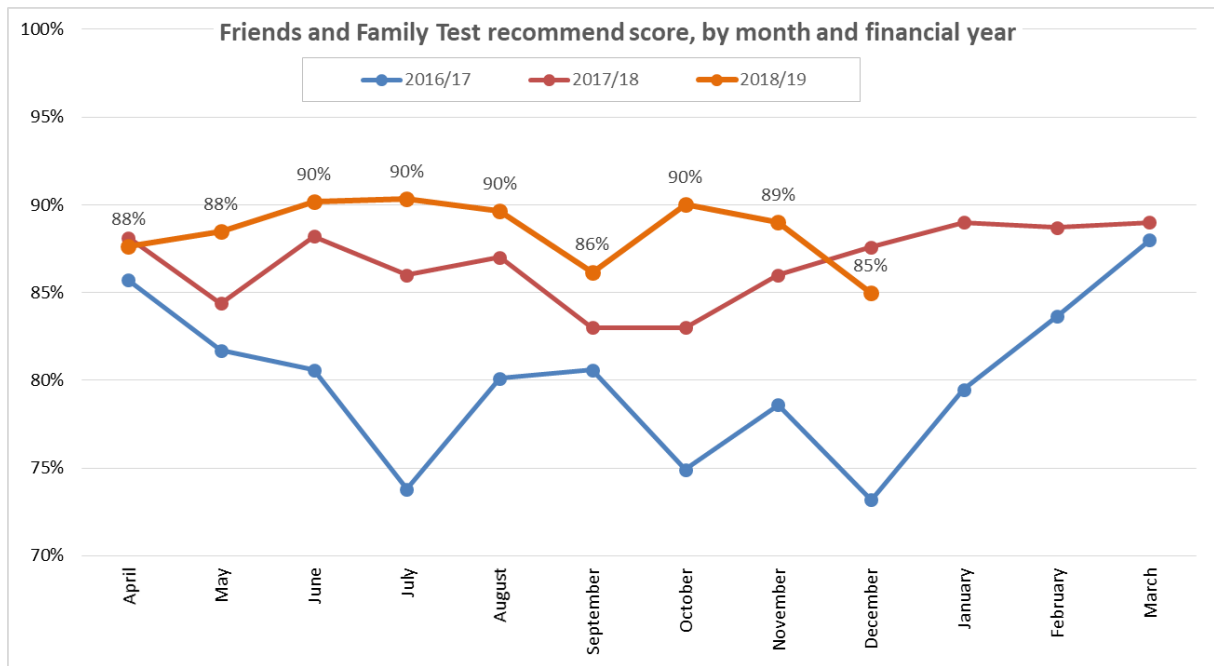Friends and Family Test recommend score, by month and financial year

Table 2 FFT responses and results by locality group

	Number of FFT Responses Qtr3 18/19	Qtr 3 % would recommend	Number of FFT Responses Qtr2 18/19	Qtr 2 % would recommend	Number of FFT Responses Qtr1 18/19	Qtr 1 % would recommend
Trust	1,587	88%	1,770*	89%	1,933	88%
North Locality Group	420	84%	415	86%	454	84%
Central Locality Group	443	86%	465	89%	557	88%
South Locality Group	722	92%	888	90%	913	90%

(excluding not answered)
Nb - 2 responses unable to be mapped to a locality Qtr3, 2 responses for Qtr2, 9 responses for Qtr1

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

The FFT recommend score ranges from 84% in the north locality to 92% in the south locality. The south locality has a higher volume of responses, which is partly attributable to neuro rehabilitation services.

5. **Benchmarking Friends and Family Test Recommend Scores**

Analysis of published national data shows significant variation in the volume of FFT responses from providers of mental health services ranging from 68% to 100% (see figure 6 overleaf). The most recent NTW recommend score is in line with the national average and the Trust remaining in the top 20 providers by volume of responses.

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

Figure 6: Average recommend score and response rate for Qtr2 2018/19 (latest available data) for providers of mental health services:

Average Recommend Score and Response Rate for Quarter 2 18/19 for Mental Health Providers
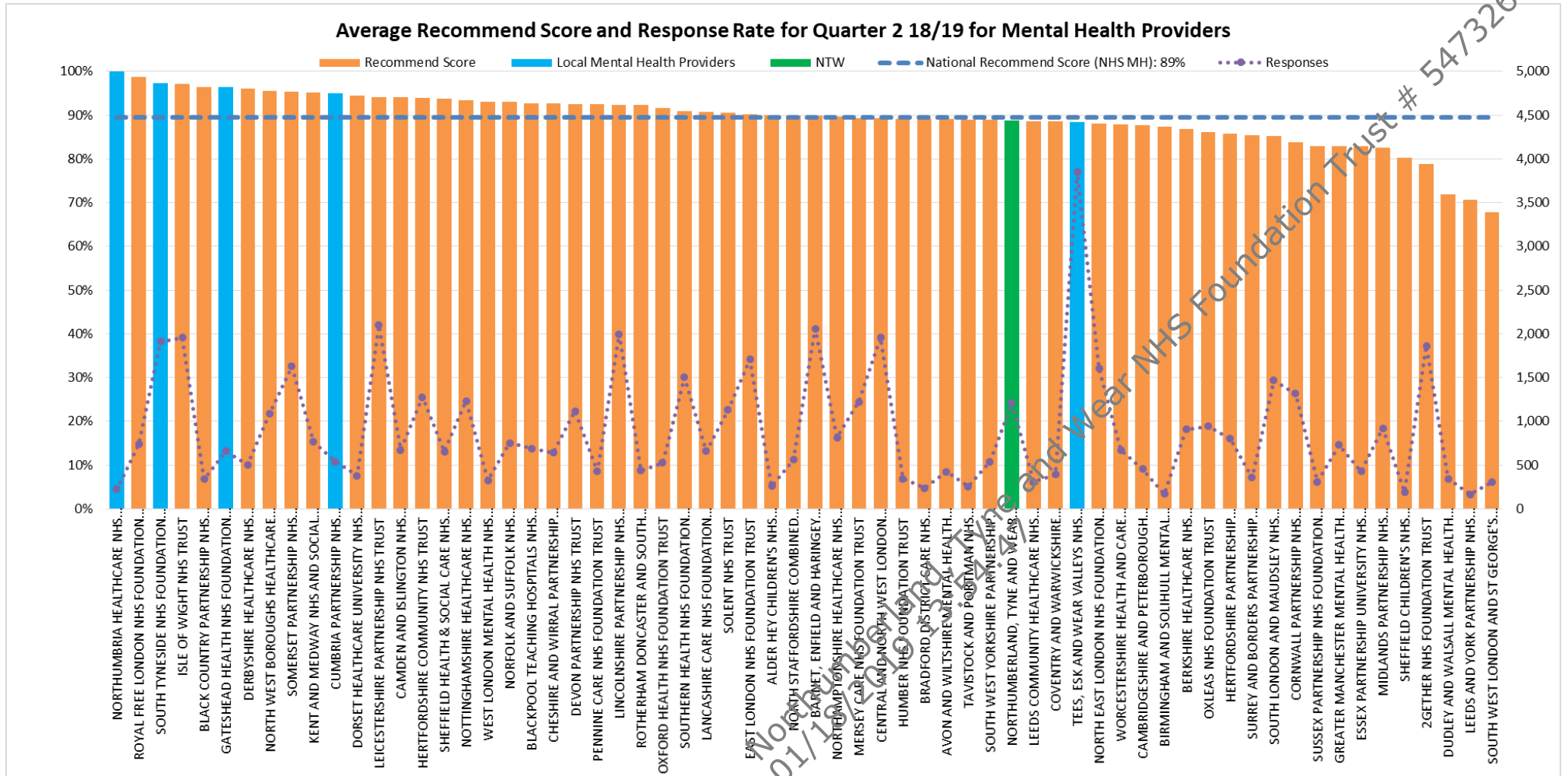
6. Points of You Experience Analysis Quarter 3 2018/19

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

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

Each of the 8 questions (excluding the Friends and Family Test question) in the Points of You survey results in a score out of ten and Figure 7 below illustrates the average score received for each question trustwide during Quarter 3. There was little change in trustwide results from the previous quarter.

The highest scoring questions remain:

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

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

Figure 7: Average score for questions 2-9 for all Trust services for Qtr3 compared with Qtr2 2018/19 (10 being the best, 0 being the worst)
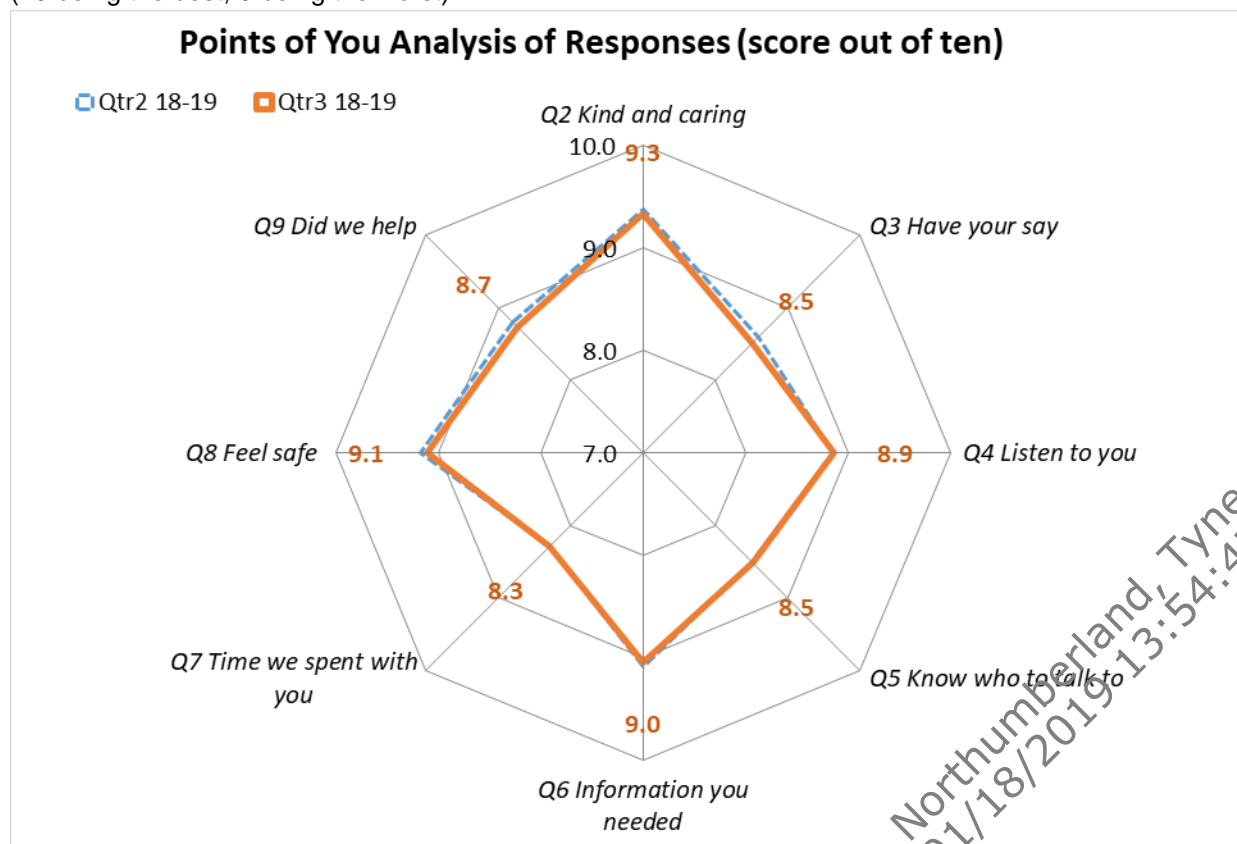
The following analysis in Table 3 below shows a breakdown of the average score per question by locality group. This shows:

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

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

	Number of Responses Qtr3 (Qtr2)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Trust	**1,627**	**9.3**	**8.5**	**8.9**	**8.5**	**9.0**	**8.3**	**9.1**	**8.7**
	(1,822)	↓0.1	↓0.1	↔	↔	↓0.1	↔	↓0.1	↔
North Locality Care Group	432	9.1	8.2	8.5	8.3	8.9	7.9	8.8	8.4
	(423)	↓0.2	↔	↓0.1	↓0.3	↔	↔	↔	↓0.1
Central Locality Care Group	454	9.2	8.4	8.8	8.6	9.1	8.3	9.0	8.5
	(482)	↓0.1	↓0.2	↔	↑0.3	↔	↔	↓0.2	↓0.1
South Locality Care Group	739	9.5	8.8	9.1	8.6	9.1	8.5	9.4	9.0
	(915)	↔	↔	↑0.1	↑0.1	↓0.1	↔	↑0.1	↑0.1

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

Key:

😀 Score 8-10 (highest score)	🙂 Score 6-7.9	😐 Score 4-5.9	😖 Score 2-3.9	☹ Score 1.9-0 (lowest score)

↑
Score has improved (compared to last quarter)

↓
Score has deteriorated (compared to last quarter)

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

This shows:

- A slowly declining trend over the last year, with more variation in the North and Central localities.

- The Trust wide figure is impacted by the South group who provide 45% of responses and tend to receive more positive feedback.

Figure 8: Responses by month and locality care group to question 9.
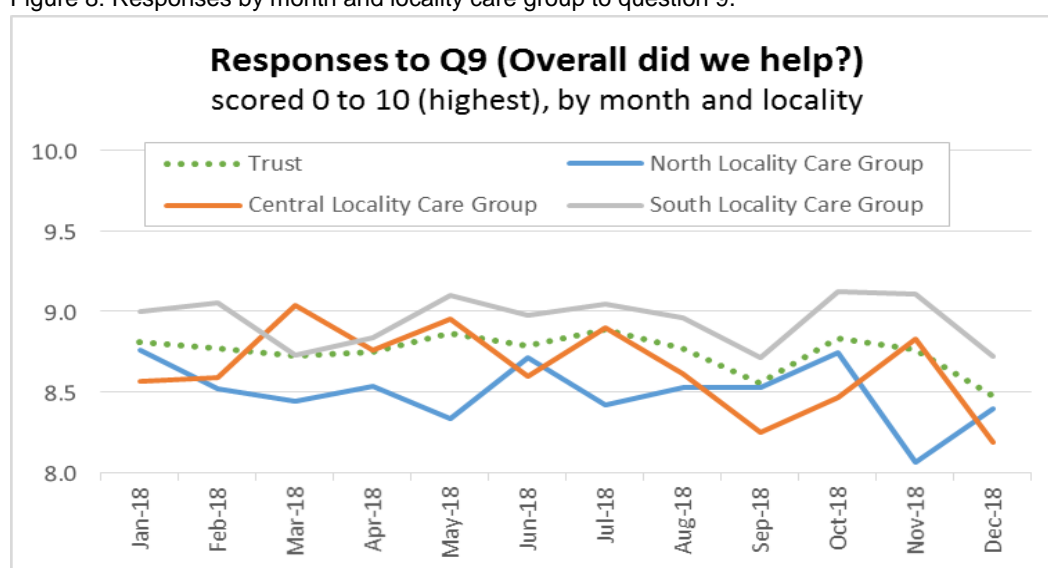
Table 4 overleaf shows a breakdown of responses at question level, displayed by CQC core service groupings. This analysis highlights:

- Forensic wards receive the lowest set of scores (based on 5 responses). Crisis services and working-age adult acute wards also saw low scores.

- Question 7 "were you happy with how much time we spent with you?" receives lower scores across a range of core services

- Mental health crisis services and health-based places of safety received the lowest score (7.4) to Question 8 "Overall, did we help", a decrease against the last quarter. Scores were lowest in the Central locality and being listened to, and service quality are specific themes identified through comments provided.

Table 4: Average score per question by core service (and percentage of detained OBDs during Qtr3)

	Number of Responses Qtr3 (Qtr2)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help	% of bed-days that are detained during Qtr
Trust	**1,627**	**9.3**	**8.5**	**8.9**	**8.5**	**9.0**	**8.3**	**9.1**	**8.7**	
	(1,822)	↓0.1	↓0.1	↔	↔	↓0.1	↔	↓0.1	↔	
Neuro Rehab Inpatients (Acute Medicine)	21	9.5	7.4	8.4	9.0	8.4	8.3	8.8	8.5	25%
	(28)	↓0.1	↓1.1	↓0.4	↑0.1	↓1.2	↓0.2	↓0.8	↓0.5	
Neuro Rehab Outpatients (Acute Outpatients)	154	9.9	9.5	9.5	9.5	9.5	9.0	9.7	9.5	
	(195)	↑0.2	↑0.3	↑0.1	↑0.4	↓0.1	↔	↑0.1	↔	
Community mental health services for people with learning disabilities or autism	52	9.7	9.1	9.1	9.0	9.0	8.3	9.1	8.7	
	(69)	↓0.2	↓0.1	↓0.5	↓0.3	↓0.9	↓0.6	↓0.6	↓0.9	
Community-based mental health services for adults of working age	320	8.8	8.0	8.3	7.9	8.4	7.7	8.6	7.8	
	(351)	↓0.1	↔	↔	↔	↓0.2	↔	↓0.2	↓0.2	
Community-based mental health services for older people	417	9.8	8.9	9.2	8.5	9.5	8.8	9.5	9.3	
	(522)	↑0.2	↑0.2	↑0.2	↑0.2	↑0.2	↑0.3	↑0.1	↑0.2	
Mental health crisis services and health-based places of safety	91	8.6	7.8	8.1	6.9	8.2	7.5	8.3	7.4	
	(101)	↓0.3	↓0.4	↓0.3	↓0.5	↓0.1	↓0.5	↑0.1	↓0.7	
Acute wards for adults of working age and psychiatric intensive care units	46	8.3	6.8	8.0	7.9	8.5	7.7	8.6	8.5	72%
	(36)	↓0.4	↓0.5	↑0.4	↓0.4	↑0.7	↑0.7	↑0.7	↑0.3	
Child and adolescent mental health wards	23	8.9	8.5	8.5	9.1	9.6	7.7	8.7	9.3	89%
	(29)	↓0.2	↑0.4	↓0.2	↓0.2	↔	↓0.2	↑0.3	↑0.5	
Forensic inpatient/secure ward	5	6.0	4.5	6.0	6.0	7.5	6.0	7.5	8.0	99%
	(1)	↓4	↓5.5	↓1.5	↓4	↓2.5	↓1.5	↓2.5	↓2	
Long stay/rehabilitation mental health wards for working age adults	36	9.4	8.4	8.5	9.2	9.1	8.4	9.0	9.2	84%
	(22)	↓0.4	↓1	↓1.3	↓0.8	↓0.9	↓0.5	↓0.4	↓0.3	
Wards for older people with mental health problems	27	9.3	8.2	8.6	8.8	9.2	8.4	8.6	9.2	85%
	(27)	↓0.7	↓1.1	↓0.9	↓0.8	↓0.8	↓1	↓1.3	↓0.6	
Wards for people with learning disabilities or autism	9	8.3	8.9	8.1	7.8	8.9	8.1	9.1	8.8	99%
	(2)	↓1.7	↓1.1	↓1.9	↓2.2	↓1.1	↓1.9	↓0.9	↓1.2	
Children and Young Peoples Community Mental Health Services	146	9.3	8.7	8.8	8.5	8.7	7.9	9.2	8.1	
	(166)	↓0.1	↔	↑0.2	↔	↔	↑0.2	↔	↑0.4	
Substance Misuse	141	9.3	8.6	9.0	9.0	9.2	8.2	9.0	9.2	
	(120)	↔	↓0.2	↔	↓0.1	↓0.1	↑0.1	↓0.3	↑0.1	
Other	137	9.6	8.7	9.2	9.2	9.5	8.7	9.3	9.1	29%
	(151)	↑0.1	↑0.1	↑0.1	↑0.1	↑0.3	↑0.2	↓0.1	↑0.1	

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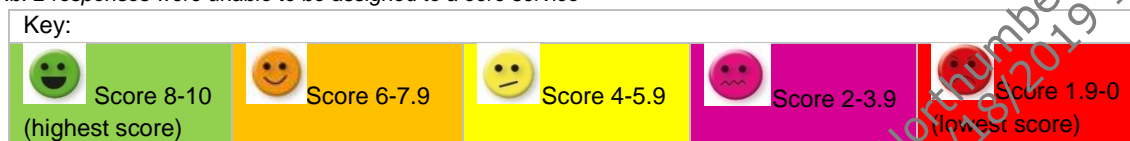
Key:

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

↑ Score has improved (compared to last quarter)   ↓ Score has deteriorated (compared to last quarter)

When comparing Quarter 3 question scores to the previous quarter, some core services have seen an improvement in the majority of the question scores:

- Community-based mental health services for older people (scores for all 8 questions have improved).

- "Other" services saw scores for seven questions increasing on the previous quarter

There has been five core services where the scores for all of the questions deteriorated in the quarter:
- Community mental health services for people with learning disabilities or autism,
- Forensic inpatient/secure ward,
- Long stay/rehabilitation mental health wards for working age adults,
- Wards for older people with mental health problems, and
- Wards for people with learning disabilities or autism.

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

Table 5: Prevalent themes from comments (question 10) – Quarter 3 2018/19, with change on the previous quarter:

Common theme categories (change on previous qtr)	Negative themes		Positive themes		Total Themes	
	number	change	number	change	number	change
Staff/Staff Attitude	93	+19	972	-58	1103	-67
Care/Treatment	101	-6	222	-63	389	-86
Service Quality/Outcomes	32	-2	329	+27	395	+18
Communications	54	+16	130	+7	197	+22
Access to Services	64	-13	30	+7	116	-5
Environment/Facilities	22	+10	32	-7	60	-7
Total	380	+26	1742	-80	2307	-121

Positive Themes (A total of 2,307 themed comments were received during Quarter 3, 1,742 (76%) of these were positive/ complimentary)

Staff / Staff Attitude accounted for 56% of all positive comments, this category and Care/Treatment saw a reduction in the number of positive comments received.

Examples of positive comments received:

"But the care and information and consideration given to me was wonderful. I now feel much better and more informed than before."
"They listened and understood my problems and treated me like a person instead of a patient. And didn't judge me like so many others do."
"Advice always available on phone if required."

Negative Themes:
The 380 negative comments received were categorised across a much broader number of themes. Examples of negative comments are given below.

"Everyone is different personally I try to explain things but don't seem to see where I come from some staff don't seem to understand my condition." *"You need more psychiatrists more regular appointments. You can't medicate a child and send him away for 3 months!"* *"The only downside is parking arrangements we use the disabled badge and put badge on display in car also give details at reception to staff but still continue to get parking fines from parking eye."*

7. Points of You Response Demographics

During Quarter 2, 77% of POY returns were from service users, 20% from carers/ relatives/ friends and 3% from respondents who identified themselves as both, service user and carer/ relative / friend (of those who gave us this information). Of those who responded to the demographic questions:

- 43% were male, 52% were female (5% did not answer).

- 90% were White, 1.5% were Asian/ Asian British, 0.7% were Black/ African/ Caribbean/ Black British, 0.6% were other ethnic groups, 0.6% were mixed/ multiple ethnic groups (6.4% did not answer)

- The highest proportion of respondents were aged between 45-54 years (17%), followed by 55-64 years (16%). The smallest proportion of respondents were aged between 19-24 years (1.4%).

8. Gender Dysphoria Survey - Responses and Analysis

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

During Quarter 2 18/19 the Northern Region Gender Dysphoria Service received 35 surveys (data for November 2018). All responses were positive (rating extremely likely or likely) for 9 out of the 9 questions.   There were no negative responses to any question, which are listed below:

1. Likely to recommend this clinic to friends and family
2. Admin Staff were pleasant and Respectful
3. Clinician was pleasant and respectful
4. I feel listened to
5. I feel involved in my treatment
6. I have confidence in the abilities of my clinician

7. Information was understandable
8. Questions were answered
9. Given opportunity to discuss treatment

9. NHS website, Care Opinion & Healthwatch reviews for quarter 3 2018/19

The three main websites for service users and carers to leave feedback are the NHS website (previously known as NHS Choices), Care Opinion and Healthwatch (Newcastle/ Gateshead/ North Tyneside). Table 6 illustrates the star rating allocated by service users/ carers who commented on the care they received. A list of the comments and Trust responses within the previous quarter are listed in full in Appendix 2.

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

Hospital Site	Star Ratings for Q3
NTW (total for Trust)	⭐⭐⭐
Dryden Road Clinic	⭐⭐⭐
Hopewood Park	⭐⭐⭐
St. George's Park	⭐⭐⭐
Benton House	⭐
Walkergate Park	⭐⭐⭐⭐⭐
Queen Elizabeth Hospital, Gateshead	⭐⭐⭐⭐⭐
Atkinson Terrace	⭐⭐⭐⭐⭐
Ravenswood Clinic	⭐⭐⭐⭐⭐
Greenacres Centre	⭐

During Quarter 3 2018/19 the Trust received 14 comments through these sites, 8 of which were positive and 6 were negative. This volume of feedback is similar to previous quarters and the proportion of positive feedback is increasing.

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

Figure 9 – Number of comments published on the NHS website, Care Opinion & Healthwatch sites each quarter (Qtr1 2016/17 to Qtr3 2018/19)
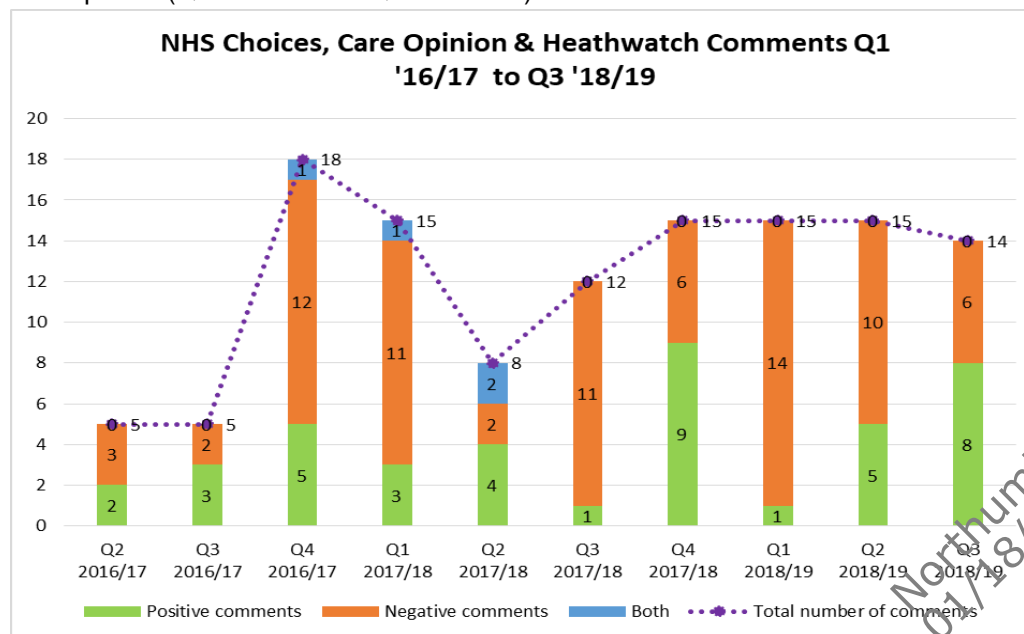
10.   Compliments and Thank Yous – Quarter 3 2018/19

During Quarter 3, 110 thank yous and compliments were received via Points of You and from other routes (including Chatterbox).   There were 158 compliments received during quarter three.

11.   Recommendations
The Board of Directors are asked to note the information included within this report.

Anna Foster
Deputy Director of Commissioning and Quality Assurance
January 2019

Points of You Format

Points of You Survey format:

1. How likely are you to recommend our team or ward to friends and family if they needed similar care or treatment? **(This is known and the "Friends and Family Test")**

2. How kind and caring were staff to you?

3. Were you encouraged to have your say in the treatment or service received and what was going to happen?

4. Did we listen to you?

5. If you had any questions about the service being provided did you know who to talk to?

6. Were you given the information you needed?

7. Were you happy with how much time we spent with you?

8. Did staff help you to feel safe when we were working with you?

9. Overall did we help?

10. Is there anything else you would like to tell us about the team or ward?

Reviews made on the NHS website, Care Opinion & Healthwatch in quarter 3 2018/19

Reviewed on 2 October 2018 (5 stars, Walkergate Park)
Quick and easy to access service
Referred by GP and got an appointment the same day. No waiting time.

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

Reviewed on 4 October 2018 (5 stars, Community Treatment Team (Psychosis) Tranwell Unit)
Good service
Very positive. I had several sessions of 1-2-1 counselling which I found very effective. I then attended a mindfulness course which was excellent.

> Thank you for taking the time to provide a response to the service you received from the Gateshead Team. It is always good to hear that our hard working teams are making a difference.

Visited in October 2018. Posted on 10 October 2018 (1 star, Crisis Resolution and Home Treatment at Hopewood Park)
Unhelpful nurse

Generally overall horrible nurse I've spoken too on the telephone tonight regarding mental health matters.

She was funny with me cuz I've requested does anybody speak German she being really sarcastic with me and goes emmmm not that I'm aware of the nurse replies.

She was talking to me like I was complete utter idiot with no respect

She was appeared to be very stressed, rushed like the nurse was on timer bad service overall.

> I am sorry to hear of your negative experience during your recent contact with Northumberland, Tyne and Wear Crisis services. Thank you for raising your concern, it's important that we receive feedback to enable us to learn and improve services.
> If you would like to contact me (Janet Gilbert, Team Manager) on 07989 447328 or the Patient Advice and Liaison Service (PALS) on 0191 441 6616 with your details we will be able to investigate your situation in more detail.

Visited in October 2018. Posted on 21 October 2018 (1 star, Greenacres Centre)
Not willing to help

My son has long suffered from anxiety, low self-esteem and depression. In desperation he turned to drugs as a means of escape and sadly he found himself addicted. This fills him with shame and self-

disgust. He is now on a methadone program but still has occasional lapses into drug use when he is unable to cope with his emotions. He finds day to day living very hard and struggles to find the will to get out of bed on most days. He has self harmed and thought of suicide. He is desperate for help with his mental health which he sees as the root cause of his addiction and which is preventing him from leading a meaningful life. He was referred to the mental health team at Greenacres by his GP. He attended an assessment interview with a CPN. I accompanied him to Greenacres as he would not otherwise have made it. The CPN began the assessment by asking about drug use and he admitted that he still had occasional lapses. She then spent almost one hour having my son describe intimate and traumatic events in his life, which he found very difficult and very upsetting, and then concluded by telling him that he would not be offered help with his mental health until he had dealt with his drug use and was no longer using.

My son went into the assessment interview filled with hope that he was at last going to get the help he so desperately needs and came out in tears, distraught and broken hearted. He could not understand why he had been put through a traumatic interview if he was going to be refused help anyway on the basis of something that had been discussed in the first five minutes. He, and I cannot understand why he is being refused help with his mental health. He is already engaging with the drug team as he wants to be free of addiction but he also needs help to address the underlying causes of his addiction.

I believe that NICE guidance is that addiction problems should not be a barrier to access to mental health services but the very opposite seems to be the case at Greenacres. I feel that my son has been badly let down by the Greenacres mental health team.

Thank you for taking the time to give your feedback on your recent experience with the Community Treatment Team based at the Greenacres Centre, Ashington. I am sorry to hear that you and your son were left disappointed and distressed with the response you received from the Clinician who met with you to undertake the assessment. I appreciate that sharing details of your personal history can be a difficult experience but we hope in doing so that this can lead to the clinician and the individual being able to agree collaboratively on the most appropriate way forward. This can in itself be a difficult process if what is recommended is not what the individual anticipated or thinks is required.

I would suggest that in order that we can move forward in a more positive light that I ask you to make contact with the Greenacres Centre reception and ask specifically if you can speak to either of the Pathway Managers to discuss your concerns further. In doing so my hope is that both you and your son will have an opportunity to raise your concerns and agree a suitable plan that meets both your expectations.

Reviewed on 25 October 2018 (4 stars, Dryden Road Clinic (Community Treatment Team))
Always helpful

Always helpful and supportive.

Thank you for taking the time to provide a response about the service you received from the Gateshead Team. It is always good to hear that we are making a difference. We have passed on your kind words to the Clinical Team.

Visited in October 2018. Posted on 20 November 2018 (5 stars, St George's Park)
Four weeks on Warkworth ward
My husband was admitted to the ward in the middle of the night following being sectioned in A&E. He had no previous MH issues, so this was a total shock and as a family we were devastated. The staff

on Warkworth ward have been outstanding throughout the whole admission both to my husband and myself.

The doctors kept me in the loop at every stage of his treatment and the nurses were an amazing shoulder to cry on and offered me so much support, despite me phoning the ward dozens of times a day! I really felt sympathy and compassion from all the staff which helped me cope.

My husband's treatment was second to none despite some extremely worrying times and at every stage he got the best possible care.

The ward itself is clean and well organized, with active physio involvement.

A heartfelt thank you to all the staff on Warkworth ward...Keep up the wonderful work.

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

We have passed on your kind words to the Clinical Team.

Visited in November 2018. Posted on 12 November 2018 (1 star, Benton House)

Disgrace

My doctor referred my 5 year old son that has been showing obsessive behaviour s and is hyper 24 hours a day constantly for 3 years and the practitioner decides to blame my anxiety s how does that work and to be told he could only be diagnosed in 3 year if he is still doing his behaviour s I am going around in circles poor service

I am sorry to hear of your disappointment in this service. We welcome all feedback, positive and negative in order to help us improve our services. I would be happy to discuss your concerns in more detail in order that we can as a trust learn and make improvements.

Please feel free to contact me on 0191 246 6800
Anna Williams, Associate Director Community (Central)

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

Staff a credit to NTW

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

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

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

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

We have passed on your kind words to the Clinical Team

Reviewed on 7 November 2018 (3 stars, Dryden Road Clinic (Community Treatment Team))

Good care from staff

Always very good and supportive.

> Thank you for your feedback, we do appreciate all comments and will pass on your remarks to the staff at Dryden road

Visited in May 2018. Posted on 14 November 2018 (5 stars, Project Answer)

This service is vital

This service is vital. Addiction is a real problem and it's not choosey who it picks. This service has help me and my family to get over this dark time. Everyone from staff and service users have help me get my life back on track with medication single to group talks. Thank you from the bottom of my heart. Don't be embarrassed to get and ask for help. This service will make you. You again and have a reason to change

> It's a real honour to work and assist people into recovery and enable them to gain control of their life. We must always remember no matter how dark things may look that everyone can achieve and sustain recovery. At North Tyne Recovery Partnership we take pride in having belief in everyone who walks through our doors.
> We are tremendously pleased and proud to have helped and supported both you and your family through a difficult time, good luck for the future.
>
> Sarah Knowles
> Community Clinical Manager Addiction Services (Access North).

Visited in November 2018. Posted on 30 November 2018 (1 star, Northumberland, Tyne and Wear NHS Foundation Trust)

Initial Response Team Varies Significantly

I suffer from long term mental health issues, I was discharged from my mental health team earlier this year and left with no support, nothing.
Therefore I frequently call the Initial Response Team for support, I am amazed how varied the staff attitudes and responses are, considering they are all from the same team with the same job role. There are some very kind and caring staff who really go out of their way to help me and think of practical solutions to my problems, however, there are some staff who will try to end the phone as quickly as possible, often within minutes, they don't bother to ask why I am calling, they talk over me and rush me to end the phone call.
This makes me feel very anxious about calling as I do not know who will respond to my call, if it is a member of staff with a bad attitude this often leaves me feeling worse than before I called. Surely there should be consistency within staff? I often wonder if this a support line at times, some of the staff who respond to calls are shockingly abrupt and rude.

> I am sorry to hear of your negative experience during your recent contact with Northumberland Tyne and Wear Crisis services. Thank you for raising your concern, it's important that we receive feedback to enable us to learn and improve services.
>
> If you would like to contact me on 07989 447328 or the Patient Advice and Liaison Service (PALS) on 0191 441 6616 with your details we will be able to investigate your situation in more detail.

Visited in November 2018. Posted on 02 December 2018 (1 star, Crisis at St Georges Hospital (Morpeth))
OD Encouragement

Rang up about an outpatient with concern they were abusing the medication they were given with alcohol and it was causing problematic effects, was then told by a member of the Crisis Team that it's not an issue as this person has a right to "get high" in their own house. 0/5 care, 5/5 jokes.

Thank you for taking the time to provide this feedback. We are sorry that the service has not been helpful to you. We would welcome the opportunity to discuss the concerns you have raised in more detail, however we would not be able discuss individual patient information without their consent. Please contact us on 01670 501864 to speak to the clinical manager.
Kind regards,
Kathryn Elliott
Community Clinical Manager, Access (North)

Visited in November 2018. Posted on 06 December 2018 (5 stars, Ravenswood Clinic)
Treatment for depression

I cannot recommend the Team any higher, the treatment I received was wonderful. I like to thank the doctors and all the staff for their patience and understanding, I do not know what I would have done without them. Anybody suffering from a mental illness could not be in better hands. I was too ill to visit the clinic, they always made a home visit.

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

We have passed on your kind words to the Clinical Team.

Visited in September 2018. Posted on 12 December 2018 (1 star, Benton House)
Waiting times are dangerous

The waiting times for children and young people's services are not good enough.
In excess of 12 months +from a welcome meeting this is without the wait to get to the welcome meeting. No one even calls to offer any support or to see how you're doing in the meantime your child is left to struggle and fall behind with their education.

We are so sorry for the waits you have incurred in the Children and Young People's Service. We acknowledge the difficulties we face with the increase in demand for neurological assessments and as such we have changed the ways that people access this service. We are currently working with the families who have been waiting a long time, and hope that by June 2019 families will only have to wait 8 weeks for an assessment.

Thank you for raising your concerns, all feedback is gratefully received as it helps us shape our service. I am more than happy to meet with you to talk through your concerns, please don't hesitate to ring me on 0191 246 6913, alternatively our Patient Advice and Liaison Service can offer you support and assistance. They can be reached on 0800 0320202.

Judith Turner
Community Clinical Manager, Newcastle/Gateshead Children and Young People's Service

Visited in October 2018. Posted on 20 December 2018 (5 stars, Hopewood Park)
Great service

I started under the crisis team and then moved on to hopewood park, under the circumstances I found the experience good, all bar my initial contact by phone the staff were polite and helpful, yes some of the visitors I found inappropriate, but that could just be me, the staff made me feel comfortable and listened to, yes they are stretched beyond belief and under a lot of stress, I personally think they do a fantastic job, well done and a heat felt thank you

Thank you for your positive and helpful comments Paul, we will ensure that your thanks are conveyed to both services. It's always a pleasure to hear when service users have a positive experience.
Denise Pickersgill
Associate Director – Access & Treatment (South)

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date:	23rd January 2018

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 9 December 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 December 2018 (month 9 and Quarter 3), 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 have been two Mental Health Act reviewer visits during the month to Hauxley and Ward 1. There were actions which had been resolved along with some remaining as unresolved from previous visits

3. NHS England fully achieved the contract requirements during month 9 and the quarter. 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 CCG contracts during the month and quarter.

4. All of the CQUIN scheme requirements have been internally assessed as achieved for Quarter 3, however there are risks identified to quarter 4 delivery.

5. The number of people waiting more than 18 weeks to access services has increased slightly 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. 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 are MHA Combined Training (78.2% was 77.0% last month) and Information Governance (89.7% was 90.5% last month).

7. Reported appraisal rates have remained at 87.7% in the month Trustwide, meeting the Trust standard.

8. The sickness rate has sharply increased during the month, the provisional in month sickness absence rate for December 2018 is reported at 6.40%, which is an increase in comparison to November 2018, (now confirmed as 6.1%). The 12 month rolling average sickness rate has increased to 5.84% in the month.

9. At Month 9, the Trust has a year to date surplus of £2.1m which is £0.9m ahead of plan. The Trust's finance and use of resources score is currently 3.

Other issues to note:

- Sunderland IAPT service has reported an increase in relation to those moving to recovery which has been reported at 50.8% for the month but have not achieved the quarter which is reported at 47.9%

- There were forty six inappropriate out of area bed days reported in December 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 two Mental Health Act reviewer visits during the month to Ward 1 and Hauxley ward. There were actions noted as resolved and some remained unresolved from 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
	100%	90%	80%	90%	80%	100%	62%	87%
	Contract Summary: Percentage of Quality Standards achieved in the quarter:							
	100%	91%	70%	90%	80%	92%	62%	87%

NHS England fully achieved the contract requirements during month 9 and quarter 3. 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 CCG contracts during the month and quarter. Sunderland IAPT service has reported an increase in those moving to recovery in the month, now at 50.8% but have not achieved the quarter which is reported at 47.9% against 50% standard.
There have been no Commissioner quality visits during the month
The Specialised Mental Health data submission quality score has increased to 91.6% at the last submission and work is ongoing to improve this further
For Quarter 2 2018-19 the Trust has met 53 positive standards, 7 neutral and 10 negative standards within the Specialised Services Quality dashboards. The Trust has been highlighted as an outlier in relation to four different metrics. The standards are now being monitored quarterly and failure to achieve for two consecutive quarters will be raised as an issue by NHS England.

CQUIN - Quarter 3 internal assessment 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: Dec 2018		Central Locality Care Group Score: Dec 2018		South Locality Care Group Score: Dec 2018	
	4	The group is below standard in relation to CPP metrics, sickness and training elements	4	The group is below standard in relation to CPA metrics and a number of internal requirements	4	The group is below standard on waiting times, training, sickness and CPP metrics. IAPT recovery is below the 50% requirement

Page 2

Quality Priorities: Quarter 3 internal assessment 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 increased slightly in the month for adults 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.

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):	PMVA basic training (80.2%) is within 5% of the required standard, MHA combined training (78.2%) and Information Governance (89.7%) remain more than 5% below the standard.	**Appraisals**: Appraisal rates have remained static at 87.7% in December 18 (was 87.7% last month).
16	1	2		

Sickness Absence:

NTW Sickness (Rolling 12 months) 2015 to date
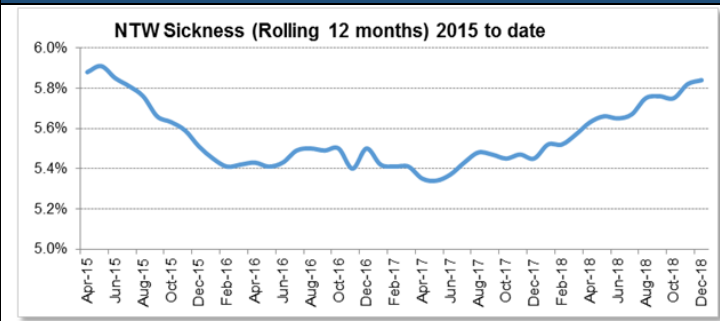
The provisional "in month" sickness absence rate is above the 5% target at 6.40% for December 2018

The rolling 12 month sickness average has increased to 5.84% in the month

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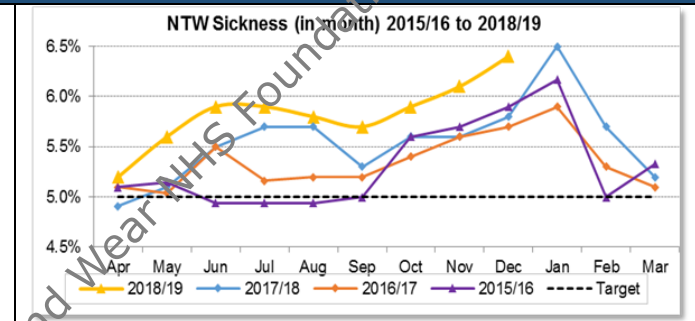
Finance

At Month 9, the Trust has a surplus of £2.1m which is £0.9m ahead of plan. Agency spend is £5.4m which is £0.7m below the trajectory of our NHSI allocated agency ceiling of £8.0m but £1.5m 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	239.8	239.0	0.8
Pay	(190.2)	(190.3)	0.1
Non Pay	(48.4)	(46.6)	(1.8)
Surplus/(Deficit)	1.2	2.1	(0.9)

Control Totals

	YTD Plan £m	YTD Actual £m	YTD Variance £m
North	18.1	18.1	0.0
Central	18.5	17.0	1.5
South	21.8	22.7	(0.9)
Central Depts	(57.2)	(55.7)	(1.5)
Surplus/(Deficit)	1.2	2.1	(0.9)

Key Indicators	YTD	Plan / Forecast
Risk Rating	3	3
Agency Spend	£5.4m	£7.0m
FDP Delivery	£7.9m	£12.6m
Cash	£20.8m	£19.6m
Capital Spend	£4.1m	£7.7m

Agency Spend
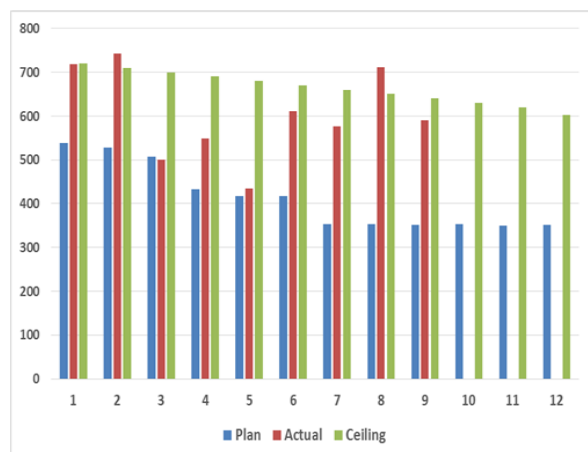
Bank Spend
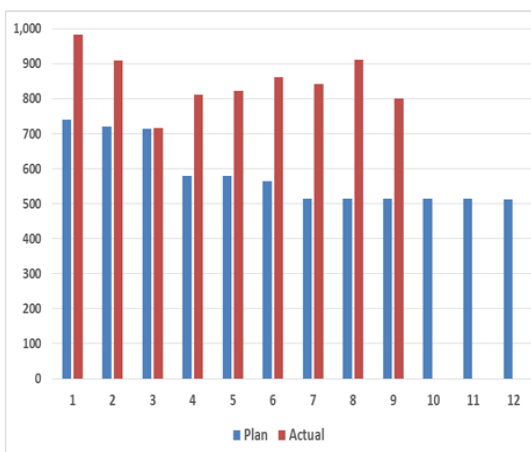
Key Issues/Risks

- Surplus/Deficit - £2.1m surplus at Mth9 which is £0.9m ahead of plan.
- Control Total – The Trust is forecasting delivery of its £3.5m Control Total, although there are some risks to achieving this.
- Risk Rating – The Use of Resources rating is a 3 at Mth9 & the forecast year-end rating is a 3. Pay costs reduced this month and this trend needs to continue 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 Mth9 is £5.4m which is £0.7m below the NHSI allocated ceiling trajectory but £1.5m above plan.
- Financial Delivery Plan - Savings of £7.9m have been achieved at Mth9 which is in line with plan.
- In addition to its planned £12.6m efficiency savings the Trust needs to deliver £2.3m of service retractions to support Northumberland CCG's Recovery Plan.
- Cash - £20.8m at Mth9 which is £2.2m above plan.
- Capital Spend - £4.1m at Mth9 which is £4.6m less than plan.

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

	03/12/2018		10/12/2018		17/12/2018		24/12/2018	
Medical	99	11	95	11	103	11	103	11
Qual Nursing	74	5	69	5	70		50	5
Unq Nursing	367		394		399		433	
A&C	64		53		64		28	
	604	16	611	16	636	11	614	16

In December the Trust reported an average of 15 price cap breaches (11 medical and 4 qualified nursing). In December 2 medics were paid over the price cap.

Page 4

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

Meeting Date: Board of Directors Meeting, 23rd January 2019

Title and Author of Paper: Board Assurance Framework and Corporate Risk Register – Julie Robson, Corporate and Quality Governance Manager.

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

Pg.1 There are currently 11 risks held on the BAF.

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

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

Pg.5 Amendments have been made to seven risks.

Pg.6 There has been one risk escalated to the BAF in the Quarter, risk ref: SA1.10

Pg.6 No risks have been de-escalated in the Quarter.

A copy of the Trusts Risk Appetite table is attached as **appendix 1**

A copy of the BAF/CRR is included as **appendix 2**.

Appendix 3 gives a summary of both the overall number and grade of risks held by each Locality Group, Corporate Directorate Risk Registers, Clinical Groups, Corporate Business Units and Executive Corporate Risk Registers on the Safeguard system as at January 2019 there have been no risks escalated within the quarter, action plans are in place to ensure these risks are managed effectively and all risk are held at the appropriate level.

Risks Highlighted: As highlighted in the paper.

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

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

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

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

Board Assurance Framework and Corporate Risk Register

Purpose

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

This paper provides:
- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF/CRR.
- A detailed description of any changes made to the BAF and CRR.
- A detailed description of any BAF/CRR reviewed and agreed risks to close.
- A copy of the Trusts Risk Appetite table is attached as **appendix 1.**
- A copy of the BAF/CRR is included as **appendix 2**.
- **Appendix 3** gives a summary of both the overall number and grade of risks held by each Locality Group, Corporate Directorate Risk Registers, Clinical Groups, Corporate Business Units and Executive Corporate Risk Registers on the Safeguard system as at January 2019 there have been no risks escalated within the quarter, action plans are in place to ensure these risks are managed effectively and all risk are held at the appropriate level..

1.0 Board Assurance Framework and Corporate Risk Register

The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework/Corporate Risk Registers as at January 2019. In the quarter the number of risks held on the BAF/CRR has remained the same.
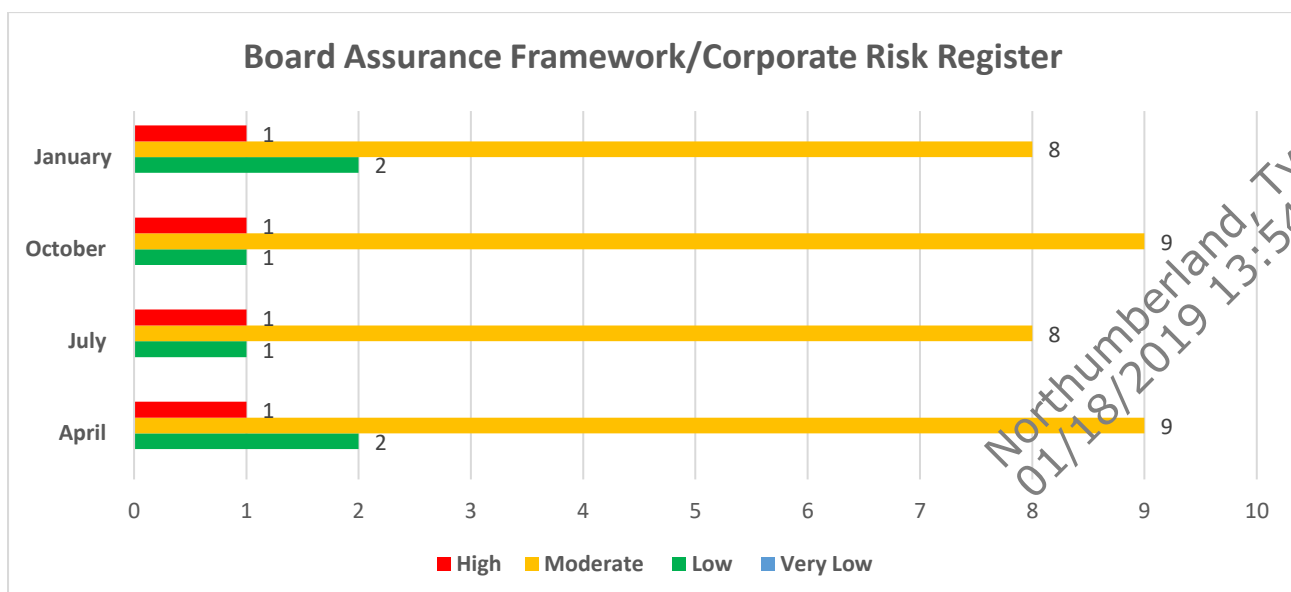
1.1. Risk Appetite

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

Board Assurance Framework/Corporate Risk Register Risk by Risk Appetite Category

Category	No of Risk
Clinical Innovation	
Commercial	
Compliance/Regulatory	3
Financial/VfM	3
Partnerships	
Reputation	
Quality Effectiveness	4
Quality Experience	
Quality Safety	1
Workforce	

■ No of Risk by Risk Appetite Category
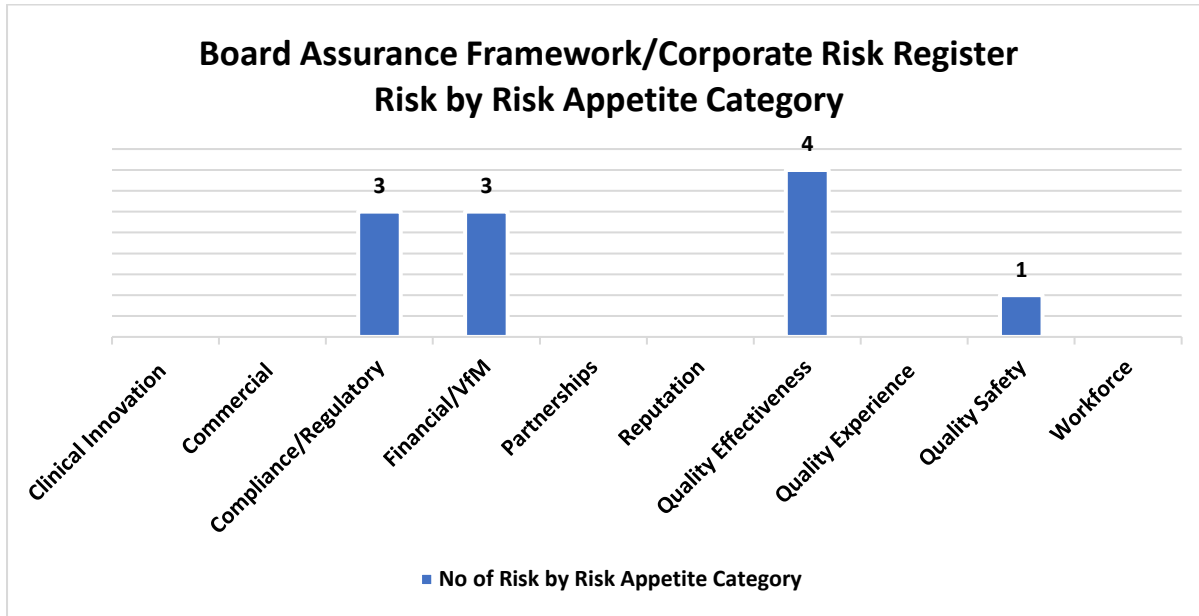
Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 9 risks which have exceeded a risk appetite tolerance.

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

Board Assurance Framework/Corporate Risk Register Risks which have exceeded the Risk Appetite

Category	Count
Compliance/Regulatory	3
Finance/VfM	1
Quality Effectiveness	4
Quality Safety	1

2
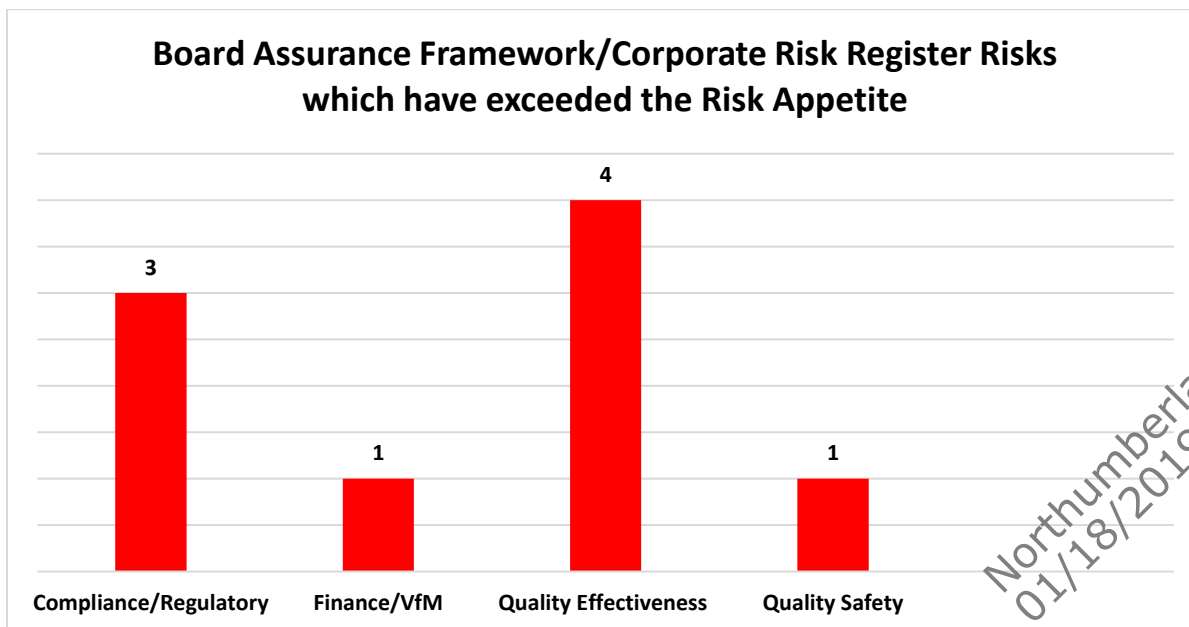
A detailed description of each BAF/CRR risk which has exceeded a risk appetite can also be found below. Action plans are in place to ensure these risks are managed effectively:

Risk Ref	Risk description	Risk Appetite	Risk score	Executive Lead
SA1.3	That there are adverse impacts on clinical care due to potential future changes in the clinical pathways through changes in commissioning of Services.	Quality Effectiveness (6-10)	12	Lisa Quinn
SA1.4	The risk that high quality, evidence based and safe services will not be provided if there are difficulties in accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficient sufficiently responsive to demands.	Quality Effectiveness (6-10)	16	Gary O'Hare
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an Organisation.	Compliance/ Regulatory (6-10)	12	Lisa Quinn
SA3.2	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services.	Quality Effectiveness (6-10)	12	John Lawlor
SA4.1	That we have significant loss of income through competition and national policy including the possibility of losing large services and localities.	Finance/VfM (12-16)	20	Lisa Quinn
SA5.1	That we do not meet compliance and quality standards	Compliance/ Regulatory (6-10)	15	Lisa Quinn
SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	Compliance/ Regulatory (6-10)	12	Rajesh Nadkarni
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Quality Safety (1-5)	10	Gary O'Hare
SA5.9	Inability to recruit the required number of medical staff or provide alternative way of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services.	Quality Effectiveness (6-10)	12	Gary O'Hare

3

1.2. Amendments

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

Risk Ref	Risk description	Amendment	Executive Lead
SA1.2	Restrictions of capital funding nationally and lack of flexibility on PFI leading to failure to meet our aim to achieve first class environments to support care and increasing risk of harm to patients through continuing to use sub optimal environments	Residual risk rating reduced from 5x3 (15) to 5x2 (10) due to the ICS bid being supported nationally, funding being identified and a building programme for Newcastle/Gateshead being put in place	James Duncan
SA1.3	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning services.	Additional action added (gaps in control) in relation to contract negotiations for this coming year	Lisa Quinn
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation	Action in relation to OBC being considered by Trust Board completed. Additional action added in relation to consideration of FBC at Trust Board in January 2019.	Lisa Quinn
SA3.2	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and LD Services	The following controls have been added to the risk: 3. Member of ICS Health Strategy Group 4. Member of North and Central ICP's 8. Member of Northumberland Transformation Board 9. Member of the Newcastle Joint Exec Group. An additional assurance was added updates of Gateshead care Partnership taken at Execs/CDT and Board A new action has been added with regard to the confirmation of the ICP Leadership arrangements.	John Lawlor
SA4.2	That we do not manage our resources effectively through failing to deliver required service change and productivity gains including within the Trust FDP	Gaps in control amended and completion of actions in relation to programme being agreed for capacity to care and Trust innovation capacity has been expanded	James Duncan

4

Risk Ref	Risk description	Amendment	Executive Lead
SA5.1	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	The following actions were completed during the quarter 1. Establish a process for monitoring themes arising from MHA Reviewer Visits 2. CQC/MHL presentation taken at Learning and Improvement Group in November. A new action was added to monitor the effectiveness of the process for reporting/reviewing themes from MHA Reviewer Visits.	
SA5.9	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services	An additional control has been added to the risk during this quarter:- • Seven fellowship international recruits arrived into the Trust in December.	

1.3. Risk Escalations to the BAF/CRR

There have been no risk escalated to the BAF/CRR in the quarter.

1.4. Risks to be de-escalated.

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

1.5. Emerging Risks.

An emerging risk has been identified relating to a 'no Brexit' deal and medication supply. Further discussion is due to take place with the Executive Lead. More information will follow in due course.

1.6. Recommendation

The Trust Board are asked to:

- Note the changes and approve the BAF/CRR.
- Note the risks which have exceeded a risk appetite.
- Note any risk escalations.
- Note the summary of risks in the Locality Care Groups/corporate Directorate risk registers.
- Provide any comments of feedback.

Julie Robson
Corporate and Quality Governance Manager
January 2019

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Risk Appetite

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

Board Assurance Framework

and

Corporate Risk Register

2018-19

Strategic Ambition: 1
Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
Restrictions on capital funding nationally and lack of flexibility on PFI leading to a failure to meet our aim to achieve first class environments to support care and increasing the risk of harm to patients through continuing use of sub-optimal sub-optimal environments.					
	Risk on Identification	5	3	15	Moderate
	Residual Risk (with current controls in place):	5	2	10	Low
	Target Risk (after improved controls):	5	1	5	Very Low
	Risk Appetite:	Finance/VfM			Within

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (actions to achieve target risk)
1. CEDAR Programme Board Established with key Partners. 2. CEDAR Programme Delivery 3. CERA Programmes 4. Business Case approved for interim solution for WAA and Newcastle/Gateshead. Building programme in place 5. ICS supported nationally and funding identified 6. CEDAR Business Case process in place	1. Minutes of CEDAR Programme Board 1. Feedback/update via Sub Committees/board 2. CEDAR Documents 3. CERA Documents. 4. Business Case Document. 5. ICS Bid Document. 6. Business case cycle for board meetings. 2. NTW 1718 23 Capital Planning	1. Asset sales identified - reporting through RBAC on progress to be commenced April 2019

Ref: SA1.2

Review Comments: Residual risk score reduced from 5x3 to 5x2 due to actions being completed in relation to ICS bid outcome and building programme in place for Newcastle/Gateshead

Executive Lead: Deputy Chief Executive	Board Sub Committee: RBAC	Updated/Review Date: January 2019

SA1.2

Strategic Ambition: 1

Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.					
	Risk on Identification	4	3	12	**Moderate**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):	4	2	8	**Low**
	Risk Appetite:	**Quality Effectiveness:**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1.Integrated Governance Framework. 2.Agreed contracts signed and framework in place. for managing change. 3.Locality Partnerships. 4. Well led action plan complete. 5. All CCG contracts agreed.	1. Independent review of governance-Process Amber/Green rating assessment. 2.Contract monitoring and contract change reporting process to CDT and RBAC. 3. Updates from Locality Partnership meetings. 4. Well led action plan document. 5. Contract documentation.	1. Move towards lead/prime provider models and alliance contracts by April 2019 2. Contract negotiations commencing for the coming year to ensure that consideration is given to impact on clinical care - April 2019

Ref: SA1.3

Review Comments: additional action in relation to contract negotiations for the coming year has been added.

Executive Lead: Executive Director of Commissioning & Quality Assurance	Board Sub Committee: RBAC	Updated/Review Date: January 2019

SA1.3

Strategic Ambition: 1

Working together with service users and carers we will provide excellent care, supporting people on their journey to wellbeing.

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
There is a risk that high quality, evidence based safe services will not be provide if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.					
	Risk on identification (Feb 2012):	4	4	16	**Moderate**
	Residual Risk (with current controls in place):	4	4	16	**Moderate**
	Target Risk (after improved controls):	4	1	4	**Very Low**
	Risk Appetite:	Quality Effectiveness			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (actions to take to achieve target)
1.Integrated Grovernance Framework.	1.Independent review of governance against Well-Led Framework January 2016	1. Monitoring and Delivery of Operational Plan 18/19
2.Performance review monitoring and reporting incl compliance with standards, indicators,CQINN.	1/2/4.External Audit of Quality Account	2. Delivery of 5 Year Trust Strategy 2017-2022 and supporting strategies.
3.Operational and Clinical Policies and Procedures.	1.Operational Plan 2016/17 reviewed by NHSI.	3. Complete Access and Waiting times Standard Grou Work Plan.
4. Annual Quality Account.	2.Reports to CDTQ,Q&P and QRG's.	4. Develop approach to access, waiting times, management of DNAs, discharge and patient flow.
5. CQC Compliance Group.	3. Compliance with policies reviewed annually	
6. Trustwide access and waiting times standard group established.	5. CQC review rated outstanding.	
7. Waiting times dashboard.	6. Minutes of access and waiting times standard group.	4. Internal Audit 18/19 - please see audit plan.
	7. Monitoring of the waiting times dashboard.	

Ref: SA1.4

Review Comments: No change this quarter

Executive Lead: Executive Director of Nursing and Chief Operating Officer	Board Sub-Committee: Q&P	Reviewed: January 2019

SA1.4

Strategic Ambition: 1
Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an Organisation.	Risk on identification (May 2017):	4	4	16	**Moderate**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):	4	2	8	**Low**
	Risk Appetite:	Compliance & Regulatory			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1. Joint Programme Board	1. Minutes of meetings	1. Ongoing dialogue with Trust Board - Monthly
2. Due Diligence	2. Due Diligence Report	2. Identification of risks and mititgations by Nov-18
3. Exec Leadership	3. Identified Exec Leadership	3. Review of capacity to deliver by November
4. Specific Capacity Identified	4. Identified NTW Team	4. Review of capacity to deliver by Nov 2018
5. Clear Oversight by Trust Board	5. Board Development Sessions	5. NTW Trust Board to consider FBC in January 19
6. NTW Trust Board approval to go to FBC	6. Minutes from Board meeting	

Ref: SA1.10

Review Comments: Action complete - Trust Board approval to go to FBC (to be taken at Trust Board in January 2019)

Executive Lead: Executive Director of Commissioning and Quality Assurance	Board Sub Committee: RBAC	Last Updated/Reviewed: January 2019

SA1.10

Strategic Ambition: 3

Working with partners there will be "no health without mental health" and services will be "joined up"

		Impact	Likelihood	Score	Rating
Principal Risk:	**Risk Rating:**				
Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and Disability Services.	Risk on identification (May 2017):	5	**4**	20	**High**
	Residual Risk (with current controls in place):	4	**3**	12	**Moderate**
	Target Risk (after improved controls):	4	**2**	8	**Low**
	Risk Appetite:	**Quality Effectiveness**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1. Executive and Group leadership embedded in each CCG/LA area to ensure that MH and disabilities services are sustainable. 2. Leadership of the ICS MH workstream. 3. Member of the ICS Health Strategy Group 4. Member of North and Central ICP's 5. Involvement in DTDT programme for OP and and acute MH Services. 6. Member of Gateshead care partnership 7. Member of Exec Group for MCP in Sunderland. 8. Member of Northumberland Transformation Board 9. Member of the Newcastle Joint Exec Group	1. Successfully influenced service models and across a number of localities. 2. Established close relationships with senior clinicians, managerial leaders across acute trusts and some GP practices. 2/3/4/5/6. Updates/monitoring of ICS via Exec/CDT/Board. 2. Papers from MH ICS Workstream.	1. To be the Lead/Prime/Lead Provider for MH and Disabilities across NTW footprint 2. Finalise theimplementation plan for STP MH Workstreams 3. To deliver the NCM Strategy. 4. ICP leadership arrangements to be confirmed

SA3.2

Ref: SA3.2

Executive Lead: Chief Executive	Board Sub Committee: Board	Last Updated/Reviewed: September 2018

SA3.2

Strategic Ambition 4

The Trusts Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

Principal Risk:	Risk Rating:		Impact	Likelihood	Score	Rating
That we have significant loss of income through competition, choice and national policy,including the possibility of losing large services & localities.						
	Risk on identification May 2009):		4	4	16	**Moderate**
	Residual Risk (with current controls in place):		5	4	20	**High**
	Target Risk (after improved controls):		5	2	10	**Low**
	Risk Appetite:		Finance/VfM			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (actions to take to achieve target)
1. Agreed contracts in place and process for variations for managing change. 2. Locality Partnerships 3. New Models of Care for CAMHS Tier 4. 4. Business Case and Tender Process 5. Achievement of contractual standards.	1. NTW1617 27 Agreements - Substantial Assurances with no issues of note. 1. NTW 1718 22 Commissioning income Monitoring - Substantial Assurance 2/3 Quarterly partnership meetings minutes. 4. NTW1617 36 Responding to Tenders - Substantial Assurance 5. Monitored via Commissioning Report Monthly.	1. Internal project structure for future Forensic services and specialist childrens services 2. Central locality to develop proposals for future or forensic services. 3. Seek agreement of Recovery programme with Northumberland CCG. 4. Small areas of non compliance with Quality standards being monitored with action in place.

Ref: SA4.1

Review Comments: No Change to be reviewed quarterly next review due February 2019

Executive Lead: Executive Director of Commissioning and Quality Assurance	Board Sub-Committee: RBAC	Updated/Review Date: November 2018

SA4.1

Strategic Ambition: 4

The Trusts Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not manage our resources effectively through failing to deliver required service change and productivity gains included within the Trust FDP					
	Risk on Identification	5	3	15	Moderate
	Residual Risk (with current controls in place):	5	3	15	Moderate
	Target Risk (after improved controls):	5	2	10	Low
	Risk Appetite:	Financial/VfM			Within

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1. Integrated Governance Framework 2. Financial Strategy/FDP 3. Financial and Operational Policy and proceedure. 4. Quality Goals and Quality Account 5. Accountability Framework 6. Quarterly review of financial delivery. 7. Programme agreed for capacity to care and Trust innovation capacity expanded	1/2/6 Annual Governance statement/ quality account/annual accounts. 2. Operational Plan 18/19 agreed by NHSI. 3. Policy and PGN. 4. External Audit of Quality Account. 5. Accountability Framework Reports 2. NTW1819 41 Off Payroll Arrangement 6. Quartely review of Financial deliver at RBAC 3. NTW1718 26 - Payroll Expenditure 3. NTW 1718 39 Cashier	1. Reporting on capacity to care to be implemented through governance structures Apr 19 2. Full implementation of activity, capacity, resource and workforce plan to be delivered through operational plan 2019/2020 3. Internal Audit review of capacity to care programme to be agreed in internal audit plan by March 2019

Ref: SA4.2

Review Comments: No change to residual risk score. Action in relation to capacity to care initiatives has been completed.
Actions have been amended following review to update with current situation regarding delivery of activity, capacity, resource and workforce plan through

Executive Lead: Deputy Chief Executive/Executive Director of Nursing and Chief Operating Officer	Board Sub Committee: RBAC	Updated/Review Date: January 2019

SA4.2

Strategic Ambition: 5

The Trust will be a centre of excellence for Mental Health and Disability.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not meet compliance & Quality Standards					
	Risk on Identification	5	3	15	Moderate
	Residual Risk (with current controls in place):	5	3	15	Moderate
	Target Risk (after improved controls):	5	1	5	Very Low
	Risk Appetite:	Compliance/Regulatory:			Exceeded

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1. Integrated Governance Framework.	1.Independent review of governance	1. Well led action plans complete however Alnwood actions are ongoing. Review quartely
2.Trust Policies and Procedures.	1/3/4/5.Reports/Updates to Board sub Committees.	2. Internal Audit 18/19 - please see audit plan
3.Compliance with NICE Guidance.	2. Compliance with policies reviewed annually	3. Clinical Audit 18/19 - Please see audit Plan
4.CQC Compliance Group-review of compliance and Action Plans.	2/3/4.CQC MHA visits and completed actions	
5.Performance Review/Integrated Commissioning and Assurance reports.	3. NTW1718 13 NICE - Good Assurance	
6. Accountability Framework meetings	6. Accountability Framework document	
7. Regulatory framework of CQC and NHSI.	7. NTW1718 09 CQC Process Substantial Assurance	
8. Agreement of Quality Priorities	8. Monitoried via reports/updates	

Ref: SA5.1

Review Comments: No Change to be reviewed quarterly next review due February 2019

Executive Lead: Executive Director Commissioning & Quality Assurance	Board Sub Committee: Q&P	Updated/Review Date: November 2018

SA5.1

Strategic Ambition 5

The Trust will be a centre of excellence for Mental Health and Disability.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not meet statutory and legal requirements in relation to Mental Health Legislation					
	Risk on Identification	4	3	12	**Moderate**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):	4	2	8	**Low**
	Risk Appetite:	**Compliance/Regulatory:**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1.Integrated Governance Framework. 2.Trust Policies and Procedures relating to relevant Acts and practice. 3.Decision Making Framework. 4.Review of CQC MHA Reports and monitoring of Action plans. 5.Performance Review/Integrated Performance Report and Action Plans. 6. Mental Health Legislation Committee. 7. Process for 135/136 legislation with external stakeholders. 8. New process in place for monitoring themes arising from MHA Reviewer Visits through MHL Steering Group 9. CQC/MHL reviewer session delivered at learning and improvement group in Nov 18	1.Independent review of governance 2. Compliance with policy/training requirement 2. NTW1617 33 MHA Section 17 Good level of assurance 2. NTW 1718 42 MHA Statutory functions Good level of assurance 3. Decision making framework document 1/4/5.Reports to Board and sub Committees NTW1718 09 CQC Process Substantial Assurance. 6. Minutes of Mental Health Legislation Committee. 7. 135/136 action plan complete. 8. MHL Steering Group Agenda and Minutes 9. Presentation from Learning and Improvement group	1. IA 1415/NTW/30: MHA Patients Rights Complete management actions identified in limited assurance audit re-audit has taken place awaiting final report and outcomes - March 2019 2. Improvement review of MHA Training -77.80% 3. Internal Audit 18/19 - Please see audit plan 4. Clinical Audit 18/19 - Please see audit plan 5. To monitor effectiveness of process for monitoring and reporting on themes from MHA Reviewer Visits - June 2019

Ref: SA5.2

Review Comments: Actions complete in relation to establishing a process for monitoring themes from MHA Reviewer visits and presentation to learning and

Executive Lead: Executive Medical Director	Board Sub Committee: MHL Group	Updated/Review Date: January 2019

SA5.2

Strategic Ambition: 5

The Trust will be a centre of excellence for Mental Health and Disability.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.					
	Risk on Identification	5	**3**	15	**Moderate**
	Residual Risk (with current controls in place):	5	**2**	10	**Low**
	Target Risk (after improved controls):	4	**2**	8	**Low**
	Risk Appetite:	**Quality Safety:**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls /Further actions to achieve target risk 2016/17)
1.Integrated Governance Framework. 2.Trust Policies and Procedures. 3.Reporting and monitoring of complaints, litigation,incidents etc. 4.National Reports on Quality and Safety. 5.Health and Safety Inspections. 6.Trust Programme of Service and PLACE visits. 7.CQC Compliance Group. 8.Quality Goals and Accounts.	1. Annual review of Governance Framework. 2. Policy Monitoring Framework including Auditable standards, KPI and Annual review. 3.Safety Report to Board Sub Committee and Board. 3/4/7/9.Performance reports to Q and P 5/6/7.Health and Safety,PLACE,service visit and CQC Action Plans. 2. NTW1617 32 Risk Management - Substantial Assurance with remedial actions to take 8.External Audit of Quality Account 4. NTW1718 05 Continuity Planning	1. IA NTW/1018/44: Medical Devices Complete management actions identified in reasonable assurance audit 2. Outcome and completion of Deciding Together. April 2018 3. Internal Audits 2018/2019 - Please see audit plan. 4. Clinical Audit 18/19 - please see audit plan 5. Delivery of Older Persons Interim Plan.

Ref: SA5.5

Review Comments: No change this quarter

Executive Lead: Executive Director of Nursing and Chief Operating Officer	Board Sub Committee: Q&P	Updated/Review Date: January 2019

Strategic Ambition: 5

The Trust will be a centre of excellence for Mental Health and Disability.

Principal Risk:	**Risk Rating:**		Impact	Likelihood	Score	Rating
Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services.	Risk on identification (April 2018):		4	4	16	Moderate
	Residual Risk (with current controls in place):		4	3	12	Moderate
	Target Risk (after improved controls):		4	2	8	Low
	Risk Appetite:		**Quality Effectiveness**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (Actions to achieve target risk)
1. Workforce Strategy 2. RPIW Medical Recruitment 3. NTW International recruitment competency process. 4. OPEL Framework 5. MDT Collegiate Leadership Team in place 6. All seven fellowship international recruits arrived into the Trust in December	1. Delivery of worforce strategy 2. RPIW Medical Recruitment outcomes papers 3. NTW Recruitment competency documents. 4. OPEL Framework Documents. 5. MDT leadership advice and support available	1. Complete international recruitment campaign. Quartely updates. 2. Implementation of Medical Induction Programme 2018 - quarterly updates. 3. Streamlining of recruitment process.

Ref: SA5.9

Comments: Additional control added - international recruits arrived in December 2018

Executive Lead: Executive Director of Nursing and Chief Operating Officer	Board Sub Committee: Q&P	Last Updated/Reviewed: January 2019

SA5.9

SA5.9

Internal Audit Plan						
Review Area	**2018/19**					
	Q1	**Q2**	**Q3**	**Q4**	**BAF/CRR Ref**	**Final Issue Date**
Head of Audit Opinion				●		
Assurance Framework				●		
Leadership, Management and Governance (WELL-LED)		●				
Complaints and claims		●				
Research and Development			●			
Third Party Assurance				●		
Risk Management				●		
IM&T Governance, Controls & Strategy (incl.GDE)			●		SA1.7	
GDPR	●				SA1.7	
Network Continous Testing - Server Operational Management		●		●	SA1.7	
Penetration Test			●		SA1.7	
Desktop management: Windows 10 deployment		●			SA1.7	
TAeR System - IT General Controls			●		SA1.7	
IAPTUS System - IT General Controls			●		SA1.7	
UK CRIS Research System	●				SA1.7	
TRAC System - NTW Solutions system		●			SA1.7	
IT Security Incident Management			●		SA1.7	
Information Governance Toolkit				●	SA1.7	
Premises Assurance Model		●			SA5.5	
NHS Improvement Single Oversight Framework - Finance/UoR				●	SA5.5	
Security Management	●				SA5.5	
Patient Experience		●			SA5.1	
Performance Management and Reporting		●				
Quality Account				●	SA1.4	
Waste Management	●					
Fire Safety	●					
Organisational Culture			●			

Review Area	2018/19					
	Q1	Q2	Q3	Q4	BAF/CRR Ref	Final Issue Date
Joint Working Arrangements				●		
Capital Procurement			●			
Salary Overpayments		●			SA4.2	
Procurement (Rolling Programme)		●			SA4.2	
Key Financial Systems			●		SA4.2	
Cashiering Services	●				SA4.2	
Patient Monies and belongings	●				SA4.2	
Non-Pay PAYE		●			SA4.2	
Losses and Special Payments		●			SA4.2	
Charitable Funds	●				SA4.2	
Recruitment and Selection (inc DBS)				●	SA1.4	
Time and Attendance			●			
Medical Revalidation	●					
Medical Job Planning	●					
Professional Registration				●		
Occupational Health Service		●				
Staff Appraisal				●		
Skills and Training			●			
Monitoring of Absence				●		
Local Level Clinical Audit Process				●		
Mortality Reporting			●		SA5.1	
Incident Mangement (excl. Serious Incidents)		●				
Mental Health Act Rolling Programme (patient rights/CTO)	●			●	SA5.2	
Medical Devices			●		SA5.5	
Medicine Management	●					
Medicine Management EPMA				●		
Health and Safety			●			
Domestic Homecide	●					

Clinical Audit Plan						
Review Area	**2018/19**					
	Q1	**Q2**	**Q3**	**Q4**	**BAF/CRR Ref**	**Final Issue Date**
Clinical Supervision			●		SA5.5	
Nutrition			●			
Seclusion		●			SA5.1	
Care Coordination (North)		●			SA5.1	
Care Coordination (Central)			●		SA5.1	
Care Coordination (South)				●	SA5.1	
Clustering			●		SA5.1	
POMH - UK National Audit: Assessement of the side effects of Depot Antipsychotics and Physical Health Monitoring				●	SA5.1	
Medication Summaries and Discharge Letters	●				SA5.1	
Domestic Homicide Investigation action plan		●				
Mental Health Act Patient Rights	●				SA5.2	
Mental Health Act CTO			●		SA5.2	

Clinical Locality Care Groups and Executive Corporate Trust Risk Registers.

The below charts show a summary of the number of risks by risk appetite category held by each Locality Care Group (Group Locality Risk Register) and Executive Corporate risk registers. Safeguard Web Risk Management and Risk appetite has been fully implemented throughout the group risk registers/executive corporate risk registers and risk continue to be monitored at the CDT Risk Management Sub Group monthly.

1 Clinical Groups

1.1 Central Locality Care Group
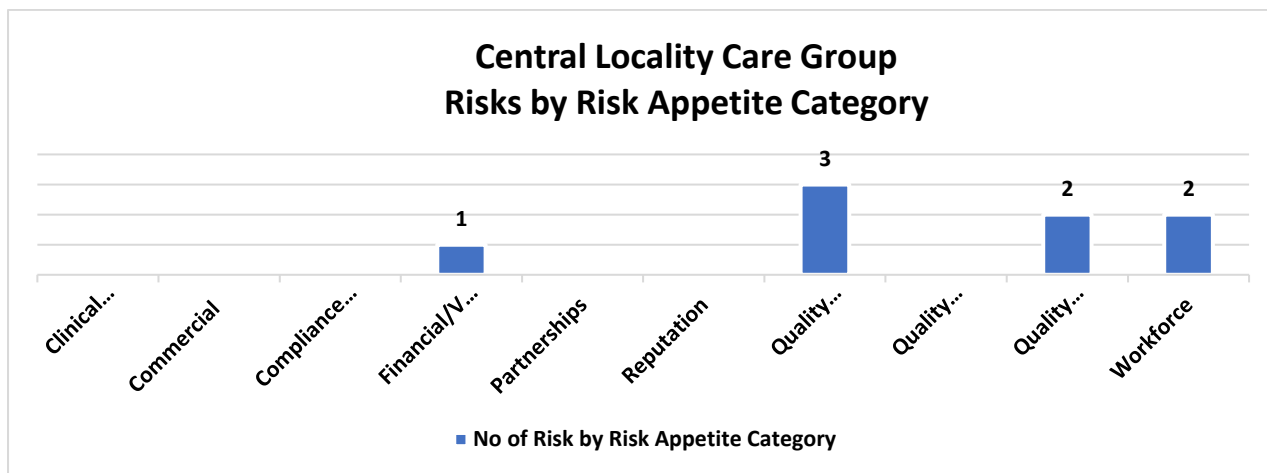
Central Locality Care Group as at January 2019 hold 8 risks, 1 risk lower than the risk appetite, 3 risks within the risk appetite and 4 risks which have exceeded the risk appetite. All risks are being managed within the Community Care Group and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1038.v10	Medication pages on RiO are not being kept up to date as per NTW Policy.	Quality Safety (1-5)	16	4	4	Tim Docking
1175.v5	Access and waiting times within community services, increasing level of referrals are being made. Assessments are being completed but through flow of patients is not keeping pace with the number of referrals and so there is an increasing waiting list for treatment.	Quality Effectiveness (6-10)	12	4	3	Tim Docking

1

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1513.v8	Access and waiting times within ADHD/ASD service. Weekly reports indicate that there has been no significant improvement in flow and the waiting lists are not reducing. Discussion regarding capacity and demand with commissioners however no further investment has been made to date.	Quality Effectiveness (6-10)	15	5	3	Tim Docking
1545.v6	Potential ligature risk identified within central locality care group wards during CERA process 2017-2018.	Quality Safety (1-5)	20	5	4	Tim Docking

1.1.1 Central Locality Corporate Business Units

The four CBU's within the central locality currently hold a total of 9 risks.

1.1.2 Community Central CBU

Community Central CBU has 4 risks – 1 within risk appetite and 3 which have exceeded risk appetite

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1284.v14	Following an internal audit there is a risk around the monitoring arrangements for lone working which could result in reduced compliance and staff safety issues	Quality Safety (1-5)	15	3	5	Anna Williams
1457.v14	Increased demand has seen an increase in waiting times, leading to significant delay in assessment and treatment across the CBU. An increase in demand for secondary care mental health has seen an increase in waiting times and assessment in treatment across the Central Community CBU. The impact is we are not as responsive to our client group as we would like to be.	Quality Effectiveness (6-10)	12	3	4	Anna Williams

2

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1673.v5	There is a safety and security risk due to the current environment at Centre for Ageing and Vitality	Quality Safety (1-5)	12	3	4	Anna Williams

1.1.3 Inpatient Central CBU

Inpatient Central CBU has 2 risks, both of these risks are currently within the risk appetite.

1.1.4 Secure Care Services CBU

Secure Care Services CBU has 1 risk which is within the risk appetite.

1.1.5 Access Central CBU

Access Central CBU currently holds 2 risks, 1 risk is within risk appetite the other is exceeding risk appetite

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1640.v2	Vacant post for consultant psychiatrist for older people in Newcastle psychiatric liaison team. Risk impact is a reduced ability to respond to complex referrals from Acute Trust in a timely manner	Quality Safety (1-5)	6	3	2	Fiona Kilburn

3

1.2   North Locality Care Group

North Locality Care Group
Risks by Risk Appetite Category
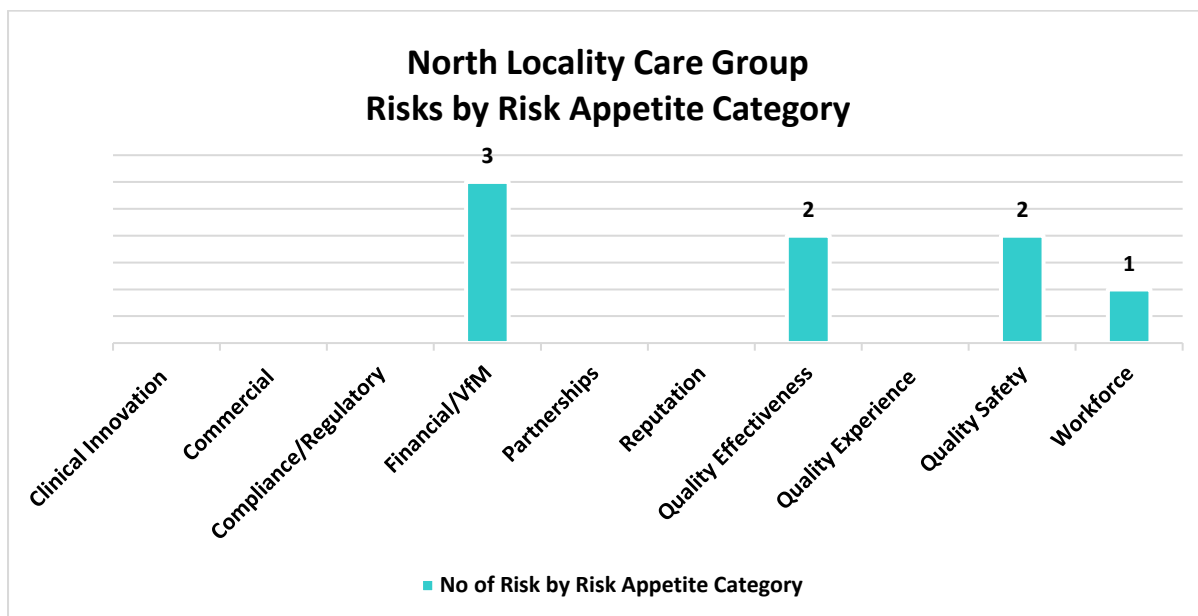
North Locality Care Group as at January 2019 hold 8 risks, 1 risk lower than the risk appetite, 3 risks within the risk appetite and 4 risks which have exceeded the risk appetite. All risks are being managed within the North Locality Care Group and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1176.v21	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Adult Inpatient, North Locality.	Quality Effectiveness (6-10)	16	4	4	Kedar Kale
1293.v10	Access and waiting times- a review of the waiting lists within the North Locality has highlighted that there remains a significant issue from operational, clinical risk and reputational perspective with regard to the two primary issues; 1. Number of people waiting (head count) 2. Duration of wait.	Quality Effectiveness (6-10)	12	4	3	Russell Patton

4

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1287.v9	Medication pages on RiO are not being kept up to date as per NTW Policy.	Quality Safety (1-5)	16	4	4	Kedar Kale
1291.v9	Internal doors have been identified as a potential ligature risk following incidents within the Trust.	Quality Safety (1-5)	15	5	3	Russell Patton

1.2.1 North Locality Corporate Business Units

The four CBU's within the North locality currently hold a total of 27 risks.

1.2.2 Community North CBU

Community North CBU is currently holding 8 risks – 3 risks are lower than risk appetite and 5 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1320.v6	18 week waiting times breaches resulting in non-compliance against Trust performance standard	Compliance/ regulatory (6-10)	16	4	4	Jose Robe
1334.v4	Lone working devices signal coverage is poor in some rural and urban areas. Compliance with LWD policy is not always 100%	Quality Safety (1-5)	8	2	4	Jose Robe
1336.v4	The WAA and LD services have experienced significant pressures as a result of difficulties in recruiting substantive Consultant Psychiatrists over the last 12 months. The WAA teams have 1 of 4 substantive medics and no substantive medic in Berwick. In LD we have no substantive consultants. The gaps have been covered where possible with locum capacity but this adds to the financial pressure and impacts on waiting times,	Quality Effectiveness (6-10)	12	4	3	Jose Robe

5

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
	psychiatric outpatient diagnosis and reviews resulting in increased complaints from service users and GP referrers.					
1347.v2	Increased burden of physical health investigations for those service users who are prescribed antipsychotic medication alongside general physical health awareness monitoring across all conditions. This is required despite the lack of additional resources to deliver this. In addition some team areas have lack of skilled practitioners to deliver the wide range of health interventions or have access to fit for purpose treatment rooms. This has a wider impact on clinical capacity in the west and north of the county. This is also an issue in North Tyneside.	Quality Effectiveness (6-10)	12	3	4	Jose Robe
1369.v5	Whitley bay, North Shields, Long Benton CMHTs merged into North Tyneside east CMHT in October 2012. However the service continues to operate across 2 sites. Until finalisation of estates plan contingency is required to prevent risk to service continuity and equity across both sites.	Quality Effectiveness (6-10)	15	5	3	Jose Robe

1.2.3 Inpatient North CBU

Inpatient North CBU is currently holding 8 risks – 1 risk is lower than risk appetite, 2 are within risk appetite and 5 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1192.v26	Risk of harm to patients due to variation of anti-ligature FFE within wards	Quality Safety (1-5)	8	4	2	David Hately

6

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1392.v13	Patients smoking on wards and on site	Quality Safety (1-5)	12	4	3	David Hately
1409.v10	Ingram refurbishment to category B standard and back log maintenance including remedial anti ligature work identified on CERA which affects Ingram	Quality Safety (1-5)	12	4	3	David Hately
1598.v1	There is a balance of risk required for patient Rio 407761 due to dysphagia risk and chronic bursa to both knees and feet. The choking risk requires management of his dietary intake and the foods that are offered are restricted this may result in poor nutritional intake and breakdown in relationships with staff which are essential in management of his bursas and could compromise his physical health. There is a high risk of infection and risk to life and limb without robust management plans	Quality Safety (1-5)	15	5	3	David Hately
1642.v7	At times, there is a delay in response, or the alarm system across the St George's Park site does not show exact location where alarm was activated, leading to potential delay in response team attending.	Quality Safety (1-5)	15	5	3	David Hately

1.2.4 Specialist Children and Young People's CBU

Specialist Children and Young Peoples CBU is currently holding 6 risks – 2 are within risk appetite and 4 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1612.v7	The clinical environment of Alnwood (CAMHS MSU) has been identified as being inappropriate to provide safe, effective, responsive, caring and well led services to the young people who are patients there.	Quality Safety (1-5)	12	4	3	John Padgett

7

| Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
	In 2016 the CQC assessment of NTW identified that in the long term CAMHS MSU Services needed to be reprovided in a more appropriate clinical environment. The limitations of the building at Alnwood have been identified by staff and young people as leading to boredom, frustration and increased levels of stress and aggression by young people towards others and themselves.					
1613.v6	Young people with autism (with or without an LD) who require bespoke environments when admitted to Hospital. Providing these bespoke environments has an impact on the environmental and staffing resources of teams that can negatively impact on the patient experience and the ability of the ward to facilitate future admissions. Environmental issues may also lead to increased levels of violence and aggression, and deliberate self harm.	Quality Safety (1-5)	12	4	3	John Padget
1644.v6	Ferndene has limited specialist staffing to support to care for young people who have eating difficulties or a formal eating disorder, being admitted into our care as an interim step to a specialist eating disorder unit. This includes young people who require nasogastric (NG) feeding and percutaneous endoscopic gastrostomy (PEG) feeding.	Quality Safety (1-5)	12	4	3	John Padget
1704.v1	Clinical services within CAMHS at Cumbria are increasingly being reported as being under-resourced due to ongoing staff recruitment issues. These have been noted on an individual case basis, particularly in regards to planning robust discharge	Quality Safety (1-5)	6	3	2	John Padget

8

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
	arrangements for children and young people from Cumbria. There is a risk that due to these service issues, young people from Cumbria are / have:- 1) admitted inappropriately 2) inappropriate discharge arrangements / delayed discharge					

1.2.5 Access North CBU

Access North CBU is currently holding 5 risks – 1 is within risk appetite and 4 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1329.v5	Environmental issues identified for S136 suites SNH via CQC inspection and royal college of psychiatry audit that are not able to be met within the current footprint and would require significant investment to meet required standards.	Quality Effectiveness (6-10)	12	4	3	Rebecca Campbell
1600.v2	All staff are currently carrying high caseloads some with extremely complex caseloads. Due to sickness and staff vacancies more patients need reallocating with limited resource.	Quality Safety (1-5)	12	4	3	Rebecca Campbell
1700.v1	Limited prescribing capacity in NTRP	Quality Effectiveness (6-10)	12	4	3	Sarah Knowles
1701.v1	Environments in both Greenacres and Sextant House are not fit for purpose and pose a number of safety for both Service Users and staff. No high risk rooms or anti barricade doors. Inadequate staff attack system and CCTV. Greenacres require controlled access point to Interview rooms. Windows require strengthening.	Quality Safety (1-5)	16	4	4	Rebecca Campbell

1.3 South Locality Care Group

South Locality Care Group
Risks by Risk Appetite Category
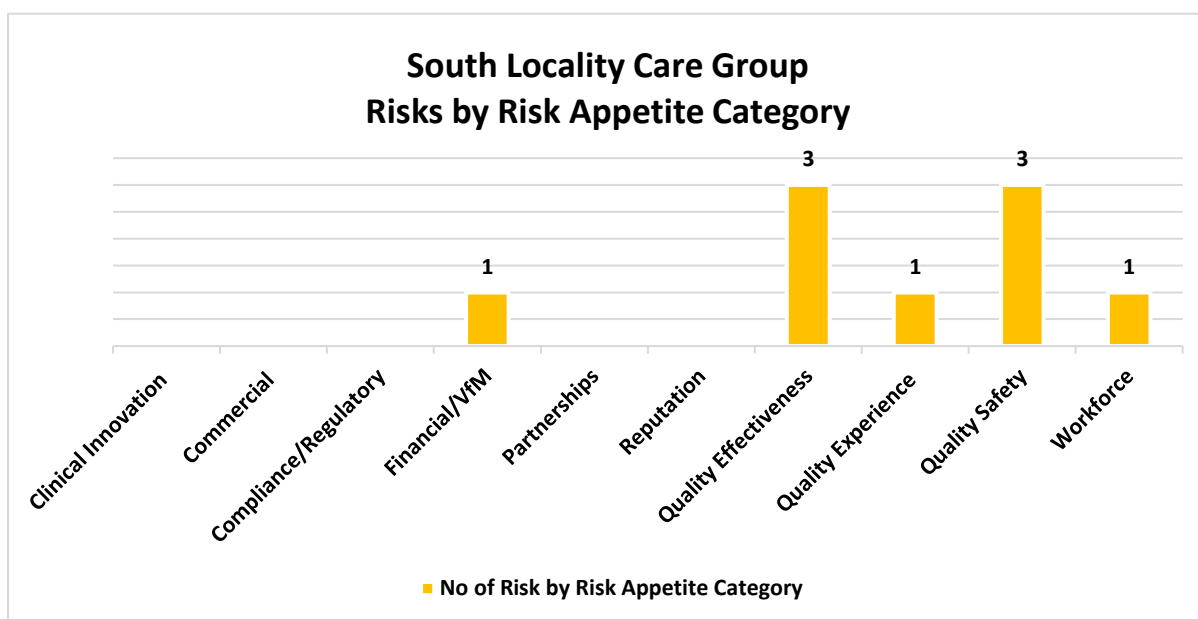
South Locality Care Group as at January 2019 hold 9 risks, 2 risks lower than the risk appetite, 2 risks within the risk appetite and 5 risks which have exceeded the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
857.v13	Internal doors have been identified as a potential ligature risk following incidents across the Group	Quality Safety (1-5)	10	5	2	Sarah Rushbrooke
1160.v4	There are pressures on staffing due to vacancies particularly in CYPS, MH, RGN's WGP which may impact on the quality of service, patient safety and experience.	Quality Effectiveness (6-10)	12	4	3	Sarah Rushbrooke
1288.v11	Medication pages on RiO are not being kept up to date as per NTW Policy. Information transferred to the MHDS may not be accurate	Quality Safety (1-5)	16	4	4	Sarah Rushbrooke
1497.v10	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the South Locality Group	Quality Experience (6-10)	20	4	5	Sarah Rushbrooke
1670.v1	Year on Year increasing demand has led to significant numbers of children and young people waiting for treatment.	Quality Effectiveness (6-10)	12	4	3	Sarah Rushbrooke

10

1.3.1 South Locality Corporate Business Units

The four CBU's within the North locality currently hold a total of 24 risks.

1.3.2 Community South CBU

Community South CBU is currently holding 1 risk this risk is exceeding risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1618.v4	Dysphagia and SALT resource. Reduction in Community practitioners currently due to vacancies. Requests to help out inpatient Dysphagia referrals which is creating risk within South Community.	Quality Effectiveness (6-10)	16	4	4	Janet Thomson

1.3.3 Inpatient South CBU

Inpatient South CBU is currently holding 6 risks, 2 risks are within the risk appetite and 4 risks are exceeding the risk appetite. Information in relation to these risks is given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1380.v7	Lack of staff trained to use epi pens which are within grab bags. All qualified nursing staff are required to complete training every 3 years. This training is not on the dashboard.	Quality Safety (1-5)	8	4	2	Lisa Long
1388.v8	Trust sites smoke free; risks with service users secreting cigarettes and lighters, smoking in bedrooms and on site. Increase of fire risks on some wards. Related incidents of aggression when service users are asked not to smoke Service users leaving the ward more regularly to have cigarettes; at times staff encountering difficulty adhering to access, egress and engagement policy - potential risk to service users	Quality Safety (1-5)	9	3	3	Lisa Long

11

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1601.v1	Capacity issues in SALT mean that communication assessments are no longer able to be picked up by the team. Dysphagia referrals and assessment are prioritised but the response times to referrals can fall below standard Dysphagia training is mandatory for all clinical staff and there is also a capacity issue associated with this. Unable to recruit in to the 0.5 post at Rose Lodge.	Quality Safety (1-5)	12	4	3	Lisa Long
1690.v2	Isolation of Rose Lodge which contributes to concerns in relation to culture and safety on the ward. Impacts on the ability to recruit in to MDT posts such as SALT and Consultant Psychiatrist.	Quality Safety (1-5)	12	4	3	Lisa Long

1.3.4 Neurological and Specialist Services CBU

Neurological and Specialist Services CBU is currently holding 15 risks, 2 risks are lower than risk appetite, 8 risks are within the risk appetite and 5 risks are exceeding the risk appetite. Information in relation to these risks is given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1084.v15	The Personality Disorder Hub team are based at Benfield House at Walkergate Park and have been allocated desk space for up to 8 people. At present the room is being used by up to 23 members of the team. Stress risk assessment carried out by the team demonstrate that the accommodation is not a conducive environment (cramped space and lack of privacy) which could result in high levels of staff sickness.	Quality Safety (1-5)	6	2	3	Sarah Rushbrooke
1262.v14	Potential shortfall of junior doctors for neurorehabilitation due to lack of success in recruitment leading to reduction in activity.	Quality Effectiveness (6-10)	12	3	4	Elaine Fletcher

12

| Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1549.v9	Drive mobility – CCG have agreed to fund service for 1 year with reduced funding which will impact on service delivery	Quality Safety (1-5)	12	3	4	Elaine Fletcher
1641.v5	Community acquired brain injury service – CCG have given the Trust notice of reduced funding for 2018/2019 resulting in a revision of the service	Quality Safety (1-5)	12	3	4	Elaine Fletcher
1676.v4	Proposal for reconfiguration of Speech and Language Services to be centrally managed potentially resulting in loss of income for the Patient and Community Services, inability to meet NHS England contract specifications, reduction in safety and quality of service to our CBU patients.	Quality Effectiveness (6-10)	20	5	4	Elaine Fletcher

1.3.5 Access South CBU

Access South CBU is currently holding 2 risks, 1 risk is lower than risk appetite, and 1 risk is exceeding the risk appetite. Information in relation to these risks is given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1345.v5	The clinical management of drug dependency demands complex prescribing regimes, non-standard prescription forms and adherence to strict regulations. The service manages this using Script Base Software. Upgrades and support are provided externally by the Script Base supplier rather than NTW IT department. The timeliness of support from this supplier is variable putting the service at risk should the Script Base system fail.	Quality Effectiveness (6-10)	12	3	4	Denise Pickersgill

13

1. Executive Corporate.

Chief Executive
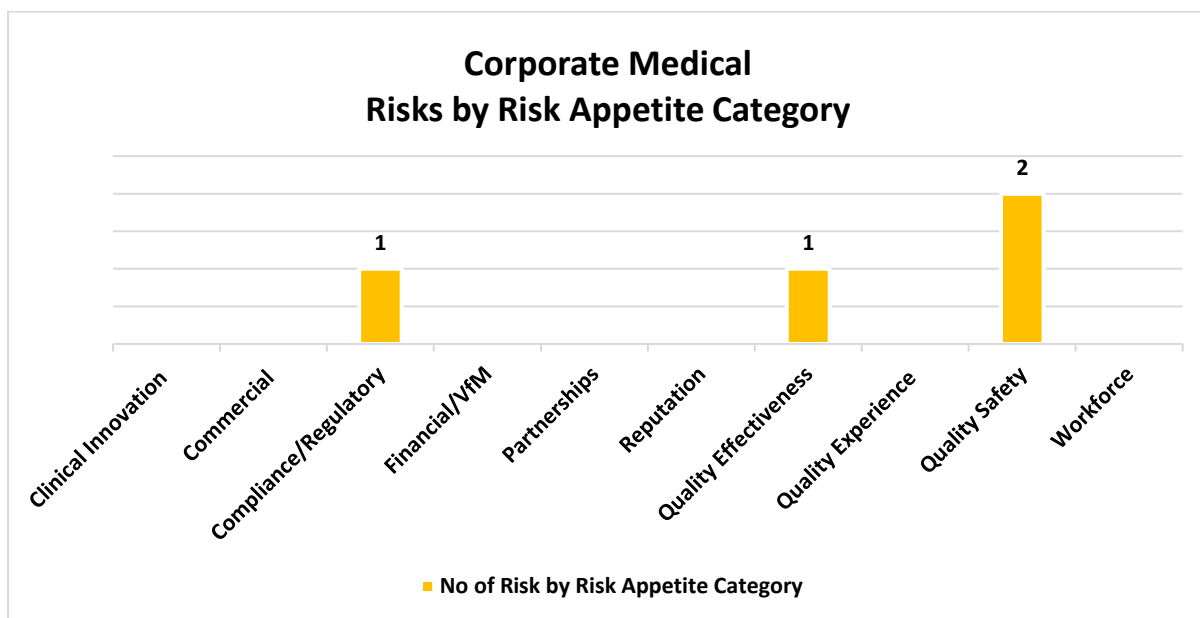### Risks by Risk Appetite Category
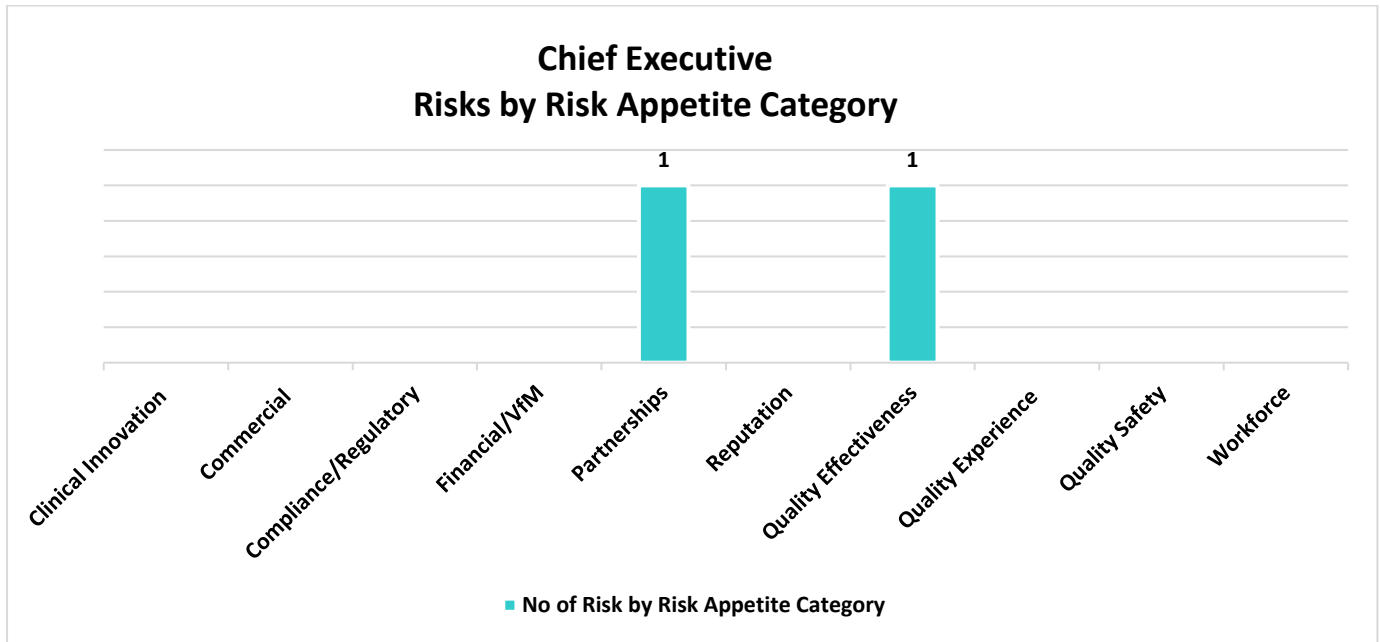
The Chief Executive as at January 2019 hold 2 risks, both risks are within the risk appetite. No risks have exceeded a risk appetite. All risks are being managed within the Chief Executive's Office and no requests to escalate to BAF/CRR have been received.

Deputy Chief Executive
Risks by Risk Appetite Category
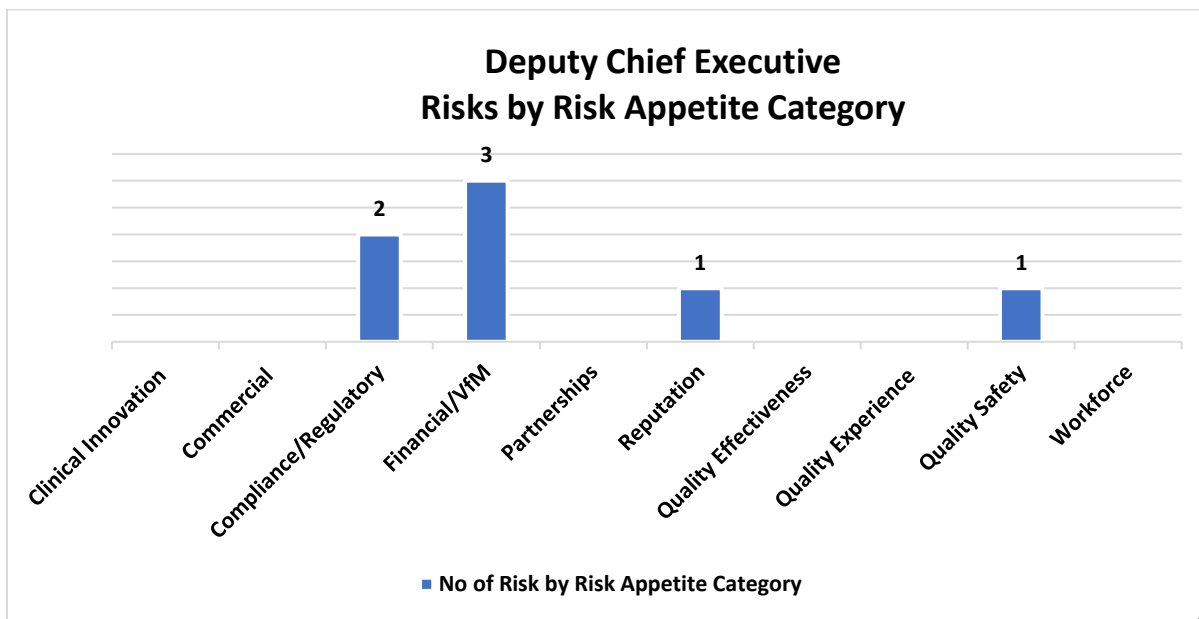
The Deputy Chief Executive as at January 2019 holds 7 risks, 2 risk lower than the risk appetite, and 3 risks within the risk appetite and 3 risks which have exceeded a risk appetite. All risks are being managed within the Deputy Chief Executive Directorate and no requests to escalate to BAF/CRR have been received.

14

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1440.v1	That the Trust fails to deliver the Financial Delivery Plan saving scheme.	Finance/VfM (12-16)	20	5	4	Chris Cressey
1506.v3	That there is lack of investment in backlog maintenance of buildings, leading to health and safety risks and risks of non-compliance with regulatory requirements and not meeting essential accommodation standards.	Quality Safety (1-5)	9	3	3	James Duncan
1674.v1	Implementation of the Oracle Cloud Finance System	Compliance/ Regulatory	12	4	3	David Rycroft

**Corporate Medical
Risks by Risk Appetite Category**

No of Risk by Risk Appetite Category

The Executive Medical Director as at January 2019 holds 4 risks, 1 risk within the risk appetite and 3 risks which have exceeded a risk appetite. All risks are being managed within the Medical Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
500.v16	Reliant on paper systems increasing risk of prescribing and admin errors.	Quality Safety (1-5)	9	3	3	Claire Thomas
1205.v4	Occasional delays seen by CQC in the allocation of SOADs impacting on patient treatment pathways.	Quality Safety (1-5)	9	3	3	Rajesh Nadkarni

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Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1651.v5	The Falsified Medicines Directive is due to come into effect in Feb 19. There is a risk the Trust will not be able to meet these requirements. Meeting the directive will require additional funding for hardware and software as well as support from IT implementation.	Compliance/ Regulatory (6-10)	15	5	3	Tim Donaldson

Commissioning and Quality Assurance Risks by Risk Appetite Category

Clinical Innovation, Commercial, Compliance/Regulatory (10), Financial/VfM (2), Partnerships, Reputation, Quality Effectiveness (4), Quality Experience, Quality Safety (2), Workforce
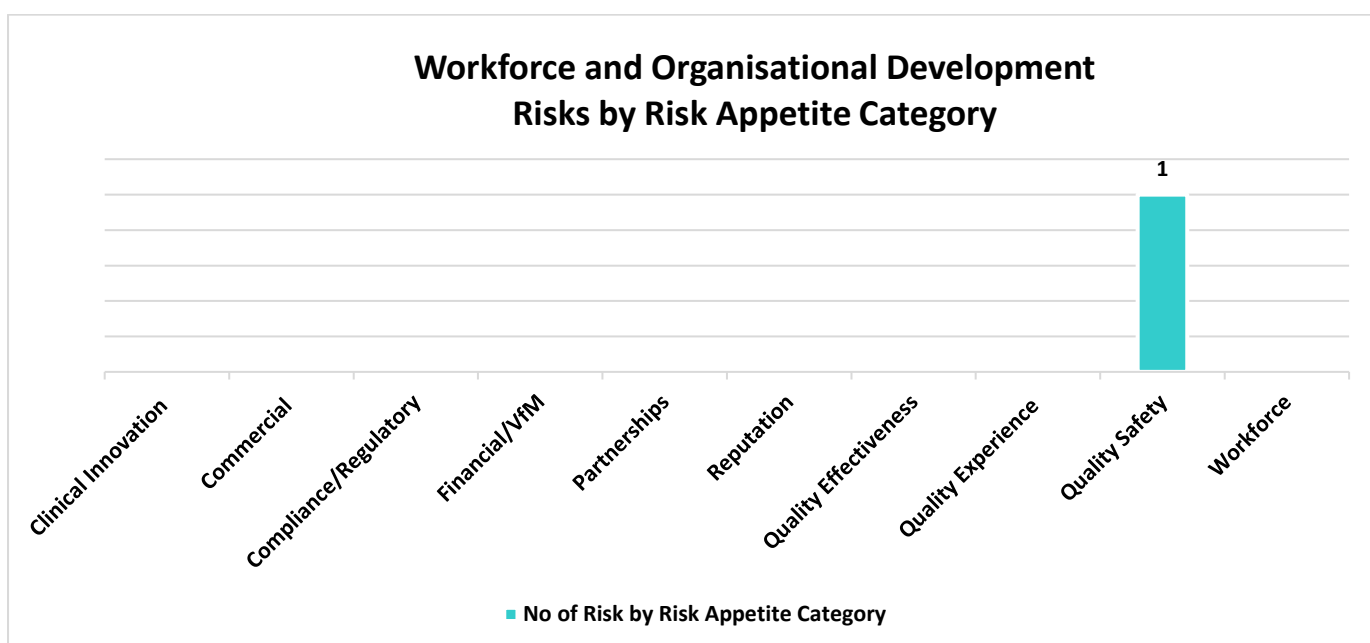
■ No of Risk by Risk Appetite Category
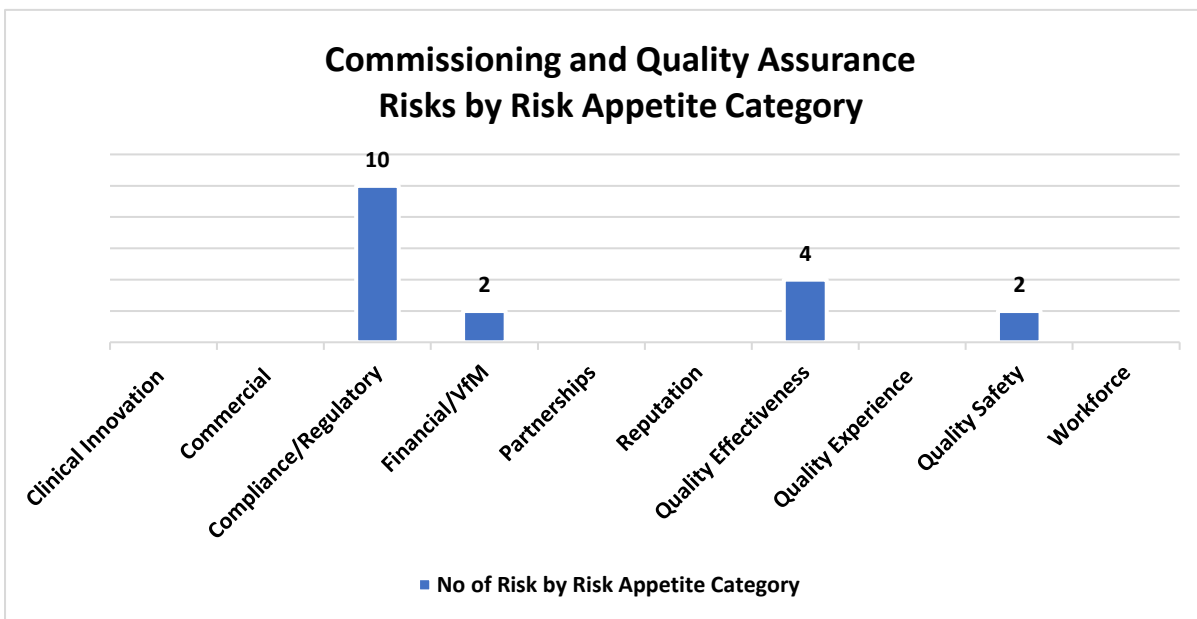
The Executive Director of Commissioning and Quality Assurance as at January 2019 holds 17 risks, 9 risks within the risk appetite and 8 risks which have exceeded a risk appetite. All risks are being managed within Commissioning and Quality Assurance Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1172.v10	Increased risk of security threats coupled with increasing type and range of device access to the network linked to technology developments increasing attack vectors and increased sophistication of exploits.	Quality safety (1-5)	12	4	3	Jon Gair
1576.v5	Data leakage risk of Trust Users transferring sensitive information via insecure methods or to untrusted destinations	Compliance/ Regulatory (6-10)	15	5	3	Jon Gair

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Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1636.v6	That we do not further develop integrated information systems across partner organisations.	Quality Safety (1-5)	8	4	2	Lisa Quinn
1653.v6	GDPR – Data Mapping Non-compliance with GDPR in not having a record or business areas when processing personal data. A number of business areas have not yet completed data mapping.	Compliance/ regulatory (6-10)	12	4	3	Angela Faill
1655.v5	GDPR - Subject Access Requests: There is a risk of non-compliance with the reduced time frame The volume of requests for access to information (staff and service users) is likely to rise by 25-40% % and there are current pressures on this process	Compliance/ Regulatory (6-10)	12	4	3	Angela Faill
1657.v5	GDPR - Contracts: In the absence of a centralised system it has not been possible to identify / locate all contractual arrangements in place throughout the Trust.	Compliance/ Regulatory (6-10)	12	4	3	Angela Faill
1664.v5	SLAM system fails to work. The system needs updating to the latest version and currently this is not possible as the server does not have capacity to allow the latest update. As a consequence of not being on the latest version of SLAM, the manufacturer will not support the current system. SLAM is a stand alone system which is used to monitor contract activity and income from commissioners	Compliance/ Regulatory	12	4	3	Lesley Willoughby
1671.v5	The Veterans TILs contract was awarded to NTW with subcontractors TEWV,	Quality Effectiveness (6-10)	12	4	3	Gill Keane

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Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
	Humber NHSFT and Pennine Care NHSFT on 1st April 2017. Activity is far higher than first anticipated and staffing levels cannot cope. A business case is being put to NHSE to increase staffing across all parties in order to meet demand, however there is a risk that the business case is not approved by NHSE and we will be left with no resource to cover the service					

Workforce and Organisational Development Risks by Risk Appetite Category

Categories: Clinical Innovation, Commercial, Compliance/Regulatory, Financial/VfM, Partnerships, Reputation, Quality Effectiveness, Quality Experience, Quality Safety (1), Workforce

■ No of Risk by Risk Appetite Category

The Executive Director of Workforce and Organisational Development as at January 2019 holds 1 risk which is exceeding a risk appetite. No risks to escalate to the BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1626.v3	Due to weakness in the current self-declaration process there are high numbers of outstanding DBS and self-declarations which could result in failure to comply with internal standards.	Quality Safety (1-5)	12	3	4	Lynne Shaw

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Nursing & Chief Operating Officer
Risks by Risk Appetite Category

■ No of Risk by Risk Appetite Category
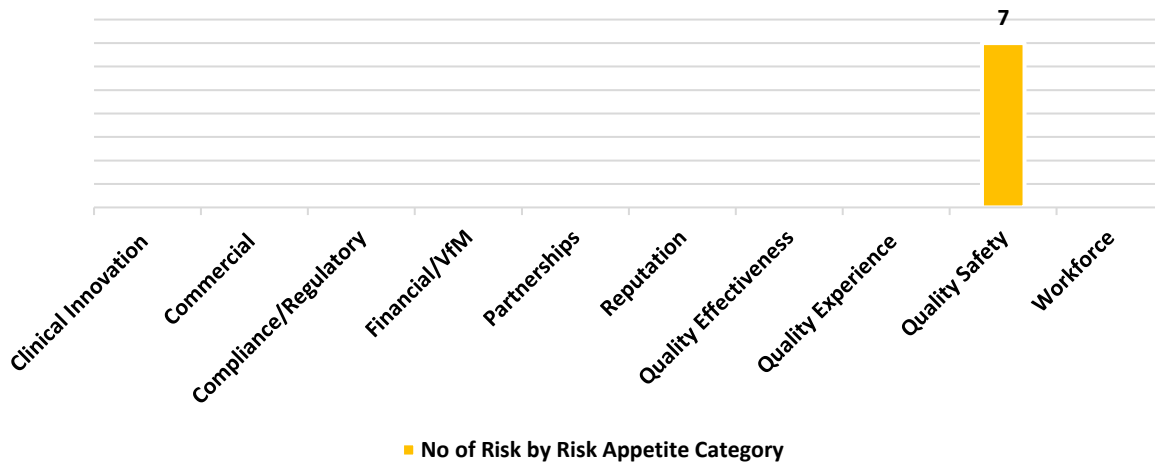
The Nursing & Chief Operating Officer as at January 2019 holds 7 risks, 2 risks within the risk appetite and 5 risks which have exceeded a risk appetite. All risks are being managed within Nursing & Chief Operating Officer Directorate and there has been no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1220.v11	Women of childbearing age are prescribed valproate without appropriate awareness of the risks involved. Risk identified in POMH-UK 15a Bipolar Disorder audit results, baseline assessment of NICE CG192 and MHRA Patient Safety Alert NHS/PSA/RE/2017/002	Quality Safety (6-10)	15	5	3	Gary O'Hare
576.v9	The provision of safe and effective care within inpatient wards on non NTW sites is compromised due to the location of the facilities resulting in little direct control over environmental issues	Quality Safety (1-5)	16	4	4	Gary O'Hare
628.v8	Risk of fire resulting from service users smoking in contravention of the Trust wide	Quality Safety (1-5)	10	5	2	Gary O'Hare

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Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
	Smoke Free Policy resulting in damage to building and/or loss or life.					
1611.v7	Due to increasing demand there is a need for increased numbers of dysphagia Qualified SALTs which could impact on patient safety and our ability to provide specialist care.	Quality Safety (1-5)	15	5	3	Gary O'Hare
1675.v2	Due to a global shortage of Hepatitis B Vaccine in late 2017, there continues to be restrictions on the current supplies of the Hepatitis B Vaccine which is having a direct effect on the Trust's ability to vaccinate Healthcare staff and students resulting in staff being at risk of being exposed to the Hepatitis infection.	Quality Safety (1-5)	12	4	3	Anne Moore

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date:	23rd January 2019

Title and Author of Paper:	Quarterly Visit Feedback Themes October 2018 to December 2018 Johanne Wiseman, PA to Executive Director of Nursing and Chief Operating Officer, and Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

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

Paper for Debate, Decision or Information:	Information

Key Points to Note:

To provide an update to the Board of Directors on visit reports that have been received from Senior Managers for the period October to December 2018, including any outstanding visits not included in the previous update. A list of all areas visited is available at appendix 1 and copies of individual reports are available by contacting Johanne Wiseman, PA to Gary O'Hare.

Key themes and issues arising from the visits include:

- Ward 1 a&b have merged to become Ward 1. This has been a challenging and difficult time for staff, adjusting to a new way of working and establishing a new ward. Opening 'the doors' was just the start of the changes. A real positive sense of wanting to improve things over the next few months, with an emphasis of getting to know each other and working in new ways.

- Significant expansion of services over the past few years which now include fourteen nurses based in Sunderland, Newcastle and Middle Engine Lane police stations. Similar involvement with magistrates courts North and South of Tyne. An enthusiastic and committed team which has developed links in assessing the more difficult to access groups. Very good links with third sector organisations. Established culture of learning and development including fortnightly learning events, and recent positive involvements include the introduction of peer volunteers.

- The team are seeking sessional medical time after the retirement of the long acting consultant psychiatrist in the team, however the team does have a full time nurse therapist. There is a low representation of deaf persons in the NTW workforce, however the team have a deaf support worker who has provided excellent examples on how to deal with complex cases.

- Points of You is a challenge for deaf service users and the team are exploring whether video could be used as a medium for clients to provide feedback.

- Skype is being used for online consultations with deaf clients which has been found to be beneficial.

- There are difficulties in securing a lone working device which would work for the deaf worker, however the Safer Care Team are currently looking into this.

- A clean bright building with clinics held upstairs, however there is no reception area when you enter the building downstairs which means it could be difficult to work out where you need to be. Sign posting could have been more apparent.

- There is a member of staff within the team whose role is to support service users and their carers who are hoarders. This seems to be a unique role and the staff member has some very specialised skills and understanding, and works very collaboratively with other agencies. We discussed how we could develop that awareness and raise the profile of this.

- Passionate in describing how the team has made a real impact in improving the quality of our patients, service users and families and the support they give to other clinical operational services within the Trust.

- The team were well motivated and committed to doing the very best they can for the young people they serve. The group look for solutions to the challenges they faced rather than seeking to pass them onto someone else.

- Staff would welcome an update on where things are at with next steps on their future location (the lease is up on the building in just over a year). The also asked that the deaf team are not forgotten about in the planning given they report up a different line.

- There was a view that the skill mix of the SPA team was too junior and that this was impacting on what they can do.

- Discussed difficulties with regard to career progression for admin staff which was acknowledged.

- There was concern regarding the base for the EDICT team.

- A very informative visit. The ward manager was incredibly enthusiastic about the service provided and demonstrated compassion and thoughtfulness for the service users they supported.

- There have been heightened levels of clinical activity since August, with services starting to see increased levels of autistic spectrum disorder presentations, as well as other learning difficulties.

- The therapeutic space is used frequently by service users and I heard of an individual who having been institutionalised within high secure was learning to read, write, use computers and understand money, showing fantastic improvement in only six months.

- There has been a lot of change through the transforming care agenda and the site configuration, however the team are looking forward to the proposal of a new build on the Northgate site.

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- An excellent visit with a team extremely dedicated and enthusiastic about their roles. Recruitment and retention is excellent as staff really enjoy working there, despite the challenges of the geography and workload. Very positive about the development needs of staff and opportunities to develop skill and practice are evident.

- One of the key challenges is access to work experience opportunities since the reduction in funding for employees, for example, Blyth Star Funding has now ceased to support 3rd sector supporting patients to get into work. Patients want, and enjoy, placement opportunities in the work place but these are now very limited.

- During my visit I saw the installation of 'At a Glance' boards which was the request of the ward manager who had seen the benefits they brought whilst working at Hopewood Park.

- One of the service users described their recent experience of presenting to a local NTW and TEWV conference and how they had enjoyed that.

- Areas of concern expressed by the team included: anxiety relating to medical cover as the current consultant is leaving the unit on the 31st December (this has been raised with the Medical Director); bed management – the team were unsure as to whether they were able to admit to the unit following some recent concerns, however this was clarified by sharing with the team the letter from Commissioners around admissions to the unit; the suitability of some of the furniture, and the potential to use weighted furniture.

- Very impressed with the visit. The acting CCM / Pathway Manager and Clinical Lead were very accommodating and proud of the services they have responsibility for and it appears to be an extremely well managed team.

- The team have been in this accommodation since July and the staff were positive about their new building and how space is utilised. There is a good mix of consulting rooms, staff offices and hot desking facilities, as well as a very welcoming front reception space. The staff breakout area is welcomed and allows staff to get away from their office space at lunch time which is something they were unable to do previously.

- The manager felt bombarded with staff survey emails this year – far more than in previous years.

- Service users were very complimentary about the staff and care received.

- A well decorated and laid out unit, operating at less than capacity. The unit was relaxed and calm, despite some obviously challenging situations but the staff seemed extremely competent at managing and well supported by the management structure.

- Some adaptations have been put in place for managing particular service users, such as training sessions to manage particular physical health issues and in general staff development and progression is well embedded with three former support workers currently on nurse training courses and bespoke training sessions being run by clinical psychologists to upskill staff.

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- Ward under occupancy as one patient is taking up a full flat. Staff spoke about the need to be clear around admission criteria. Discussed the closure of Riding which had released staff to work into the Stephenson establishment. Impact of transforming care also discussed, ward were feeling more pressured due to less beds in system but pleased to see the development of community teams.

- Pressure on allocation after first appointment within the team. Team base well located but not best functionally for seeing patients. Team keen to further develop psychological interventions. Changes to leadership at clinical manager level also discussed.

- Team now has new office space. Still small and cramped but improved on previous. IT issues were noted, there is a plan in place but connectivity and access to systems is hindering work. There is good morale within the team with a new consultant in place, and the team is well established with good integration between WAA / OPS.

- Excellent ward environment for the client group. Really impressed by MDT and links with perinatal service. Discussed pressure regarding referrals from out of area which were present due to lack of similar facilities nationally. Unit is part of an association to share best practice.

- Team bases have been reconfigured to give much better lay out and space for consultations as well as for SPA. Morale in SPA team very good and the service is having a positive impact on the patch. Concerns about long term funding which needs to be addressed within the lead provider discussions.

Risks Highlighted to Board :   None

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

Equal Opportunities, Legal and Other Implications: None

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

Link to Policies and Strategies: Staff and patient engagement

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Name of Service	Date	Senior Manager
Ward 1b, Walkergate Park	6th September 2018	Sarah Rushbrooke
Criminal Justice Liaison and Diversion Services	14th September 2018	Dr Rajesh Nadkarni
Mental Health and Deafness Services, Walkergate Park	1st October 2018	Vida Morris
North Tyneside Community Treatment Team	5th October 2018	Tim Docking
Older Peoples Community Mental Health Team, CAV, Newcastle	9th October 2018	Jackie Jollands
Research & Development Team, St Nicholas Hospital	11th October 2018	Dr Rajesh Nadkarni
Stephenson House, Ferndene	29th October 2018	Tim Docking
Newcastle / Gateshead CYPS, Benton House	31st October 2018	John Lawlor
Lindisfarne, KDU, Northgate Hospital	1st November 2018	Lisa Quinn
Early Intervention Team, Greenacres	1st November 2018	Sarah Rushbrooke
Rose Lodge	8th November 2018	Lisa Quinn
NSEC Psychiatric Liaison Team	28th November 2018	Tim Docking
Mother & Baby Unit	3rd December 2018	Tim Docking
Central & South Northumberland Older Peoples Community Treatment Team	5th December 2018	Lynne Shaw
Brooke House	6th December 2018	Dr Jane Carlile
SPA, Bensham Hospital	7th December 2018	Tim Docking
Fraser House, Ferndene	17th December 2018	Simon Douglas

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 23rd January 2019

Title and Author of Paper: NHS Long Term Plan & Operational Planning 19/20
James Duncan, Deputy Chief Executive/Director of Finance

Paper for Debate, Decision or Information: Debate & Information

Key Points to Note:
- Preparing for Operational Planning and Contracting 2019/20" was published on 21st December 2018. It sets out what we should expect in the planning guidance for the current year which was subsequently published in full on 7 January 2019.
- The Guidance emphasises the need for system planning with system as well as organisational control totals to be set.
- The national cost uplift for 19/20 is 3.8% including the 18/19 effect of the pay award and the efficiency and productivity requirement has been set at 1.1%.
- CCGs must continue to increase investment in mental health services, in line with the Mental Health Investment Standard (MHIS). For 2019/20 the standard requires CCGs to increase spend by at least their overall programme allocation growth plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations for 2019/20.
- The Trust's planning proposals including an outturn based approach and timetable are set out in the paper.
- The NHS Long Term plan was published on 7th January. This follows last June's announcement of a £20.5bn annual real terms uplift for the NHS by 2023/24. The *Plan* sets out ambitions for ensuring the NHS is fit for the future and covers a ten year window. A consultation and engagement period will now begin on the *Plan*, running until the summer.
- Control Totals for 2019/20 were issued on 15th January. These have been based on 2017/18 underlying outturn adjusted for a range of measures. The Trust's proposed control total is £2.564m. This is made up of a breakeven position before Provider Sustainability Funding (PSF) and £2.564m of PSF.

Budget implications: Significant pressures on financial delivery planning for 2019/20.

Equal Opportunities, Legal and Other Implications: N/a

Action Proposed and Person Responsible for Action:

Outcome required: Trust to produce sustainable 19/20 operational plan and a longer term plan.

Date for completion: Draft Operational Plan 12th February, Final Operational Plan 4th April, Long Term Plan Summer 2019.

The NHS Long Term Plan and Operational Planning 2019/20

Background

"Preparing for Operational Planning and Contracting 2019/20" was published on 21st December 2018. It set out what we should expect in the planning guidance for the current year which was subsequently published in full on 7th January 2019. This document sets out the key elements and the Trust approach to developing the operational plan for 2019/20 and preparing for strategic planning up to 2024.

The NHS Long Term Plan

The long awaited long term plan was published on 7th January 2019. It sets out the long term ambitions for the NHS with a significant focus on the following

- System development, planning and integration. As trailed in the preparatory guidance and as expected integration of care is central to the plan with the emphasis on developing the ICS model to enable better population health. Primary Care networks are seen as a central part of this.
- An emphasis on early intervention and prevention with a promise to disproportionately invest in the development of community and primary care and to implement a range of measures focussed on reducing health inequalities.
- Focussing on a number of core areas to improve care and outcomes. Mental Health of children and adults features strongly in this area with a commitment to increase real funding of mental health by £2.3bn over the next five years.
- A significant emphasis on developing the workforce for the future
- Mainstreaming digitally enabled care, with a range of proposals to both utilise digital technology to improve productivity but also to fundamentally shift the ownership and control of information and care towards the patient.
- Returning the NHS to financial balance with all organisations to be in balance by 2023/24.

The NHS providers briefing on the Long Term Plan is attached.

Operational Planning and Contracting Guidance 2019/20

The key headlines

- Emphasises the need for system planning with each system (for NTW likely to be Integrated Care Partnership and Integrated Care System Level) required to develop an operational plan for 2019/20. While this will initially be an amalgam of organisational plans it will require activity and funding assumptions to be fully aligned. The plan should make clear the underlying activity assumptions, capacity, efficiency and workforce plans, transformation objectives (including clinical and provider strategy), risks to delivery and mitigations

- System Control totals will be set which will again be an amalgam of individual control totals, but systems will be able to adjust these across organisations on a net neutral basis. ICSs will be expected to link a proportion of their allocation Provider and Commissioner Sustainability funds to the delivery of their overall system control total
- The cost uplift for 2019/20 will be 3.8%, including the effect of the pay ward in 2018/19 and 2019/20, as the 2018/19 funding had previously been settled non-recurringly directly with providers. The efficiency and productivity requirement will be set at 1.1%.
- In addition to the above £1bn will be transferred from Provider Sustainability Funding into the urgent and emergency care tariff in the acute sector and 1.25% will be transferred from CQUIN into mainstream funding.
- Changes will be made to the national allocation formula. This includes changes to the way population data is used, new need-indices for community, and mental health and learning disability services, and changes to the approach to health inequalities, making the formula more responsive to extremes of health inequalities and un-met need, and increasing the fair share of resources targeted at those areas. Current indications are that this will mostly benefit coastal and rural areas of deprivation.
- CCGs will not have to contribute to a national risk reserve or plan to spend any money non-recurringly but will be required to set aside a 0.5% contingency. CCGs basic requirement will be to break even apart from those CCGs in deficit who will be set a control total to move towards a breakeven position.
- CCGs will also be required to make a 20% reduction in running costs to be re-invested in frontline care, after the impact of re-structuring costs
- CCGs must continue to increase investment in mental health services, in line with the Mental Health Investment Standard (MHIS). For 2019/20 the standard requires CCGs to increase spend by at least their overall programme allocation growth plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations for 2019/20. The minimum percentage uplift in mental health spend for each CCG will be shown in the financial planning template. CCGs will also need to increase the percentage of their total mental health spend that is spent with frontline mental health provision. As in 2018/19, each CCG's achievement of the mental health investment standard will require governing body attestation and be subject to independent auditor review. Spend on Children's and Young People's (CYP) mental health must also increase as a percentage of each CCG's overall mental health spend. In addition, any CCGs that have historically underspent their additional CYP allocation must continue to make good on this shortfall. This is expected to result in a significant additional investment in mental health and commissioners and the ICS are required to put in place measures to ensure value for money results from this investment
- Focus for efficiency and productivity on transformation of outpatient services, productivity in community and mental health services, improving availability and deployment of staff, procurement, estates, pharmacy and corporate services.

There is a huge amount of detail in the guidance which has been published over a number of different documents. A number of changes are occurring simultaneously regarding the planning and financial regime, which requires close scrutiny. Locally CCG allocations growth for core services range from 4.75% to 5.35%, but of this around 1.4% relates to the prior year pay award and the shift of £1bn of PSF into core allocations. The underlying in year uplift therefore equates to around 3.6%.

NHS Providers Briefing on the Operational planning guidance is also attached.

Control Totals

Control Totals for 2019/20 were issued on 15th January. Control totals have been based on 2017/18 underlying outturn adjusted for a range of measures. These include the disproportionate impact of the pay award on mental health trusts (the national tariff uplift assumes 65% of costs are staff related, in mental health trusts it averages around 80%) as well as a number of other technical issues. These adjustments would take the trust to a control total deficit of just over £1m and this has been adjusted by an additional efficiency requirement to deliver a required control total of breakeven excluding PSF. The breakdown of the Trust's proposed control total is shown below. Discussions are ongoing with NHSI regarding this.

| Financial control total	£ million
Rebased baseline position excluding PSF	**1.496** **Surplus**
£1bn PSF transferred into urgent and emergency care prices	0.000
CNST net change in tariff income and contribution1	-0.320
Other changes2	-2.373
Subtotal before efficiency	**-1.197** **Deficit**
Additional efficiency requirement up to 0.5%	1.197
2019/20 control total (excluding PSF, FRF and MRET funding)	**0.000** **Breakeven**
MRET central funding	0.000
Subtotal before PSF and FRF allocations	**0.000** **Breakeven**
Non recurring PSF allocation	2.564
Subtotal before FRF allocation	**2.564** **Surplus**
Non recurring FRF allocation	0.000
2019/20 control total (including PSF, FRF and MRET funding)	**2.564** **Surplus**

NTW Planning Proposals.

The Trust is planning to take a zero based approach to income, activity, quality, workforce, capacity and resource planning. This approach will initially be based on expected out-turn

for 2019/20 adjusted for known changes expected in 2019/20 (eg full year impact of 2018/19 changes). This is being developed by each group, and an initial review took place at BDG on 11th January 2019. Key to this approach will be using quality and activity planning as the key driver for other elements of the plan.

Initially it is proposed that the planned contribution for each group will remain at the same level as the 2018/19 plan, which will require delivery of the national efficiency requirement. Corporate services delivery target will be based on the plan for 2018/19 adjusted for the 2019/20 efficiency requirement. This will be subject to collective review, with any adjustments required to be made on a net neutral basis, in order to ensure delivery of the Trust overall position.

The initial review will assume activity remains constant at adjusted outturn levels, with the consequence of waiting time remaining constant with the additional assumption of flat demand. This will enable us to develop a baseline for capacity and resource planning and a first cut of the financial and quality gap to address in 2019/20. From this point the process will be to develop an agreed quality, activity and resource plan based on Commissioner and Trust agreed deliverables. The Groups will work with internal teams and central commissioning support to develop an activity plan for 2019/20, aligned with commissioning and income targets. As negotiations over contracts are concluded this will include the impact of agreed changes to activity, quality and income agreed with commissioners in conjunction with the Groups. At each stage, activity and income plans must be aligned. In turn, capacity, workforce and resource planning will at each stage be linked to activity and quality planning, and the resulting financial implications reviewed. This will enable decisions to be made on financial delivery in full conjunction with the delivery of quality and activity objectives. This cycle is represented diagrammatically below:
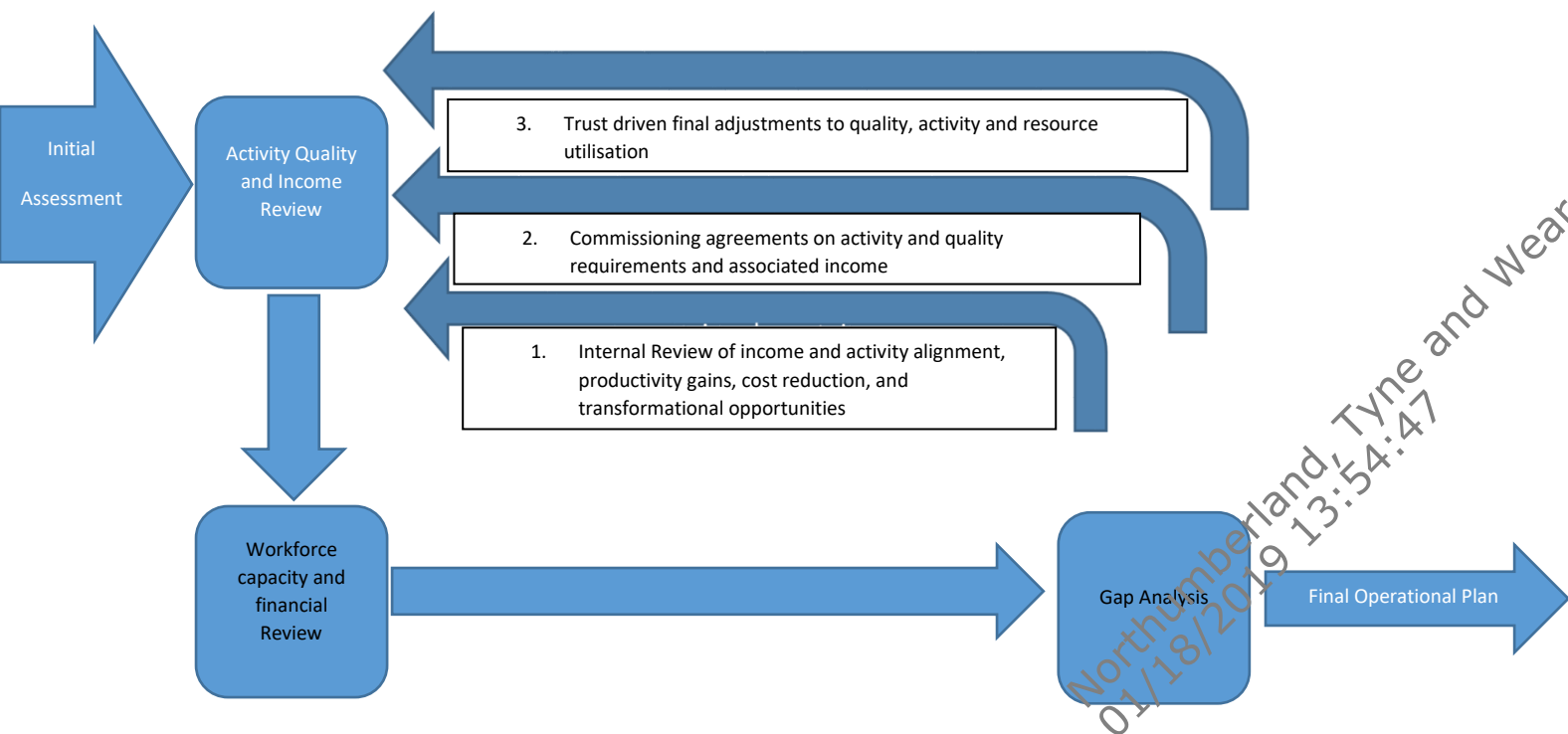
Timetable for Implementation

Confirmation of Process by Execs	7th January 2019	Execs
Review of initial out-turn group plans	11th January 2019	BDG
Review of initial out-turn Corporate	14th January 2019	Execs
Follow up on Group plans including review of LTP, expected deliverables, commissioning assumptions and supporting programmes	18th January	BDG
Initial review, agreement of process	23rd January 2019	Board
Agreements in principle with commissioners regarding demand, activity, quality and funding assumptions	1st February 2019	LQ/Groups
2nd Cut Group and Corporate plans-1st Cut Trust draft Submission, agreement of work for final cut	11th February	CDT
Submission of draft operational plan	12th February	JD
STP led contract and Plan Alignment	19th February	LQ/Groups
Review of final plan, agreed actions, supporting programme	15th March	BDG
Agreement to plan and quality sign off	18th March	Execs
Final Contract sign off	21st March	LQ
Board Sign off of Operating Plan	28th March	Board
Final Plan Submission	4th April	JD

Appendix 1 – National Timetable

National Timetable Milestone	Date
Publication of: • Near final 2019/20 prices • 2019/20 standard contract consultation	21 December 2018
2019/20 deliverables, indicative CCG allocations, trust financial regime and control totals and associated guidance for 2019/20	Early January 2019
NHS Long Term Plan	January 2019
2019/20 CQUIN guidance published	January 2019
2019/20 Initial plan submission – activity focused	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
STP/ICS net neutral control total changes agreed by regional teams	By 1 February 2019
Draft 2019/20 organisation operational plans	12 February 2019
Aggregate system 2019/20 operating plan submissions, system operating plan overview and STP led contract / plan alignment submission	19 February 2019
2019/20 STP/ICS led contract / plan alignment submission	19 February 2019
Final 2019/20 NHS Standard Contract published	22 February 2019
Local decision whether to enter mediation and communication to NHSE/I and boards/governing bodies	1 March 2019
2019/20 STP/ICS led contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Parties entering arbitration to present themselves to the Chief Executives of NHS Improvement and England (or their representatives)	22-29 March 2019
STP/ICS net neutral control total changes agreed by regional teams	By 25 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Submission of appropriate arbitration documentation	1 April 2019
Arbitration panel and/or hearing (with written findings issued to both parties within two working days after panel)	2-19 April 2019
Final 2019/20 organisation operational plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions, system operating plan overview and STP/ICS led contract / plan alignment submission	11 April 2019
2019/20 STP/ICS led contract / plan alignment submission	11 April 2019
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 30 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Autumn 2019

The NHS long term plan

The *NHS long term plan* has been published, following last June's announcement of a £20.5bn annual real terms uplift for the NHS by 2023/24. The *Plan* sets out ambitions for ensuring the NHS is fit for the future and covers a ten year window. A consultation and engagement period will now begin on the *Plan*, running until the summer.

This briefing summarises key content included in each chapter of the *Plan*: a new service model, action on prevention and health inequalities, progress on care quality and outcomes, the NHS workforce, digitally-enabled care, value for money and the next steps in implementing the plan. It also includes NHS Providers' view and press statement. For any questions on this briefing or our work in this area please contact Amber Jabbal, head of policy, amber.jabbal@nhsproviders.org.

Chapter 1: A new service model for the 21st century

The *Plan* includes a guarantee that over the next five years investment in primary medical and community services will grow faster than the overall NHS budget, creating a ring-fenced local fund worth at least an additional £4.5bn a year in real terms by 2023/24. It summarises a series of improvements to be delivered in the following five key areas:

1. Improving out-of-hospital care (primary and community services)
2. Reducing pressure on emergency hospital services
3. Delivering person-centred care
4. Digitally enabled primary and outpatient care (this is considered by Chapter 5)
5. A focus on population health and local partnerships through ICSs

Boosting out-of-hospital care and joining up primary and community services

Additional national investment, worth £4.5bn a year in real terms by 2023/24 will be invested in primary medical and community health services (and supplemented by further funding from CCGs and ICSs), to stem the pressure of high demand, expand the workforce and fund new services. Key measures include:

- **A new NHS offer of urgent community response and recovery support:** Within five years, all parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver services within two hours of referral, in line with NICE guidelines, including delivering re-ablement care within two days of referral
- **Primary care networks of local GP practices and community teams:** Funding will cover expanded community multi disciplinary teams aligned with new "primary care networks" covering 30-50,000 people. From 2019, NHS111 will start booking patients directly into GP practices, as well

as referring to pharmacies. A shared savings scheme will be offered to primary care networks so they can benefit from their improvements

- **Guaranteed NHS support for people living in care homes:** There will be an upgrade in NHS support for care home residents with care homes supported by a team of healthcare professionals, including named GP support. The new primary care networks will work with emergency services while care home staff will have access to NHSmail to allow a greater of information to NHS staff
- **Supporting people to age well:** From 2020/21 the new primary care networks will assess local population risk and reduce hospital admissions through an increased use of preventative measures such as digital health records, population health management tools and new home-based or wearable monitoring equipment

Reducing pressure on emergency hospital services

The *Plan* aims to reduce the number of hospital admissions but importantly states that that the financial assumptions underpinning the *Plan* allow for hospital capacity to follow existing trends for the next three years. Key measures include:

- **Pre-hospital urgent care:** To support patients to choose the correct 'channel' of care, a single multidisciplinary Clinical Assessment Service as part of a fully integrated NHS 111 will be embedded. The Urgent Treatment Centre model will be fully implemented by autumn 2020, so all localities have a consistent offer for out-of-hospital urgent care. The plan is vague on how ambulance services form part of pre-hospital urgent care, but capital investment will target fleet upgrades and NHS England (NHSE) will set out a new national framework to overcome fragmentation in how services are locally commissioned
- **Reforms to hospital emergency care – Same Day Emergency Care (SDEC):** Every acute hospital with a type 1 A&E department will move to a comprehensive model of SDEC by 19/20 in both medical and surgical specialties, increasing acute admissions discharged on the day of attendance from a fifth to a third
- **Cutting delays to discharge:** An average delayed transfer of care figure of 4000 or fewer delays will be achieved through enhanced primary and community services as well as the introduction of an agreed clinical care plan within 14 hours of admission including an expected date of discharge, implementation of the SAFER patient flow bundle and MDT reviews on hospital wards.

Personalised care

The NHS will support and help train staff to help patients make the right decisions for them, increase support for people to manage their own health and roll out the NHS Personalised Care model. This will include social prescribing, personalised health budgets and targeted training to NHS staff to improve care planning for those in their last year of life.

A focus on population health via ICSs

Integrated Care Systems (ICSs) are central to the delivery of the LTP, with ICSs and expected to cover the country by April 2021:

- ICSs will have a key role in working with Local Authorities at place level
- Commissioners will make shared decisions with providers on how to use resources, design services and improve population health but CCGs will continue to make some decisions independently, for example in relation to procurement and contract award. There will be a single, leaner more strategic CCG for each ICS area
- Every ICS will have:
  - A partnership board drawn from commissioners, trusts, primary care networks, local authorities, voluntary and community sector and others
  - A non-executive chair locally appointed and approved by NHSE and NHSI
  - Full engagement with primary care through a named accountable clinical director of each primary care network
- All providers with an ICS will be required to contribute to ICS performance, underpinned by:
  - potential new licence conditions supporting providers to take responsibility with system partners, for wider objectives on resource use and population health
  - longer-term NHS contracts with all providers including care requirements to collaborate to achieve system objectives
  - Changes to align clinical leadership with ICSs including ensuring Cancer Alliances and Clinical Senates align with one or more ICS
- NHSI will take a more proactive role in supporting collaborative approaches between trusts, including supporting trusts to explore formal mergers
- A new Integrated Care Provider contract will be made available for use from 2019 to be held by public statutory providers
- A new ICS accountability and performance framework will provide a consistent and comparable set of performance measures, including a new 'integration index'
- ICSs will agree system wide objectives with the relevant NHSE/I regional director and be accountable for their performance against these objectives
- NHSE/I will support CCGs and local authorities to blend health and social care budgets.

Chapter 2: More NHS action on prevention and health inequalities

To address the growing demand for healthcare created by a growing and ageing population, the *Plan* sets out an aim to target the top five causes of premature death in England.

Priority areas

- **Smoking:** while smoking rates have fallen significantly, 6.1 million people in the UK still smoke, and nearly a quarter of women smoke during pregnancy. The *Plan* makes a commitment to offering all people admitted to hospital NHS-funded tobacco treatment services by 2023/24, with an adapted model for expectant mothers and their partners. A universal smoking cessation offer will be introduced for long-term users of specialist mental health and learning disability services.
- **Obesity:** nearly two thirds of adults in England, and a third of children leaving primary school, are overweight or obese. The government has pledged to halve childhood obesity. The existing

national diabetes prevention programme, which has benefited over 100,000 people, will be doubled over the next five years, with a new digital option. All trusts will be required to deliver against the standards set out by the next version of hospital food standards, including substantial restrictions on high fat, salt and sugar food. The *Plan* sets out an ambition to work with professional bodies to improve the quality of nutrition training within medical courses.

- **Alcohol:** over five years hospitals with the highest rates of alcohol-dependence related admissions will be supported to establish Alcohol Care Teams (ACTs) using the health inequalities funding supplement from their CCGs and in collaboration with local authorities and drug and alcohol services. Hospitals which have introduced ACTs have seen a significant reduction in A&E attendances, bed days, readmissions and ambulance call outs.
- **Air pollution:** almost a third of preventable deaths are due to causes related to air pollution. In 2017 3.5% of road travel was attributable to the NHS. The *Plan* sets out plans to ensure 90% of the NHS fleet will use low emissions engines by 2028, and heating from coal and oil fuel sources in NHS buildings will be fully phased out.
- **Antimicrobial resistance:** the *Plan* identifies a need for further progress on reductions in antimicrobial prescribing in primary care, and the health service will continue to support the delivery of the government's five year action plan on antimicrobial resistance, supporting system-wide improvement, surveillance, infection prevention and control, and antimicrobial stewardship, with resources for clinical expertise and senior leadership.

Stronger action on health inequalities

The *Plan* outlines some actions to tackle such health inequalities, including:

- Targeting a higher share of funding towards areas with high levels of health inequality than would be ordinarily allocated using the core needs formulae.
- The NHS will set out specific and measurable goals for narrowing inequalities through the service improvements outlined elsewhere in the *Long term plan*. All local health systems will be expected to set out in 2019 how they will reduce health inequalities by 2023/24 and 2028/29.
- The NHS will accelerate the Learning disabilities mortality review programme and do more to keep people with learning disabilities and autism to stay well with proactive care in the community.
- An investment of £30m to meet the needs of rough sleepers, ensuring that areas most affected by rough sleeping have access to specialist homelessness mental health support.
- Identifying and supporting unpaid carers to who are twice as likely to experience poor health, including quality marks for carer-friendly GP practices.
- Rolling out specialist clinics for people with serious gambling problems.

Chapter 3: Further progress on care quality and outcomes

For all major conditions, the quality of care and the outcomes for patients are now measurably better than a decade ago. However, the *Plan* looks at both physical and mental health and outlines a range of condition specific proposals.

A strong start in life for children and young people

Services for children and young people have seen some improvement in recent years, and the *Plan* outlines a push to build on these and broaden the focus of the NHS in this area in the next five and 10 years.

Maternity and neonatal services

- The NHS will accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025.
- By March 2021, most women receive continuity of the person caring for them during pregnancy, during birth and postnatally, following the launch of continuity of carer teams.
- The Saving Babies Lives Care Bundle (SBLCB) will be rolled out across every maternity unit in England, including a focus on preventing pre-term birth and the development of specialist pre-term birth clinics.
- Access to evidence-based care for women with moderate to severe perinatal
- Mental health difficulties and a personality disorder diagnosis will increase, to benefit an additional 24,000 women per year by 2023/24.

Children and young people's mental health services

- The Long term plan sets out a goal that over the coming decade 100% of children and young people who need specialist mental health care will be able to access it.
- Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school/college-based MH Support Teams.
- Current service models will be extended to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

Learning disability and autism

- The NHS will tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- Uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability will be improved, so that at least 75% of those eligible have a health check each year.
- The STOMP-STAMP programmes will be expanded to stop the overmedication of people with a learning disability, autism or both.
- By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels.

Children and young people with cancer

- The *Plan* identifies the need to improve outcomes for children and young people with cancer, simplifying pathways and transitions between services and ensuring every patient has access to specialist expertise.
- From 2019, whole genome sequencing will be offered to all children with cancer, to enable more comprehensive and precise diagnosis, and access to more personalised treatments.
- From September 2019, all boys aged 12 and 13 to be offered vaccination against HPV-related diseases.
- Over the next five years NHSE will increase its contribution by match-funding clinical commissioning groups (CCGs) who commit to increase their investment in local children's palliative and end of life care services (this should more than double the NHS support, from £11m up to a combined total of £25m a year by 2023/24).

Redesigning other health services for children and young people

The *Plan* recognises that the needs of children are diverse and complex, and their profile should be raised at a national level.

- A children and young people's transformation programme will be created to oversee the delivery of the children and young people's commitments in the plan.
- Improvements in childhood immunisation will be prioritised.
- By 2028 the NHS will move towards service models for young people that offer person-centred and age appropriate care for mental and physical health needs, rather than an arbitrary transition to adult services based on age not need.

Better care for major health conditions

The *Plan* focuses on tackling the top five causes of early death for the people of England: heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm.

Cancer

The *Plan* sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. The plan aims to increase awareness of symptoms, lower the threshold for referrals by GPs, improve screening, accelerate access to diagnosis and treatment, roll out personalised care plans, and expand screening of family members:

- Review the current cancer screening programmes and diagnostic capacity.
- Negotiate a capital settlement in the 2019 Spending Review, in part to invest in new equipment, including CT and MRI scanners, which can deliver faster and safer tests.
- Safer and more precise treatments including advanced radiotherapy techniques and immunotherapies will continue to support improvements in survival rates.
- Extend the use of molecular diagnostics and, over the next ten years, routinely offer genomic testing to cancer patients where clinically appropriate.

Milestones for cancer

- From 2019 we will start to roll out new Rapid Diagnostic Centres across the country.
- In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2020 HPV primary screening for cervical cancer will be in place across England.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.
- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.

Cardiovascular disease

The *Plan* proposes improvement in early detection, the NHS Health Check, treatment, support of primary care multidisciplinary teams. Proposals include:

- Increase the identification of Familia Hypercholesterolaemia from 7% to 25% in the next five years through the genomics project.
- Create a national cardiovascular disease prevention audit for primary care.
- A national network of community first responders and defibrillators will help save up to 4,000 lives each year by 2028.

Milestones for cardiovascular disease

- Help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years.
- We will work with our partners to improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest.
- By 2028 the proportion of patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85% of those eligible accessing care.

Stroke care

A specific aim of the plan is to modernise the stroke workforce with a focus on cross-specialty and in some cases cross-profession accreditation of particular competencies. The plan says further implementation and development of higher intensity care models for stroke rehabilitation are expected to show significant savings. The existing national stroke audit (SSNAP) will be updated to provide a comprehensive dataset.

Milestones for stroke care

- In 2019 we will, working with the Royal Colleges, pilot a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy.

- By 2020 we will begin improved post-hospital stroke rehabilitation models, with full roll-out over the period of the Plan
- By 2022 we will deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke.
- By 2025 we will have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit.

Diabetes

The *Plan* proposes that the NHS will:

- Provide structured education and digital self-management support tools, including expanding access to HeLP Diabetes an online self-management tool for those with type 2.
- Ensure patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019.
- By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.
- Double the fund of the NHS Diabetes Prevention Programme over the next five years.

Respiratory disease

The *Plan* proposes to do more to detect and diagnose respiratory problems earlier, support the right use of medication, expand pulmonary rehabilitee and improve the response to pneumonia, particularly over winter. And from 2019, the existing NHS RightCare programme will be extended to reduce variation in the quality of spirometry testing across the country.

Adult mental health services

The long term plan builds on the *Mental health five year forward view*. The *Plan* proposes to increase the budget for mental health, in real terms, by a further £2.3 billion a year by 2023/24. Specific waiting times targets for emergency mental health services will take effect from 2020.

It sets out an expansion of talking therapies, new integrated primary care and community provision, a reduction in the average inpatient length of stay to 32 days and an upgrade of the physical environment for inpatient psychiatric care. Over the next 10 years, NHS 111 will be established as the single point of contact for those experiencing a mental health crisis. There will also be a new Mental Health Safety Improvement Programme, with a focus on suicide prevention.

Milestones for mental health services for adults
- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24.
- By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services.

- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis. We will also increase alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways. Families and staff who are bereaved by suicide will also have access to post crisis support.
- By 2023/24, we will introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis.
- Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter.

Short waits for planned care

Under the *Plan*, the local NHS is being allocated sufficient funds over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list. The *Plan* reinforces that patients should have a wide choice of options for quick elective care, including making use of available Independent Sector capacity.

In relation to elective care the NHS National Medical Director's Clinical Standards Review will consider the 'stop the clock' rules. But meanwhile, there with be the reintroduction of the incentive system under which hospitals and CCGs will both be fined for any patient who breaches 12 months.

Research and innovation to drive future outcomes improvement

The *Plan* sets out the important role the NHS will plan in driving forwards research and innovation. It states that it will become easier to share innovation between organisations, innovation accelerated through a new Medtech funding mandate, and UK-led innovations that are proven as 'ready for spread', will be rolled out through Healthcare UK. We will also form an NHS Export Collaborative with Healthcare UK by 2021, working with selected trusts to export NHS innovations.

The *Plan* also states that the NHS will play a key role in genomics with the new NHS Genomic Medicine Service will sequence 500,000 whole genomes by 2023/24. During 2019, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing.

The NHS will also aim to increase the number of people registering to participate in health research to one million by 2023/24. Furthermore, to expand the NHS infrastructure for real world testing, there will be an expansion of the current NHSE 'test beds' through regional Test Bed Clusters from 2020/21.

Chapter 4: NHS staff will get the backing they need

The *Plan* does not obscure the scale of the challenges facing NHS trusts and staff with NHSE acknowledging that workforce growth "has not kept up with need" while staff have been inadequately

supported to meet the changing requirements of patients over the past decade. However while some tangible goals and new programmes have been outlined in the *Plan*, most of the requisite detail has been delayed until the publication of "the comprehensive workforce implementation plan", due to be published later in 2019. We expect this replaces the long awaited national workforce strategy.

Workforce implementation plan 2019

- The workforce implementation plan will be overseen by NHS Improvement (NHSI), with a national workforce group established by NHSI, NHSE and Health Education England (HEE) to ensure the delivery of its actions. The aim of the plan "is to ensure a sustainable overall balance between supply and demand across all staff groups"
- The national workforce group will include the new NHS Chief People Officer, the NHS National Medical Director, the Chief Nursing Officer; and other chief professions officers. It will also be made up of representation from staff side organisations, the Social Partnership Forum, Royal Colleges, The King's Fund, Health Foundation and Nuffield Trust.
- The *Plan* does not contain a complete list of priorities for the workforce implementation plan, but specifically notes a number of areas of focus, including:
  - o shaping a modern, flexible and supportive employment culture within the NHS;
  - o a "new deal" for staff to tackle bullying and harassment;
  - o improving staff health and wellbeing, and ability to move between NHS employers;
  - o options to improve the NHS leadership pipeline, building on the Kerr and Kark reviews; and
  - o domestic recruitment and training.
- The NHS national nursing supply strategy will centre on increasing the number of undergraduate training places, with a pledge to fund an additional 5,000 places from 2019/20 (a 25% increase) and reduce the nursing vacancy rate to 5% by 2028.
- A new online nursing degree will be established, "linked to guaranteed placements at NHS trusts and primary care". The government hopes the degree will be launched in 2020 at a "substantially" lower cost than the £9,250-a-year for current students.
- The *Plan* points to an increased scrutiny on professional registration and entry standards, saying it is "paradoxical that many thousands of highly motivated and well-qualified applicants who want to join the health service are being turned away".
- The *Plan* also promises every nurse or midwife graduating a five-year NHS job guarantee every nurse or midwife graduating within the region they qualify.
- 4,000 more mental health and learning disability nurses will be in training by 2023/24, supported by enhanced 'earn and learn' measures, particularly earned at mature students lacking financial support.
- The *Plan* offers very little detail on medical education and training, leaving the specifics around the recruitment and retention of doctors to be established in the implementation plan. It does however emphasise its overarching strategy to shift the balance of training away from focusing on highly specialised skills to support the development of more balanced generalist roles.

International recruitment

- The *Plan* promised a "step change" in the recruitment of international nurses to work in the NHS. NHSE acknowledges the need to rely on migrant workers in the coming years given the lead time in training new domestic workforce entrants, saying that the NHS can expect national measures will "increase nurse supplies by several thousand each year."
- The workforce implementation plan will set out new national arrangements to support NHS organisations in recruiting overseas, recognising the difficulties faced by some trusts seeking to do this independently.
- Overall, the *Plan* gives very little new detail on how any "step change" will take place, noting that further discussions with the government will need to take place over new rules recently introduced in the immigration white paper.

Apprenticeships

- NHS trusts are asked to "take on the lead employer model" to improve the uptake of apprenticeships. The government also expects employers to offer all entry-level jobs as apprenticeships before considering other recruitment options.
- The *Plan* specifically promises a continuation of investment in nursing apprenticeships, saying that over 7,500 new nursing associates will begin employment in 2019: a 50% increase from 2018.
- The document point towards current difficulties with the apprenticeship system for NHS trusts, saying that the terms of the levy may have to change. The plan indicates that changes may not be fully considered until the government's review of the levy in 2020.

Staff experience and diversity

- NHSI will extend its retention collaborative to all trusts, as part of efforts to improve staff retention by at least 2% by 2025. This equates to a goal of retaining an additional 12,400 nurses.
- The *Plan* notes investment in current workforce development as a key priority saying it "expects HEE to increase investment in continue professional development over the next five years".
- Workforce diversity has been outlined as a key feature of the NHS long term plan, with the document outlining an additional £1 million to extend NHSE's work on the Workforce Race Equality Standard until 2025.
- Furthermore, the document says that each NHS organisation will set its own target for BAME representation across its leadership team and broader workforce by 2021/22.

Other key points

- The *Plan* underlines the government's commitment to national workforce planning in the NHS, saying it has been "disjointed at a national and local level" for too long. Annual recruitment

campaigns will be developed for roles facing the most acute shortages, in conjunction with royal colleges and trade unions.

- The government is pledging to create a "new compact with NHS leaders" to be enshrined in a new NHS leadership code setting out cultural values and leadership behaviours within the NHS.
- The document also underlines the need for greater flexibility in the workforce, and an improved use of technology: By 2021, NHSI will provide support to NHS trusts to deploy electronic rosters or e-job plans. A review of NHS workforce data will also be commissioned.
- The *Plan* re-introduces the potential for a professional registration scheme for senior NHS leaders to be introduces, while pledging to expand the NHS graduate training scheme.
- The *Plan* outlines a goal to double the number of NHS volunteers over the next three years, in part by committing an additional £2.3 million to the NHS Helpforce programme.

Chapter 5: Digitally-enabled care will go mainstream across the NHS

The *Plan* commits the NHS to be "digital first" in ten year's time. Particular attention has been given to digitally-enabled primary and outpatient care, primarily via a digital NHS front door in the form of the NHS App.

- **Primary care**: NHSE will create a new framework for digital suppliers to offer solutions to primary care networks, with the aim of offering every patient the right to switch to a new digital GP provider. By 2023/24 every patient will have access to a 'digital first' primary care provider.
- **Outpatients:** There will be push towards more non face-to-face outpatient care, with the intention to reduce face to face appointments by a third. This will remove around 30 million outpatient visits a year and will be driven by the increased use of telemedicine and mobile technologies. Where appropriate, every patient will be able to opt for a 'virtual' outpatient appointment.

The intention is that in 10 year's time, primary and outpatient care will be based on a model of tiered escalation depending on need. This new focus will also mean senior clinicians will be more reliant on digital technology, and less on junior staff and trainees, who will be freed up to learn and support services in other ways. This will also support the plan's other priorities, namely: supporting people to stay well, allowing patients to manage their own health, and allowing patients to stay at home.

In terms of digital health more broadly, the *Plan* describes four ways in which 'mainstreaming' digitally-enabled care will improve services:

- **Improving patient experience**: a number of benefits will be realised by empowering patients and carers. To support this, the NHS App will continue to be developed so that it becomes the 'standard online way' for people to access the NHS. There will also be a focus on improving interoperability and increasing the uptake of mobile monitoring devices. Personal health records will become more advanced, with patients and authorised carers being able to add information themselves

- **Supporting the NHS workforce**: new digital technology will also support staff working in trusts. For example, over the next three years there is an intention for all staff working in community services to have access to mobile digital services, including patients' care records and plans. Renewed focus will also be given to digital leadership in the NHS, including a new commitment for informatics representation on the board of every NHS organisation

- **Quality clinical care**: much of this work will also require the NHS to rethink the way patients interact with services. In addition to the changes to primary and outpatient services, all providers will be expected to advance to a 'core level of digitisation' by 2024. This will include accelerating the roll out of electronic patient records, improving IT hosting, storage and networks, and building resilient cyber security. The plan states central funding will be made available to trusts to help them achieve minimum standards

- **Population health**: NHSE will deploy population management solution to ICSs during 2019. This work will also involve the increased use of de-personalised data taken from local records.

The *Plan* recognises that this will only be achieved by creating the right environment and infrastructure. This will involve, among other things, creating a digitally literate workforce, making NHS solutions available as 'open source' to developers, and requiring NHS suppliers to comply with open standards and interoperability requirements.

Milestones for digitally-enabled care
- Introducing controls to ensure new systems procured by the NHS comply with new agreed standards
- By 2020, five geographies (to be confirmed) will deliver a longitudinal health and care record linking NHS and local authority organisations. Three more areas will follow in 2021
- By 2020/21, every patient will have access to their care plan on the NHS app, as well as communications from their carer professionals
- There will be 100% compliance with mandated cyber security standards by 2021.
- In 2021/22, every local NHS organisation will have a chief clinical information officer (CCIO) or chief information officer (CIO) on their board
- By 2024 there will be universal coverage of regional local health and care records.

Chapter 6: Taxpayers' investment will be used to maximum effect

The *Plan* outlines how the NHS will continue to become more efficient over the coming decade. It restates the following five tests set out by the government in the 2018 budget, and sets out how the NHS will meet them:

1. The NHS (including providers) will return to financial balance
2. The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care
3. The NHS will reduce the growth in demand for care through better integration and prevention

4. The NHS will reduce variation across the health system, improving providers' financial and operational performance
5. The NHS will make better use of capital investment and its existing assets to drive transformation.

Returning to financial balance

The *Plan* gives a revised timetable for the NHS to return to financial balance: the aggregate provider deficit should reduce each year, and the provider sector as a whole should balance by 2020/21. This is two years later than the aspiration set out in the 2018/19 planning guidance, for the sector to be back in the black by the end of the current financial year. Meanwhile, the number of trusts and commissioners in deficit should also decrease. The number of trusts reporting a deficit in 2019/20 is expected to halve, and all NHS organisations should be in balance by 2023/24.

Previously-trailed policy changes for 2019/20 are restated, with little additional detail. These include moving away from activity based payment systems, and aligning commissioner and provider financial incentives.

NHSI will introduce an "accelerated turnaround process" for the "30 worst financially performing trusts", whose combined shortfall is equal to the overall provider sector deficit. However no detail is given on what that process will involve, or how the trusts that will be subject to it have been identified.

Separately, a new Financial Recovery Fund (FRF) will be created to enable services to become sustainable. No details are given on the size of the fund or when it will begin. It will be accessible "for trusts where deficit control totals indicate a risk to financial sustainability and continuity of services". In return, trusts must draw up a multi-year financial recovery plan with NHSE and NHSI's joint regional team, and a rate of efficiency of at least 1.6% - 0.5% above the national minimum of 1.1%. The recovery plan will set out the actions needed to make services sustainable at both trust and system level, and the agreed responsibilities within the ICS or STP. It will be expected that trusts will implement national initiatives such as Getting It Right First Time and redesigning outpatient services. The *Plan* says the FRF will mean the end of the control total and Provider Sustainability Fund (PSF) regimes for trusts which deliver on their recovery plans. It does not say what the future of the PSF and control total regimes will be for trusts which are not eligible for the FRF.

Improving efficiency and reducing waste

The plan indicates there will be a "strengthened efficiency and productivity programme". Although it does not give detail on how the programme will run, it does set out ten familiar priority areas for efficiency and productivity:
1. Improving the availability and deployment of the clinical workforce using e-rostering
2. Saving money through standardising and scaling-up procurement of consumables
3. Developing pathology and imaging networks
4. Making community, mental health and primary care services more efficient, in line with recent reviews by Lord Carter

5. Improving value from medicines spend
6. Reducing administration costs. This includes a commitment to save £700m by 2023/24, of which £400m should come from providers. The plan does not state how those figures have calculated, where the reductions in spending will come from or whether they are recurrent or cumulative savings
7. Improving the way the NHS uses land, buildings and equipment, and will dispose of surplus assets to enable reinvestment
8. Reducing the use of less effective procedures
9. Improving patient safety
10. Continuing to tackle fraud.

Capital

The *Plan* says the NHS has invested less in recent years in infrastructure than it has done in the past, and at a lower rate than other western countries. It states that meeting its future aspirations will require digital capability and diagnostic equipment will be enhanced significantly.

The capital settlement for the *Plan* period will be set out in this year's Spending Review. At the same time, a number of reforms will be set out to the regime for accessing capital. These will "remove the existing fragmentation of funding sources, short-termism of capital decision making and uncertainty for local health economies".

Next steps

With 2019/20 positioned as a transition year, the next steps for implementing the *Plan* are:
- Local health systems receiving five-year indicative financial allocations for 2019/20 to 2023/24, and being asked to produce plans for implementing the *Plan's* commitments. Those local plans will then be brought together in a national implementation programme in the autumn
- The Clinical Standards Review and the national implementation framework being published in the spring, to be implemented in October following testing and evaluation of any new and revised standards
- The NHS Assembly being established in early 2019. The Assembly – its members comprising third sector stakeholders, the NHS arm's length bodies and frontline NHS and local authority leaders – will advise the boards of NHSE and NHSI and oversee progress on the *Plan*
- The spending review (expected in the autumn) setting out allocations for NHS capital, education and training as well as public health and adult social care

In support of these steps, the *Plan* commits to automating and standardising the generation and storage of data to reduce the burden on frontline services and reduce duplication. It also undertakes to set out a single list of "essential interventions" (including effective e-rostering and e-job planning and processes for standardising and aggregating procurement demand for products and services) to maximise value. The

national bodies will also work with the Health Foundation to increase the number of ICSs building their improvement capabilities.

National operating model

NHSE and NHSI will implement a new shared operating model, with shared regional teams accountable for managing local systems and the providers within them, and ensuring systems secure the best value from their combined resources. To deliver this, the *Plan* commits to:

- A move from relying on regulation and performance management to supporting service improvement and transformation
- Strong governance and accountability mechanisms in place for systems
- A reinforcement of accountability at board, governing body and local system ICS level for adopting standards of best practice and contributing to national improvement programmes, on a comply or explain basis
- Making better use and improving the quality of frontline data and information

Approach to local systems

The *Plan* commits to "balance[ing] national direction with local autonomy to secure the best outcomes for patients". As part of that approach, it sets out:

- An ambition for ICSs to cover England by April 2021. Local systems will be supported in producing and implementing development plans, including intensive support programme for the most challenged systems with peer support from more developed systems.
- The intention to support organisations to take on greater collaborative responsibility. As well as providing "high-quality care and financial stewardship from an institutional perspective", organisations will be expected to take on responsibility "for wider objectives in relation to the use of NHS resources and population health". System oversight will look at organisational and system objectives alongside organisational performance.
- Successful organisations will be asked to support their neighbours in developing capability and resilience, forming part of a 'duty to collaborate' for providers and CCGs.

Legislation

A "provisional list of potential legislative changes" which the national bodies would seek from government includes:

- Giving CCGs and providers **shared new duties** to promote the 'triple aim' of better health for everyone, better care for all patients, and local and national NHS sustainability
- Removing specific impediments to **'place-based' NHS commissioning**, including how CCGs can collaborate with NHSE and NHSE being able to integrate its public health functions within the Mandate
- Allowing trusts and CCGs to **exercise functions and make decisions jointly**. This would mean foundation trusts could create joint committees (strictly speaking NHS trusts already have legal flexibility to develop joint arrangements with other bodies), and allow (with certain areas where

there may be a conflict reserved to one party) the creation of a joint commissioner/provider committee in every ICS, which could operate as a transparent and publicly accountable partnership board

- Supporting the creation of **NHS integrated care trusts**. This would better enable creation of new NHS integrated care providers (ICPs) and make organisational mergers easier to progress
- Removing the **Competition and Markets Authority's (CMA) duties** to intervene in NHS provider mergers, and its powers in relation to NHS pricing and NHS provider licence condition decisions. Monitor's 2012 Act competition roles would also be removed
- Allowing NHS commissioners to decide the circumstances in which they should use **procurement processes**, subject to a 'best value' test, and removing the wholesale NHS' inclusion in the Public Contract Regulations. Patient choice and control would be protected and strengthened
- Increasing flexibility in the **NHS pricing regime**, in order to move away from activity-based tariffs where appropriate, facilitate integration and reduce fragmentation in public health commissioning.
- Making it easier for **NHSE and NHSI** to work together, including being able to establish a joint committee and subcommittees, with corresponding streamlining of non-executive and executive functions.

NHS Providers view

A crucial next step will be the implementation of the plan which will require ruthless prioritisation of the key investment areas which will require continued engagement from trust leaders. In addition, the key interdependencies for the success of the *Plan* will be the national workforce implementation plan, along with training and education funding, capital investment, and a sustainable solution for social care funding. Some of these issues lie outside of NHSE/I's control and will be addressed in separate publications. In addition, the *Plan's* approach to addressing the wider determinants of health, will be heavily reliant on local authority support despite radical cuts to public health budgets in recent years.

Part 2 of the planning guidance is still due to be published later this week, which we expect will set out further detail on the operational and financial performance expectations for 2019/20. The trajectory to operational performance recovery against key constitutional targets is not included within the plan, however the clinical review of standards is expected to be published in spring 2019.

The importance of the local autonomy and the accountability of provider boards is mentioned within the *Plan*, although the role of the national bodies in ensuring consistency, value for money and support are equally at the forefront of the intended revised approach. The roll out of ICSs across the country by 2021, and the enhancements of the role of system working through the revised financial framework and in relation to commissioning structures, regulation and performance management are significant. We will be working closely with the national bodies, and providers, to unpack and help shape their implementation.

NHS Providers will continue to engage in the development of the detail underpinning the *Plan* and its implementation. We will also provide further analysis to members on what the *Plan* means for them and look forward to engaging members in our ongoing work in this area.

NHS Providers press statement

NHS long term plan - trusts are committed to creating world class services

Responding to the publication of the *NHS long term plan*, the chief executive of NHS Providers, Chris Hopson said:

"There will be strong support across the NHS for the vision and ambition set out in the document. Trusts and their staff are strongly committed to creating world class services and continuously improving patient outcomes. They also recognise the need to transform the way they provide care to reflect 21st century health and care needs.

"There is a huge amount to do across a wide range of areas. Successful delivery will depend on four key factors.

"First, ruthless prioritisation and effective implementation. To plan is to choose. We now need a detailed implementation plan that sets out exactly what will be delivered when. This must clearly match the priorities for each year to the available money and staff, ensuring that the trusts who have to deliver the plan are actually able to do so.

"Second, a rapid solution to current workforce shortages. This plan cannot be delivered whilst trusts still have 100,000 workforce vacancies. We need urgent action to solve what trust leaders current describe as their biggest problem. It's a major concern that we will have to wait longer to get the comprehensive plan that is needed here.

"Third, a clear path to recovering performance in areas like urgent and emergency care and routine surgery. Despite trusts working flat out, the NHS has fallen behind where it needs to be, missing all its key performance targets over the last four years. Whilst trusts are ready to look at updating these targets, we mustn't lose the enormous gains trusts made in cutting waiting lists and improving care in the early 2000s.

"Fourth, there are a range of other issues central to the success of the NHS that must be satisfactorily resolved through the spending review – social care, public health and NHS training budgets.

"The ambition and vision are welcome. But they need to be delivered.

"We welcome the commitment to an open and consultative process in developing a detailed implementation plan over the next few months. It is vital that the expertise and concerns of NHS trusts are central to those discussions. We look forward to making a full and positive contribution."

ENDS.

Operational planning and contracting guidance 2019/20

NHS England (NHSE) and NHS Improvement (NHSI) published the second part of the 2019/20 operational planning and contracting guidance on Thursday 10 January 2019. This overarching guidance covers the new financial framework (including the new Financial Recovery Fund), new operational planning requirements, and further detail on system planning and national tariff proposals.

The documents published include:

- NHS Operational Planning and Contracting Guidance 2019/20
- Clinical Commissioning Group (CCG) allocations 2019/20-2023/24

You can read our briefing on the preparatory planning guidance, published in December 2019, here. For any questions on this briefing or our work in this area please contact adam.wright@nhsproviders.org and david.williams@nhsproviders.org

Key points

- A new financial framework is being introduced to the provider sector, with the aim of eliminating all trust deficits by 2023/24. Central to this is a new financial recovery fund (FRF) that will be targeted at trusts that agree control totals, deliver efficiencies but still record a deficit. The new financial regime will phase out the control total and provider sustainability fund (PSF) regime, which will be brought to an end in 2020/21.
- Trusts and systems will be expected to produce recovery plans during 2019/20 and beyond. Not much detail is provided on these plans but further guidance is expected. It is likely that capital plans drawn up by sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) will play an important role in these.
- NHSI and the Department of Health and Social Care (DHSC) are reviewing the cash and capital regimes for providers. More detail is expected in the comprehensive spending review, likely in autumn 2019.
- Further detail is provided on system planning. STPs and ICSs will be expected to provide an overview of how system resources will be utilised, in addition to submitting aggregated data sets based on each member's plans.
- There are a number of new commitments around mental health spending. In addition to meeting the mental health investment standard (MHIS) requirements, commissioners will be expected to increase

the share of their total mental health spend that is spent on mental health providers. NHS England will also look at mental health spend per head for each CCG.

- The guidance does not include performance recovery trajectories, but makes clear that the existing NHS Constitution standards remain in force.

The new financial settlement

The long term financial settlement aims to ensure that being in financial balance, rather than in deficit, is achievable, and the norm, within the provider sector. However the five year funding profile, first announced by the government last summer, has now changed, meaning the NHS will experience higher funding growth at the end of the five year period, and less up front. The Health Service Journal (HSJ) has reported that the cumulative impact of this will mean the NHS will receive around £2bn less during the five years.

In 2019/20 NHSI will introduce a new financial framework to help move the majority of providers back to financial balance – but the "quid pro quo is that next year no national reserves are being held to cover unauthorised deficits". This means that whether the DHSC group as a whole is in balance depends largely on whether trusts deliver against their control totals.

Financial framework

The guidance confirms a new financial framework for trusts from 2019/20 onwards. The new framework will involve:

- Transferring £1bn from the provider sustainability fund (PSF) into urgent and emergency care prices. This is intended to reduce the gap between the price paid and the cost of delivering emergency care. The blended payment system, as set out in the tariff proposals, will also form part of the reforms to urgent and emergency care payments.
- Creating the new financial recovery fund (FRF) worth £1.05bn (see detail below).
- Reducing the size of the PSF for all providers. Overall, in 2019/20 the PSF will be reduced from the current £2.45bn to £1.25bn. Of this smaller pot, mental health, community and ambulance trusts will be allocated £155m (the same amount as this year), but acute and specialist providers will be allocated £1.1bn. This means non-acute trusts have access to 12% of the total pot, compared with16% in 2017/18. Mental health, community and ambulance trusts not be able to access £1bn transferred from PSF into emergency care prices, or much of the £1bn FRF, which is solely for trusts in deficit.
- Rebasing control totals for all providers.
- Working with the DHSC to reform the capital and cash regimes for trusts.
- Setting an efficiency target of 1.1% for the provider sector, with a further 0.5% required from trusts looking to access the financial recovery fund.

Financial Recovery Fund and recovering deficits

The new FRF is aimed at addressing issues around sustainability in the provider sector and will be worth £1.05bn. This includes around £200m that has been transferred from the PSF. The FRF will be allocated on

2/8
168/183

a non-recurrent basis and will only be made available to trusts in deficit that have signed up to their control total. However, the 2019/20 control totals issued to trusts in deficit will include an additional 0.5% efficiency requirement (in addition to the 1.1% requirement for all providers).

NHSI expect that by the end of 2019/20 the number of trusts in deficit will halve, and that by 2023/24 no trust will be reporting a deficit.

Conditions for FRF in 2019/20
In order to be eligible for FRF funding in 2019/20, a trust must first be signed up to a deficit control total. During the year, the trust will be required to produce a recovery plan in order to be able to access the fund. In addition to this, all systems that include a trust in deficit will need to have a recovery plan in place as part of their five-year system level strategic plans, due in December 2019. National guidance is expected on the development of recovery plans.

Trusts in deficit and in receipt of FRF will need to achieve agreed performance improvement trajectories that deliver year-on-year improvements in financial performance to receive the FRF. If any agreed recovery trajectories are missed, the regional NHSE/I team will intervene, "with the potential to draw on the full range of statutory and regulatory powers". More detail on this new accountability regime is expected soon.

In 2019/20 all trusts will continue to receive PSF upon acceptance and delivery of control totals.

Beyond 2019/20
With the introduction of the FRF, NHSI intend to end the control total and PSF regime. In 2020/21, the remaining PSF funds will be transferred into the FRF and no trust will be allocated a control total. The FRF will only be available to trusts in deficit that agree a financial recovery plan, which will need to be approved by NHSE/I regional teams. These plans will need to set out how financial recovery will be delivered over a number of years, and payment will be made upon delivery of key milestones. NHSI has also indicated that they may require providers to deliver a minimum surplus standard in the future.

Trusts will be expected to draw on national policy initiatives to deliver these plans, including the Model Hospital, RightCare and GIRFT programmes. Any trust that over-delivers against its recovery plan will still receive its FRF funding, and will be expected to spend this on transformation and further cost reduction. NHSI expects the size of the FRF to reduce over time, with funding instead replaced by recurrent efficiency improvements delivered through multi-year recovery plans.

Other support
Trusts in surplus will be expected to support those in deficit within their STP/ICS. This may include sharing management expertise and looking to reduce service costs across system pathways.

In addition to this, NHSI will review the cash regime for providers, including the rate of interest paid on both historic debt and new loans. NHSI is also considering how to restructure historic debt on a case-by-case, but only for those trusts that have agreed a recovery plan.

National tariff payment system

The guidance restates proposals on the expected changes to the national tariff. We expect the statutory consultation on these proposals to launch on 17 January 2019:

- The price uplift will be set at 3.8%, which includes the Agenda for Change pay award funding, but excludes the transfer of £1bn PSF, a transfer from CQUIN and extra money to fund increased pensions contributions. This will be offset by a 1.1% efficiency factor and a top slice, falling most heavily on acute trusts, to pay for centralised procurement arrangements.
- Blended payments for emergency activity will cover non-elective admissions, A&E attendances and ambulatory/same day emergency care. This will comprise of a fixed element based on locally agreed planned activity levels and a variable element, set at 20% of tariff prices. A break glass clause will also be introduced.
- The marginal rate and the 30-day readmission rule will be abolished on a "financially neutral basis between providers and commissioners", however there is no detail on what this might mean for a provider that historically has lost money via the application of the marginal rate.
- The updated market forces factor (MFF) will be implemented over a period of five years (a year longer than original proposed), with changes also reflected in control totals.
- Maternity pathway tariffs will be made non-mandatory, but NHSI still expect these prices to be used for contracting in 2019/20.

System requirements

System planning
All STPs/ICSs will produce a system operating plan for 2019/20, based on "open book" working between system partners. Projections should be "realistic" – for example phasing most elective activity for the first half of the year, before the onset of winter. The first submission will be on Monday 14 January 2019.
The plans will need to have two elements:
1. An overview setting out how the system will use its resources to meet population need.
2. A "system data aggregation", comprising activity, workforce, finance and contracting data for each member of the STP/ICS.

System control totals
As previously set out, system control totals for each ICS/STP will be the sum of individual organisational control totals. The approach for ICSs goes further than STPs by linking a proportion of each organisation's provider sustainability fund or commissioner sustainability fund to achievement of the system control total.

System efficiency
The guidance acknowledges that STPs/ICSs are increasingly finding efficiency opportunities that can only be delivered through combined efforts. Systems should focus on the cost effectiveness of the whole system, "not cost shifting between organisations". However there is no target for system efficiency

comparable to the efficiency factor built into local prices, and no indication of how STPs/ICSs may be held to account for delivery on system efficiency.

Mental health

The guidance includes a commitment to increase the proportion of spend on mental health services. CCGs must continue to increase investment in mental health service, in line with the mental health investment standard (MHIS). This requires commissioners to:

- increase spend on mental health by more than their overall programme allocation growth – each CCG will be given a minimum percentage increase;
- increase the share of their total mental health expenditure "that is spent with mental health providers"; and
- increase the proportion of mental health spending on children and young people's services.

NHS England will also look at mental health spend per head, and as a percentage of CCG allocations. For each CCG, mental health spending plans will need to be signed off by their governing body and will be subject to independent auditor review to ensure the MHIS has been achieved. STP/ICS leaders, including a nominated lead mental health provider, will also review these plans.

Capital

In 2019/20, the guidance states "capital expenditure will also be subject to additional controls to ensure the NSH budget overall is balance". It is not clear what these additional controls will be. In addition to this, the guidance hints that STP/ICS capital plans may form part of system recovery plans, and restates that they will need to be "investable propositions".

While the guidance does not set out changes to the capital funding regime, it does allude to future changes. NHSE/I will be working with the DHSC to reform both the capital and cash regimes, with a new funding settlement expected with the government's spending review, due autumn 2019.

Operational performance

The guidance states that existing constitutional standards remain in force but does not, unlike in previous years, provide any performance recovery trajectories. Notable changes to provider performance requirements include but not are limited to:

- All trusts with a type 1 A&E must have a Same Day Emergency Centre (SDEC) in place by September 2019.
- The penalty for breaching the 52 week waiting list will be reintroduced, even for providers that sign up to a control total. The fines will now be split between providers and CCGs equally, with NHSE/I regional teams deciding how this money should be reinvested.
- If a patient has been waiting longer than six months for treatment the provider or responsible CCG must contact them and offer them an alternative option.

For urgent and emergency care, the expectation is that the clinical standards review will set out new clinical standards. The review will be published in spring 2019, with testing to follow and full implementation launching in October 2019.

The guidance restates existing service deliverables, including those arising from year one of the *Long term plan*.

NHS Providers' view

The new financial regime is to be welcomed – in 2019/20 providers will have access to more funding for frontline services and be required to meet a more realistic efficiency target. But with this comes the added pressure for trusts to sign up to, and meet, their control totals.

Even with this additional funding, it will be no mean feat for the number of providers in deficit to halve next year and to fall to zero by 2023/24. That is why the national reviews into the current cash and capital regimes are much needed and cannot be delayed, particularly if providers and systems are to produce credible recovery plans. We look forward to further clarification around these recovery plan requirements, as well as the new accountability regime.

The new regime is a positive step away from previous years where an aggregate deficit in the provider sector was offset by a large aggregate surplus in commissioner budgets. It effectively transfers NHS England's risk reserve to providers. This will mean, however, that national bodies will not be able to mitigate against any financial over performance from the sector at year end. We therefore anticipate NHSI to place greater emphasis and scrutiny on trusts agreeing and meeting their control totals in 2019/20, and for deficit trusts to set robust financial recovery plans in the months and years ahead.

Many providers will be alarmed by the suggestion that additional controls will be placed on capital expenditure. We have argued for some time that access to capital funding is extremely restricted for many trusts, and so it is disappointing to see it will likely become even harder for providers to fund long overdue infrastructure investment.

We recognise that new funding has primarily been aimed at eliminating provider deficits, most of which are in the acute sector. Mental health, community and ambulance providers will have limited opportunity to access the new funding allocated to the FRF or the increase to urgent and emergency care prices. But we accept that in the mental health sector, this has been partly counterbalanced with the additional expectations around mental health funding reaching the front line.

Without recovery trajectories, the requirements around performance remain ambiguous. Trusts will do everything within their powers to avoid further deterioration, and will recover if possible. We eagerly await the publication of the clinical standards review, but remain sceptical around implementing what could be quite radical changes to performance targets by the end of 2019/20.

We have concerns around the timing of this guidance. The first activity plans are due on Monday 14 January, leaving providers just under one and a half working days to interpret and act on the full guidance that has been published. Given this, the national bodies should lenient with any delays in submissions.

NHS Providers press statement

Responding to the NHS planning guidance for 2019/20, published today by NHS England and NHS Improvement, the chief executive of NHS Providers, Chris Hopson, said:

"NHS trusts have been struggling for four years with a difficult combination of rising demand, the longest and deepest financial squeeze in NHS history and growing workforce shortages. That's meant that, despite frontline staff working flat out, the NHS has fallen a long way behind. Patient access to care has suffered, trusts have been running persistent financial deficits and frontline NHS staff have had an unsustainable workload.

"The 2019/20 planning guidance, and this week's long term plan, therefore needed to show how trusts, working in their local systems, could use the first year of increased NHS investment to start to deliver the interlinked objectives of recovering performance, addressing workforce shortages and heading back to financial balance.

"The provider sector will welcome the overall new financial regime set out in the guidance – the extra investment in the sector, the increase in prices paid to trusts for the care they provide, the new provider financial recovery fund, the changes to funding emergency care and a more realistic efficiency assumption than before of 1.1%.

"Trusts will want to assess the impact of a complex set of changes on their individual position, recognising that each trust has an important contribution to make to returning the sector to financial balance. But, taken as a whole, this should enable the provider sector to start moving from deficit to surplus, an important and significant achievement.

"On workforce, trusts will also welcome the statement of intent to rapidly address current staff shortages. Whilst it's concerning that some issues, and a full plan, will need to wait for the forthcoming spending review, it's welcome that the new national workforce group plans to take quick, co-ordinated, purposeful action in areas that trusts and NHS Providers have been highlighting for some time. These include speeding up overseas recruitment, quickly maximising the clinical permissions that newer job roles can exercise and tackling long standing pension issues. The new group must fully involve frontline trust leaders and their representatives in its work.

"On recovering performance, the guidance acknowledges that current performance is short of where it should be but says that a recovery plan needs to wait for a new set of performance targets that reflect up to date clinical practice. Trusts are ready to look at modernising targets but will not want to abandon the

hard won improvements in waiting times and patient care the NHS delivered in the 2000's. Any recovery trajectory needs to be properly planned and fully funded and staffed. We will also need a full, evidence based, debate to change the current NHS constitutional standards. The six month timetable suggested in the planning guidance for achieving this seems ambitious.

"The single biggest factor affecting the NHS in 2019/20 may well be the impact of Brexit, should it proceed, particularly if there is a no deal Brexit. Trusts tell us they are completely reliant on national level contingency planning and remain concerned at the short timetable and the range and complexity of tasks that need to be managed.

"In short, the planning guidance sets out the first steps on the path back to a sustainable NHS, with the right care for patients and a reasonable workload for staff. Good work has been done to enable providers to start to recover their financial position. But there is a lot of hard work to do and independent commentators are clear that there is insufficient money to meet every aspiration".

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors Meeting

Meeting Date: 23 January 2019

Title and Author of Paper: Briefing note on the Independent Review of the Mental Health Act (MHA) 1983 published December 2018

Paper for: Information and Discussion.

Key Points to Note:

In October 2017 the Government announced a Review of the Mental Health Act 1983, in how it is used and how it can be improved in practice. The Review was to facilitate and understand the reasons for:

- The rising rates in detentions
- Racial disparities
- Processes that are out of step with modern mental health care system

The key principles underpinning the report are Autonomy and Patient Choice.

The government has already accepted two recommendations which are: -
- replacing the nearest relative with a nominated person; and,
- implementing the Advance Choice document.

If all the recommendations were accepted by the government it would require a review of current practices and development of appropriate clinical and corporate actions.

Budget implications: Not known at present

Equal Opportunities and Legal and Other Implications: Not known at present

Action Proposed and Person Responsible for Action: Board are asked to note the contents of the review and further updates will be reported to the Mental Health Legislation Committee.

Outcome required: Report to be noted.

Date for completion: 23 January 2019

Relevant Strategic Objective(s) and Reference to Other Papers / Policies:
Mental Health Act 1983, Code Of Practice, Trust policies and PGNs.

Relevant Principal Risks in Board Assurance Framework:
None identified.

Independent Review of the Mental Health Act 1983

The Independent Review of the MHA 1983 was led by Professor Sir Simon Wessely.

An interim report was published in May 2018, and the final report was published in December 2018. The report has 154 recommendations.

Key points resulting from the proposed principles are:

The introduction of **statutory Advance Choice Documents (ACDs) to enable adults to voice their views and make choices about their care and treatment** if detained. These should be made by a person who has capacity and authenticated by the health professional. ACDs should be offered to those who have previously being detained and those who are considered for detention.

The RC to formulate **statutory Care Treatment Plan (CTP) for each individual within 7 days** for those detained on a section 2 and section 3. The CTP should be reviewed in 14 days by a clinical director or delegated officer to ensure it is appropriate and is being adhered to. The Tribunal should scrutinise the CTP in each application for discharge.

The framework around treatment to change make it more difficult for patients to receive treatment which they have refused. There will be circumstances when treatment is necessary but these should be in exceptional cases. A patient should be able to request a **second opinion** appointed doctor (SOAD) after the CTP is finalised or 14 days after admission, whichever is earlier. A patient should be able to challenge a treatment decision to the Tribunal following a SOAD review.

A **nominated person (NP) is to replace the nearest relative** role which will allow the patient to choose their own NP. The NP should have the right to be consulted on care plans and to challenge treatment decisions before the Tribunal, when the patient lacks the capacity to do it themselves.

The **criteria for detention in relation to risk and treatment to be strengthened** to require that there is a substantial likelihood of significant harm to the health, safety or welfare of the person or the safety of any other person. Plus treatment is available which would benefit the patient. This will mean that detention only happens in the most serious of cases.

The criteria for **CTOs (Community Treatment Orders)** to be reviewed in line with the recommended new detention criteria. 3 professionals should agree to the CTO and it should have a life span of 2 years, although a new application could be made by the RC. The Government should consider their abolishment in 5 years if the number of CTOs have not reduced following the recommendations.

The period of detention under a section 3 to be halved to 3 months maximum, renewable for a further 3 months, then renewable for 6 months. Then renewable annually. The periods of

detention being halved would increase the number of times a patient can appeal to the Tribunal.

The **power of associate hospital managers to order discharge should be removed**.

If each recommendation is accepted this will have a significant impact on the organisation. The Government has already accepted two of the report's recommendations which are:

- Replacing the nearest relative with nominated person
- Implementing Advance Choice Documents

With Brexit and the current political climate it may be some time before the Government responds to the report.

The MHL department will monitor progress and report accordingly.

The report is available at: https://www.gov.uk/government/groups/independent-review-of-the-mental-health-act

Dr Rajesh Nadkarni
Executive Medical Director
January 2019

Meeting Date: 23rd January 2019

Title and Author of Paper: Quarter 3 update - NHS Improvement Single Oversight Framework Anna Foster, Deputy Director of Commissioning & Quality Assurance Dave Rycroft, Deputy Director of Finance & Business Development

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

Paper for Debate, Decision or Information: Information

Key Points to Note: 1. The Trust position against the Single Oversight Framework remains assessed by NHS Improvement as segment 1 (maximum autonomy). 2. Finance templates are submitted to NHS Improvement on a monthly basis. The Trust's Use of Resources rating is a 3 at Q3. 3. From October 2016, NHSI introduced a Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. At Q3 the Trust is reporting it will achieve its year-end control total so this statement is not required. 4. Information on the Trust's Workforce is submitted to NHSI on a monthly basis. This report includes a summary of the information which has been submitted in quarter 3 of 2018/19. 5. Information on agency use including any price cap breaches and longest serving agency staff is submitted to NHSI on a weekly basis. The attached report includes a summary of this information for quarter 3 of 2018/19. 6. Governance Information/Updates, any changes to Trust Board and Council of Governors; any adverse national press attention during quarter 3 of 2018/2019 has been included within the report.

Risks Highlighted to Board: None

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required: To note the Finance submissions which are approved by the Director of Finance/Deputy Chief Executive on behalf of the Board are submitted to NHS Improvement on a weekly and monthly

basis during the year.

To note the Quarter 3 self-assessed position against the requirements of the Single Oversight Framework.

Link to Policies and Strategies: N/A

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BOARD OF DIRECTORS

23rd January 2019

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 3 2018-19

BACKGROUND

NHS Improvement oversees foundation trusts using the Single Oversight Framework. NHS Improvement have assessed NTW as segment 1 – maximum autonomy.

Until October 2016, Monitor provided all Trusts with ratings in relation to continuity of services and governance risk ratings. These are now overseen by NHS Improvement using the Single Oversight Framework who have assessed the Trust for Quarter 3 of 2018-19 as segment 1 – maximum autonomy, this is the same as the segmentation at Q1 & Q2 and during 2017-18.

A summary of the Trust ratings since the start of financial year 2016-17 are set out below:

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 –Q3 18-19
Single Oversight Framework Segment	n/a	2	1	1
Use of Resources Rating	n/a	2	1	3
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a

Key Financial Targets & Issues

A summary of delivery at Month 9 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis):-

Key Financial Targets	Year to Date			Year End		
	Plan	Actual	Variance/ Rating	Plan	Forecast	Variance/ Rating
Monitor Risk Rating	3	3	Amber	3	3	Amber
I&E – Surplus /(Deficit)	£1.2m	£2.1m	£0.9m	£3.5m	£3.5m	£0.0m
FDP - Efficiency Target	£7.9m	£7.9m	£0.0m	£12.6m	£12.6m	£0.0m
Agency Ceiling	£6.1m	£5.4m	(£0.7m)	£8.0m	£7.0m	(£1.0m)
Cash	£18.6m	£20.8m	£2.2m	£19.6m	£19.6m	£0.0m
Capital Spend	£8.7m	£4.1m	(£4.6m)	£13.2m	£7.7m	(£5.5m)
Asset Sales	£0.3m	£0.3m	£0.0m	£0.3m	£2.0m	£1.7m

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Risk Rating

Risk Ratings	Weight	Year to Date		Year-End	
		Plan	Risk Rating	Plan	Risk Rating
Capital Service Capacity	20%	4	4	4	4
Liquidity	20%	1	1	1	1
I&E Margin	20%	2	2	1	1
Variance from Control Total	20%	1	1	1	1
Agency Ceiling	20%	1	1	1	1
Overall Rating		**3**	**3**	**3**	**3**

From October 2016, NHSI introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. This quarter the Trust is reporting achievement of its control total so this statement is not required.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 3 2018-19. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	Month 7	Month 8	Month 9
	Actual WTE	Actual WTE	Actual WTE
Total non medical - clinical substantive staff	3,922	3,910	3,898
Total non medical - non clinical substantive staff	1,582	1,586	1,581
Total medical and dental substantive	348	354	341
Total WTE substantive staff	**5,851**	**5,851**	**5,820**
Bank staff	284	287	273
Agency staff (including, agency and contract)	116	127	152
Total WTE all staff	**6,252**	**6,265**	**6,246**

Agency Information

The Trust has to report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff.

The table below shows the number of above price cap shifts reported during Quarter 3 2018-19.

Staff Group	Oct	Nov	Dec
	1/10 - 29/10	5/11 - 26/11	3/12 - 24/12
Medical	84	56	44
Nursing	25	20	15
Total	**109**	**76**	**59**

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At the end of December the Trust was paying 2 medical staff above price caps (2 associate specialists).

At the end of December, the top10 highest paid agency staff were all consultants. There were no consultants being paid over the agency cap. During December, Chief Executive approval was obtained for an agency consultant, who has started in January, to be paid above the agency cap and above £100/hour (£110 per hour)

The length of time the top 10 longest serving agency staff have been with the Trust is shown in the table below:-

Post	8 to 9 years	2 – 3 years	1 – 2 years
Consultant	1	2	2
Speciality Doctor			1
AHP		1	
Qualified Nurses			4

GOVERNANCE

There is no longer a requirement to submit a governance return to NHS Improvement; however there are specific exceptions that the Trust are required to notify NHS Improvement and specific items for information, it is these issues that are included within this report.

Board & Governor Changes Q3 2018-2019

Board of Directors:

- Outgoing Non-Executive Director, Ruth Thompson – 31 December 2018
- Outgoing Non-Executive Director, Martin Cocker – 31 December 2018

Council of Governors:

- Incoming Appointed Governor, Northumbria University – Prof Kim Holt – 4 October 2018

- Incoming Elected Governors – all commencing 1 December 2018

  Service User Governor, Neuro Disability Services - Russell Bowman
  Service User Governor, Learning Disability Services – Andrew Davidson
  Clinical Staff Governor - Kevin Chapman
  Clinical Staff Governor – Claire Keys (re-elected)
  Medical Staff Governor – Dr Uma Ruppa Geethanath
  Non-Clinical Staff Governor – Bob Waddell (re-elected)
  Carer Governor, Adult Services – Anne Carlile (re-elected)
  Carer Governor, Children & Young People's Services – Janice Santos
  Carer Governor, Learning Disability Services – Fiona Regan
  Carer Governor, Neuro Disability Services – Diane Kirtley
  Public Governor, Newcastle and Rest of England/Wales – Stephen Blair
  Public Governor, Sunderland – Sharon Boyd

- Outgoing Governors – all at 30 November 2018

  Service User Governor, Learning Disability Services – Rachel Simpson

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Service User Governor, Neuro Disability Services – Lucy Reynolds
Clinical Staff Governor – Lisa Strong
Public Governor, Sunderland – Michael Butler

<u>Present vacancies</u>

- Carer Governors x 1 (Adult Services)

Never Events

There were no never events reported in Quarter 3 2018 - 2019 as per the DH guidance document.

Adverse national press attention Q3 2018-19

<u>Media Report (October – December)</u>

There has been no adverse national press attention reported in relation to the Trust during the quarter.

Other items for consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:-

Weekly
- Total number of bank shifts requested/total filled (from October 17)

Monthly
- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually
- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

Carter Review
- Community and Mental Health (Productivity) – Community services
- Corporate Benchmarking – First submission in 16/17.

RECOMMENDATIONS

To note the information included within the report.

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development

January 2019

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