

Board of Directors Meeting (PUBLIC)

27 February 2019, 13:30 to 15:30
Board Room, St Nicholas Hospital, Gosforth,
NE3 3XT

Agenda

1. Service User/Carer Experience

Richardson Intensive Eating Disorder Service

Information

Melanie Bash, Lead Consultant
Clinical Psychologist/ Angela Shields,
Clinical Lead/ Dr Dipo, Specialty
Doctor/ Claire Hay, Occupational

2. Apologies

- David Arthur, Non Executive Director

Information

Ken Jarrold, Chair

3. Declarations of Interest

Information

Ken Jarrold, Chair

4. Minutes of the previous meeting: Wednesday 23 January 2019

Decision

Ken Jarrold, Chair



4. BoD public meeting minutes 23-01-19.pdf (6 pages)

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

Discussion

Ken Jarrold, Chair



5. Action List.pdf (1 pages)

6. Chair's Remarks

Information


Ken Jarrold, Chair

7. Chief Executive's Report

Information

John Lawlor, Chief Executive

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 7. CEO Report Feb 2019.pdf (7 pages)


Quality, Clinical and Patient Issues

8. Pharmacy and Medicines optimisation report

Information

Rajesh, Nadkarni, Executive Medical Director


 8a. Pharmacy and Medicines Optimisation Report 2017_18 Cover Sheet.pdf (2 pages)

 8b. Pharmacy and Medicines Optimisation Report 2017_18 Presentation.pdf (12 pages)

9. Controlled drugs accountable Officer annual report

Information

Rajesh Nadkarni, Executive Medical Director

 9. Controlled Drugs Accountable Officer Annual Report 2017_18.pdf (3 pages)

10. Commissioning and Quality Assurance Report (Month 10)

Decision

Lisa Quinn, Executive Director of Commissioning and Quality

 10. Commissioning & QA Report Month 10.pdf (5 pages)

Workforce

11. Workforce Directorate Quarterly update

Discussion

Lynne Shaw, Acting Executive Director of Workforce and Organisational Development



 11. Quarterly Workforce Report - Feb 19.pdf (6 pages)

12. Gender Pay Gap

Discussion

Lynne Shaw, Acting Executive Director of Workforce and OD

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-  12a. Gender Pay Gap Report 2018Trust Board.pdf (8 pages)
-  12b. Gender Pay Gap NTW Solutions Report.pdf (12 pages)

Strategy and Partnerships

13. Cumbria

Decision

Lisa Quinn, Executive Director of
Commissioning and Quality



-  13a. Cumbria NHSI Self Assessment and FBC Final.pdf (10 pages)
-  13b. NTW North Cumbria MH&LD FBC Feb 19 Final.pdf (68 pages)
-  13c. Appendix 5 Letter of Support from North Cumbria
CCG 13 February 2019.pdf (4 pages)
-  13d. Appendix 6 Letter of Support to Approach and
Self Certification NHSI 30 January 2019.pdf (2 pages)
-  13e. Appendix 7 Letter to NTW regarding CQC position
on ratings post merger or acquisition.pdf (1 pages)

14. Citizens Tyne and Wear MH Commission

Note: presenters:

- Simon Mason, Clinical Lead Chaplain
- Esther Cohen Tovee, Director of AHPs and Psychological Services
- Andrew Cole, Consultant Psychiatrist


Discussion

-  14a. Citizens T&W cover sheet.pdf (1 pages)
-  14b. Citizens T&W proposal.pdf (5 pages)

15. Psychological Services Strategy update

Discussion



Esther Cohen Tovee, Director of
AHPs and Psychological Services

-  15. Psychological Services Strategy Feb 19 cover
sheet.pdf (39 pages)

16. Nursing Strategy

Discussion

Gary O'Hare, Executive Director of
Nursing & Chief Operating Officer

-  16a. Nursing Strategy - Front Street.pdf (2 pages)
-  16b. Nursing Strategy 2019-2024 Final Draft Trust
Board.pdf (20 pages)

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Minutes/Papers for Information

17. Committee updates

Information
Non-Executive Directors

18. Council of Governors' Issues

Information
Ken Jarrold, Chair

19. Any Other Business

Information
Ken Jarrold, Chair

20. Questions from the Public

Discussion
Ken Jarrold, Chair

Date, time and place of next meeting:

**21. Wednesday, 27 March 2019, 1:30pm to 3:30pm,
Conference Room, Northgate, Morpeth, NE61 3BP.**

Information
Chair

Northumberland, Tyne and Wear
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Board of Directors Meeting (PUBLIC)

23 January 2019, 13:30 Absent 15:30
Ferdene, Prudhoe, NE42 5PB

Attendees

Board members

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

In attendance

Debbie Henderson (Deputy Director Communications and Corporate Affairs) , Anthony Deery (Group Nurse Director) , Damian Robinson (Group Medical Director) , Jennifer Cribbes (Corporate Affairs Manager)

Apologies

Gary O'Hare (Executive Director of Nursing and Chief Operating Officer)

Meeting minutes

1. Service User/Carer Experience

Information

Ken Jarrold opened the meeting and welcomed those in attendance.

A special welcome was extended to new attendees including Debbie Henderson, Deputy Director of Communications and Corporate Affairs, Michael Robinson, Non-Executive Director, David Arthur, Non-Executive Director and Anthony Deery, Group Nurse Director, South.

A service user attended the Board to share their personal experience of Mental Health Services from providers including NTW. They described their experience of diagnosis, repeated Mental Health Act sections and secure services.

John Lawlor explained that the Trust would be developing new ways of working as a result of the recent review conducted on the Mental Health Act. John asked the service user if they would be interested in being involved in the work looking at how the Trust can implement the changes.

Rajesh Nadkarni provided further information in relation to the Mental Health Act review, the involvement of service users and carers, and some of the changes including the increased focus on patient choice and involvement.

Lisa Quinn referred to a conversation she had previously with the service user regarding their interest in becoming a peer support worker within the Trust. Discussion took place regarding the real value of peer support workers and the Board was asked to consider what the Trust strategy would be in relation to the peer support worker posts.

Ken Jarrold thanked the service user on behalf of the Board for sharing their story and wished them the very best for the future.

2. Apologies

Information
Chair

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

3. Declarations of Interest

Information
Chair

There were no conflicts of interest declared for this meeting.

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

Decision
Chair

The Board agreed that the minutes of the 28 November 2018 were a true and accurate record of the meeting.

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

Discussion

Chair

Matters arising

Following the patient experience story shared at the November Board meeting, John Lawlor advised the Board that Sarah Rushbrooke, Group Director and himself would meet with the service user in the near future to discuss the details shared at the meeting.

Item (5) Crisis Team phone lines

In the absence of Gary O'Hare, the Board agreed to defer this action.

6. Chair's Remarks

Information

Chair

Ken Jarrold provided a verbal update and referred to the NHS Long Term Plan and creation of new NHS Structures. Ken advised of the importance of having honest and realistic timescales for the areas of change detailed in the Long-Term Plan.

The Board received and noted the Chair's Remarks.

7. Chief Executive's Report

Information

Chief Executive

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates. John provided further details in relation to the Staff Survey, seasonal 'flu campaign, North Cumbria, Brexit planning and the NHS Long Term Plan.

Lynne Shaw spoke to the Staff Survey section of the report and advised that the draft results appear to be similar to those reported the previous year. Lynne explained that a full report would be presented at a future Board of Directors meeting once further analysis had been completed.

John Lawlor spoke to the 'flu campaign section of the report and advised that 73% of staff had received a 'flu vaccine to date. It was explained that the Trust is continuing to campaign for staff to receive the vaccine as 98 more front line staff are required to be vaccinated in order for the Trust to achieve the herd immunity standard. It was further explained that the Department of Health will send an anonymous survey to staff who have refused to receive a vaccination to understand the reason why.

John spoke to the section of the report on North Cumbria and referred to a number of meetings where the Board had discussed and considered the possibility of transferring the delivery of Mental Health and Learning Disabilities Services (for the population of North Cumbria) to NTW. John advised that a full business case would be presented to the Board in February.

John referred to the section of the report on Brexit and highlight the 7 key areas that were identified in National guidance which required all Health & Adult Social Care Organisations to take action. John explained that the Board had reviewed the Trust's contingency plans within a Board Development meeting that had been held earlier that morning.

Finally, John spoke to the section of the report on the Long Term Plan and referred to the content that focused on Mental Health.

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

Quality, Clinical and Patient Issues

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

Damian Robinson spoke to the enclosed report to update the Board on safety related activity for the period October to December 2018. Further detail was provided in relation to the review of deaths occurring in alcohol and drug services, the body camera pilot, Sleep Well campaign and use of mechanical restraint.

Damian explained that the report included Infection Prevention and Control incidences for the first time. However, as the Trust has had no reportable infections, there was no data to include in the report. Damian explained that the infections within the report were lower level infections that had not progressed to Severe Sepsis.

In relation to complaints, Damian explained that cases had significantly decreased.


In response to a question raised by John Lawlor in relation to the section of the report that shows that three MRSA Infection incidents had been recorded, Damian reassured the Board that the Trust has had no reportable MRSA Infections.

In response to a question raised by Peter in relation to the increase in the use of mechanical restraint, Damian explained that the use of mechanical restraint can be increased significantly by a very small number of service users. Damian further advised that the incidences where mechanical restraint had been used were within highly specialist learning disability services. Peter requested further assurance that restraint was being used appropriately. Miriam Harte explained that the use of mechanical restraint had been discussed in detail within the Trust's Quality and Performance Committee and assurance had been provided that mechanical restraint is used very cautiously. Miriam explained that incidences, where there is no other option other than the use of mechanical restraint, have to be signed off by a Clinical Director prior to being used.

Lisa Quinn made the Board aware that the CQC are undertaking a thematic review on the use of restraint and seclusion within the Trust. Lisa explained that the CQC would be visiting Ferndene in February as part of the review.

Les Boobis asked Grahame Errington his opinion on the use of Mechanical Restraint. Grahame explained that in his view the use of restraint depends on the circumstances. Grahame further explained that medication had been used in the past to help with restraint and the use of medication was helpful. Alexis Cleveland thanked Grahame for his views and commented that it was interesting to hear the views of a service user.

The Board received and noted the contents of the Safer Care Report for Quarter 3 that included learning from deaths.

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

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

Anthony Deery, spoke to the enclosed report to provide the Board with an update in relation to safer staffing levels and skill mix analysis for the quarter 3 period. Anthony commenced by explaining the report and its purpose for the benefit of new Board members in attendance.

Anthony confirmed that there had been no incidences of harm attributed to a variance in safer staffing levels in the quarter. It was explained that work was ongoing to develop the nursing workforce and create opportunities where the nursing workforce can be complemented by different staff groups.

Ken Jarrold commended the initiatives that had been set out in the report and made particular reference to the launch of the apprenticeship programme.

The Board received and noted the contents of the Safer Staffing report for quarter 3 that included the 6 monthly skill mix review.

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

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10. Guardians of safe working hours annual update

Discussion
Executive Medical Director

Rajesh Nadkarni spoke to the enclosed report to update the Board on safe working hours of Junior Doctors, January to December 2018. Further detail was provided in relation to the junior doctor contracts, exception reports received for the period and agency locum bookings.

Rajesh advised that the Trust had submitted an expression of interest to obtain funds that had been allocated by Matt Hancock, Secretary of State as part of the BMA Fatigue and Facilities charter. Rajesh explained that the funds are to be spent by the Guardian of each Trust to improve the working conditions of Junior Doctors.

Peter Studd referred to the number of exception reports submitted and questioned if Junior Doctors were under reporting. Rajesh explained that more exception reports had been submitted for areas known to have experienced pressure which would be expected.

Les Boobis commented on his experience as a Junior Doctor and explained some areas that he felt were an important part of a Junior Doctor's development that will no longer be experienced.

 10.1 Guardian of safe working hours cover sheet.pdf

 10.2 Guardian of Safe Working Hours Annual Report Trust Board Dec 17 to Dec 18 Report.pdf

11. Service User and Carer experience (Q3)

Discussion
Executive Director Of
Commissioning And Quality
Assurance

Lisa Quinn spoke to the enclosed report to update the Board on the service user and carer experience feedback received for quarter 3. Lisa explained that the number of responses had reduced in quarter 3. However, the number of responses was an improvement from the same period in 2018 and 2017.

Miriam Harte highlighted the incidents where allegations had been made against staff and raised the importance of ensuring staff are appropriately supported.

In response to a question raised by James Duncan regarding the difference in response rates between NTW and a comparable Trust, Lisa explained the difference in methodology used and clarified that NTW collects data from a wider range of service users.

The Board received and noted the Service User and Carer Experience report for quarter 3.

 11. BoD Service User and Carer Report Q3 201819.pdf

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

Discussion
Executive Director Of
Commissioning And Quality
Assurance

Lisa Quinn spoke to the Commissioning and Quality Assurance report to update the Board in relation to the Trust's position against the Single Oversight Framework (SOF). Lisa advised that the report was similar to what had been reported during the previous quarter.

Lisa explained that a lot of work had been completed in relation to key pressure such as waiting times. However, there had been a slight increase in staff sickness which is following the seasonal trend.

Alexis Cleveland informed the Board that staff sickness rates had been reviewed in detail at the Quality and Performance Committee. Discussion took place regarding the policies, processes and support mechanisms in place in relation to supporting staff which was agreed to be very good. The need to understand how managers are applying the policy and processes was raised to ensure the consistency of application across services.

Ken Jarrold advised that the Trust needs to focus on understanding how consistently the policies and process are applied.

The Board received the Integrated Commissioning and Quality Assurance report.


 12. BoD Monthly Commissioning & Quality Assurance report Month 9.pdf

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

Discussion
Executive Director Of
Commissioning And Quality
Assurance

Lisa Quinn spoke to the Board Assurance Framework and Corporate Risk register and advised that all risks had been reviewed at the relevant Board Sub-Committees the week prior. Lisa referred to conversations that took place at the Audit Committee and advised that she would be meeting with David Arthur, Chair of the Audit Committee in the near future to look at developing systems and processes further. This included how the report could be adapted to demonstrate trends.

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

 13.1 BoD - Trust-Wide Risk Management Report January 2019 v2.pdf

 13.2 BoD - Trust-Wide Risk Management Report - Appendix 1.pdf

 13.3 BoD - Trust-Wide Risk Management Report - Appendix 2.pdf

 13.4 BoD - Trust-Wide Risk Management Report - Appendix 3.pdf

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14. Visit feedback themes (Q3)

Anthony Deery presented the report to update the Board on visits that had been undertaken by senior leaders during the last quarter and the issues raised. Anthony explained that there were no significant themes arising from the visits. However, references relating to the enthusiasm of staff, examples of shared learning and use of digital technology were highlighted.

In response to a question raised by Miriam Harte, Ken Jarrold explained that Debbie Henderson would be looking to organise a visit programme for Non-Executive Directors in the near future.

Discussion took place relating to the format of the report and why comments were anonymous. It was agreed that Anthony Deery would review the report and suggest ways that it could be presented differently.

The Board received and noted the content of the Visit Feedback Themes report for the quarter 3 period.

 14. Feedback from Service Visits (Q3 - Oct to Dec 2018).pdf

Decision
Executive Director Of
Nursing/ Chief Operating
Officer

Strategy and Partnerships

15. NHS Long Term Plan and Planning Guidance

James Duncan referred to the enclosed report to update the Board on the NHS Long Term Plan and Planning Guidance 2019-20. James highlighted the key elements of the Plan and its implications and opportunities. James pointed out that the Long Term Plan contains a good blueprint for the future NHS but it was recognised that the delivery of the plan would be very challenging due to ongoing financial pressures.




Ken Jarrold welcomed the Plan which was said to demonstrate a strong commitment to the NHS and its principles.

Further detail was provided in relation to the Plan's emphasis on system planning, investment from CCGs in line with the Mental Health Investment Standard (MHIS), Control Totals for 2019/20 and the ongoing work within the Trust to develop the budgets for each of the Groups.

In response to a question raised by David Arthur in relation to the plan's reference to the use of technology, it was explained that the Trust was exploring a wide range of avenues for developing the use of technology including testing the roll out of digital consultations.

Ken Jarrold informed the Board that he had recently visited the Trust's Information Department and was very impressed.

The Board received and noted the NHS Long Term Plan and Planning Guidance report.

 15.1 Planning Guidance 1920 (Board).pdf
 15.2 nhs-long-term-plan-nhs-providers-on-the-day-briefing-7-january-2019.pdf
 15.3 NHS Operational planning and contracting guidance OTDB.pdf

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

Rajesh Nadkarni spoke to the enclosed report to update the Board on the Independent Review of the Mental Health Act. Further detail was provided in relation to areas of change and the focus on patient choice.

The Board received and noted the briefing note on the Independent Review of the Mental Health Act 1983 published December 2018.

 16. Independent Review of the Mental Health Act 1983 FINAL.pdf

Discussion
Executive Medical Director

17. Quarterly Report to NHS Improvement and submissions

Lisa Quinn referred to the enclosed report to highlight to the Board the information submitted to external regulators for the quarter 3 period.

The Board received and noted the Trust's quarter 3 position.

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

Discussion
Executive Director Of
Commissioning And Quality
Assurance

Minutes/Papers for Information

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18. Committee updates

There was nothing significant to report.

Information
Non-Executive Directors

19. Council of Governors' Issues

Ken Jarrold provided a verbal update on the Council of Governors' current issues and advised that he is currently meeting new Governors on a one to one basis. Ken explained that he was impressed with the Governors' skills and knowledge and explained that two of the new Governors had a strong interest in Children and Young People's Services.

Ken further advised that the Council of Governors' Induction had taken place the previous week and good feedback had been received.

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

Information
Chair

20. Any other Business

There was no further business to note for this meeting.

Chair

21. Questions from the Public

There were no members of the public in attendance.

Discussion
Chair

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.

Information
Chair

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Board of Directors Meeting

Action Sheet

Item No.	Subject	Action	By Whom	By When	Update/Comments
Month November 2018					
(5) 26.09.18	Crisis Team phone lines	The Board to receive an update in relation to the Crisis Team phone lines	Gary O'Hare	27/03/19	
(19) 24.10.18	Board Assurance	The Board to receive an assurance map for agenda items that require formal approval.	Board Secretary	27/03/19	
(14) 23.01.19	Non-Executive Director Service visits	Service visit programme to be developed for Non-Executive Directors	Board Secretary	24/04/19	
(14) 23.01.19	Visit feedback themes report	Review the format of the Visit feedback themes report.	Anthony Deery	24/04/19	
Complete					

Northumberland, Tyne and Wear NHS Foundation Trust # 697856
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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 27 February 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. Better Health at Work Award
2. Staff Awards
3. Thematic Review of the use of restraint, prolonged seclusion and segregation for people with mental health problems, learning disabilities and/or autism
4. Enhanced Bed Management and The Trusted Assessors
5. Cadabams visit
6. Court Room Skills, Continuing Professional Development (CPD) Event
7. Centre for Ageing and Vitality

Regional updates

8. Food Poverty in Newcastle upon Tyne
9. Obesity: Made in England – the Annual Report of the Director of Public Health in Gateshead

National updates

10. Operational Plan update
11. Brexit Readiness Assessment

Outcome required: For information

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Chief Executive's Report

27 February 2019

Trust updates

1. Better Health at Work Award

Following a recent re-assessment it has been confirmed that the Trust has achieved 'Maintaining Excellence' standard with the Better Health at Work Award (BHAWA) for 2018. This is a regional award scheme which recognises and endorses workplaces that motivate workers in developing a sustainable culture of health and wellbeing. Retaining this award demonstrates the Trust's ongoing commitment to the health and wellbeing of our staff.

2. Staff Excellence Awards

The 10th annual Staff Excellence Awards will be held on Friday 8 March at Newcastle Civic Centre which will see 400 staff come together to celebrate the dedication, hard work and achievements of both the Trust and NTW Solutions staff who have made a real difference to service users, carers or work colleagues.

The 19 available categories are:

- Rising Star Award
- Behind the Scenes Award – Individual (two awards: NTW and NTW Solutions)
- Behind the Scenes Award – Team (two awards: NTW and NTW Solutions)
- Clinical Team of the Year (three awards: north, central and south)
- Clinician of the Year (three awards: north, central and south)
- Healthcare Worker of the Year
- Knowledge, Safety and Innovation
- Working Together
- Leadership Award
- Manager of the Year
- Unsung Hero
- Lifetime achievement award

In addition to the above awards, Chair and Chief Executive's Awards will also be awarded on the evening to an individual or team who continually deliver above and beyond what is expected of them.

This year a record number of 730 entries were received and it was a difficult decision for the judges to shortlist due to the high calibre of nominations.

3. Thematic Review of the use of restraint, prolonged seclusion and segregation for people with mental health problems, learning disabilities and/or autism

A review the use of restraint, prolonged seclusion and segregation for people with mental health problems, a learning disability and/or autism has been commissioned by Secretary of State for Health and Social Care, Matt Hancock and will be undertaken by the CQC.

The Trust has recently responded to a CQC data request, providing restraint, seclusion and segregation data for November 2018 for eight Child and Adolescent Mental Health Service (CAMHS) and nine adult learning disability/autism wards.

It is envisaged that the CQC will report on its interim findings in May 2019, with a full report being published nationally by March 2020.

4. Enhanced Bed Management & the Trusted Assessors

The Trust has recently supported the development of an Enhanced Bed Management (EBM) service to provide our patients with an improved admission, treatment and discharge process. The key elements of the team's role being;

- Utilising the skills and competencies of senior medical staff to work with our Multi-Disciplinary Teams (MDTs) to support the flow and discharge processes.
- Having a real-time identification of potential delays, discharge dependencies and bed availability, allowing our patients to be moved through their care pathway more quickly and efficiently.
- Having a more effective discharge process through real-time allocation and pre-allocation, once again ensuring that lengths of stay for our patients are appropriate.
- Help sustain the Trusts position of having a reduced reliance on out of area beds.

These four developments have resulted in an enhanced bed management service which has created flow, efficiencies and productivity within the system. Implementation of new IT systems, processes and of course our staff have all helped in contributing to the success of this innovative project.

In addition the EBM service has adopted the national role of Trusted Assessment (TA) into mental health services. NTW is the first mental health Trust to have implemented this role. The role of the Trusted Assessor is to work with MDTs to facilitate an appropriate, timely and safe discharge.

As part of the service evaluation of this role the medical team have developed a pilot study which is examining the feasibility, effectiveness and findings of such a role over an 8-month period. A workshop with medical colleagues has been arranged to discuss their views as to the validity of this role going forward.

5. Cadabams

Mr Sandesh Cadabams, Chief Executive of Cadabams Mental Healthcare Services; Bangalore, and Dr Sunil, Medical Director visited the Trust and services including Hopewood Park, Walkergate Hospitals and Ferndene in February. They had an opportunity to meet members of staff and members of the Executive Team.

The purpose of the visit followed an introduction from the British High Commission and an NTW visit to Bangalore last year, and provided an opportunity to build on our shared set of values to develop collaborative care pathways which will provide safer, higher quality and more effective care for all patients.

The aim is to develop cost effective, culturally appropriate programmes of care. In addition we explored the possibility of clinical exchange programmes and academic

initiatives. There was agreement to take forward three areas of work: the introduction of areas of good practice from NTW to Cadabams and vice versa; provision of training and development in specialised areas such as addictions, children's mental health and adult community services; and exploring opportunities which arise from initiatives of the Indian government and states which are geared to providing mental health care to the poorest 40% of the population.

The Chief Executive of the Trust and Cadabams have signed a high level agreement to work to explore opportunities of mutual benefit. Arrangements are being made for the NTW team to visit colleagues in Bangalore in early April.

6. Court Room Skills, Continuing Professional Development (CPD) Event - 22 January 2019

This specific programme was facilitated by DAC Beachcroft for senior NTW staff. The key issues discussed included report writing, giving evidence, cross-examination, being robust in opinion, the importance of awareness of legal issues in documentation (RiO, reports to GPs, Tribunals, etc.).

An update was also provided on Mental Health Tribunals and the Court of Protection. Feedback received has been very positive with requests for more regular training within our annual CPD programme. We now deliver a suite of training and educational events for doctors (GPs, Psychiatrists, and Neurologists) and other healthcare staff, focussed on meeting the requirements of revalidation.

7. Centre for Ageing and Vitality

On 12th February 2019, Newcastle University, in partnership with Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) issued a press release regarding the ambitious vision to re-develop the Centre for Ageing and Vitality (the former Newcastle General Hospital site) in the West End of Newcastle.

This follows an agreement by NuTH to sell the majority of the site to the University whilst retaining two areas for existing services and development of new facilities. We have been given assurance that Northumberland Tyne and Wear NHS Foundation Trust services at the Centre for Ageing and Vitality, including the Hadrian Clinic, will remain on site for up to three years to enable the changes proposed in the 'Deciding Together' process to be agreed and implemented.

There are currently refurbishment works under way at the Hadrian Clinic for the Adult Mental Health Services which will raise the standard of the existing accommodation, as well as enabling the plans to work towards the development of state-of-the-art adult acute mental health facilities on the St. Nicholas hospital site.

The Trust also provides older people's services in Akenside and Castleside within the Centre for Ageing and Vitality and these services will continue from their present location during this time. There will also be no change at the present time to the accommodation at the Centre for Ageing and Vitality where Community Older Peoples Services are based.

Regional updates

8. Food Poverty in Newcastle upon Tyne

The Newcastle Community and Voluntary Support (CVS) sector has produced a report into food poverty in Newcastle. The latest study on food poverty shows that too many children and adults go to bed hungry in Newcastle. This report highlights the worrying trends in rising food poverty in Newcastle and focuses on the response from local voluntary and community groups in Newcastle.

The key findings include: a noticeable increase in food poverty in the last six years; those people affected by food poverty are no longer just those associated with homelessness and people falling on 'hard times'; many of the people who use foodbanks today are employed, working people; and there is particular concern around children going hungry.

The report shares stories where the voluntary sector have been able to offer help but acknowledged that there remain those who still require support. A number of organisations avoid over-publicising their activities around food poverty due to the resulting in demand. Many organisations reported increasingly handing out food informally when it is known someone is in need.

Newcastle CVS suggests that the key issue is not response, creativity, generosity and kindness, but one of policy. The full report: Food Poverty in Newcastle: The Voluntary and Community Sector view and response, is available at the following link:

https://www.cvsnewcastle.org.uk/images/Publications/Food_Poverty_in_Newcastle.pdf

9. Obesity: Made in England - the Annual Report of the Director of Public Health in Gateshead

This report highlights the increasing prevalence of obesity across the Borough, with two in every three adults classified as overweight and one in four classified as obese. Perhaps more worryingly, one in five children enters school overweight or obese rising to one in three by year 6. The report highlights a number of causes including ready access to, and promotion of, cheap sugar and fat rich foods, and the decline in exercise of over 20% since the first recorded baseline in 1961.

The report also recognises that prevalence is higher in vulnerable and deprived groups, including those experiencing significant mental health issues, where the risk of being obese is double that of the general population. It goes on to highlight that in many ways obesity is a normal response to an abnormal environment and makes a number of recommendations for how we should collectively look to address the issue.

When the report was presented to the Gateshead Health and Wellbeing Board all partners committed to work together to address the recommendations and the Trust will consider how it can build on the considerable work already undertaken to support this approach. The report can be found at:

<https://www.gateshead.gov.uk/article/1821/Health>

National updates

10. Operational Plan Update

The Trust submitted its draft Operational Plan on 12th February in line with the national timetable. This follows substantial work internally and work at both an Integrated Care Partnership and Integrated Care System Level. It is recognised at this stage that there remains considerable work across the organisation and across partner organisations to finalise the plan which will be presented to the Board in March.

At this stage we have worked on the assumption that the Mental Health Investment Standard will be applied to the Trust in full, although this remains a subject of continuing discussion with commissioners. As part of this submission, the Trust has indicated that it will sign up to its control total, which as previously discussed with the Board, gives us a target of breaking even for 2019/20 excluding Provider Sustainability Funding (PSF). Work also continues to deliver a sustainable and deliverable plan both for next year and looking forward into our longer term planning. For the first time Integrated Care Partnership and Integrated Care System draft plans have also been prepared, and the Trust has been fully engaged in their development.

Work is ongoing on developing our collective approach to managing system wide risk, with a particular focus on managing the delivery of financial control totals across a wider Integrated Care Partnership footprint. At an Integrated Care System level, the Mental Health Work Stream will play a key role in developing the narrative around mental health, and the Trust is in a strong position to influence this. Again, as previously reported to the Board, final plans are due to be submitted by 4th April 2019.

11. Brexit Readiness Assessment

The Department of Health and Social Care released guidance on the 21st December 2018 on preparing for an EU Exit. The guidance required all Health and Social Care organisations to undertake a risk assessment and prepare supporting action plans. This is an internally managed process however our findings will be shared, where appropriate, with the NHS England (North) – EU Exit Team and Emergency Preparedness, Resilience and Response (EPRR) Team. The guidance also required nomination of a Board Lead as Senior Responsible Officer (SRO), within NTW. This role is held by the Executive Director of Nursing and Chief Operating Officer.

The required assessment covers seven key areas of risk that have been identified nationally, with a two further areas of assessment around governance and financial impact. The baseline assessment as of the end of December 2018 position was completed and will be reviewed on a monthly basis. All risks were identified as having a low to moderate level of impact.

At a national level there have been widespread plans put in place across government departments to ensure minimal business interruption, and this has also seen the establishment of a communication route between health and other agencies that represent Local Authorities, Commissioning etc.

At the beginning of February 2019 a letter was received from Professor Keith Willett, Medical Director for Acute Care and Emergency Preparedness in his role as NHS EU

Exit Strategic Commander, with the request for all NHS organisation attendance at regional events. The Trust was represented, and is currently reviewing the Brexit Risk Assessment in light of this and other information received in relation to key areas of risk. The Trust was also advised to expect more information imminently, with the key message from Professor Willet being that, if all plans produced to date, at a regional and national level, then there should be little impact on health care delivery. It has also been agreed that the established EPRR approach of “situation reporting” will be enacted as appropriate for any new and unknown risks impacting within the NHS.

The Board needs to be aware that there has been an increase in Freedom of Information requests over the past month. These will be considered in line with current legislative requirements around any exemptions, however it is expected that this may attract further media attention specific to the NHS in the run up to 29th March 2019.

The Trust continues to adopt an EPRR approach to the preparation for no deal EU exit.

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: February 27th 2019

Title and Author of Paper:

Pharmacy & Medicines Optimisation Board Report, 2017 – 2018

Tim Donaldson, Trust Chief Pharmacist/Controlled drugs Accountable Officer

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The purpose of this report is to update the Board of Directors regarding pharmacy services and medicines management during 2017/18.
- A comprehensive range of integrated pharmacy services are delivered by 67 wte professional and support staff from three pharmacy departments, based at St George's Park, St Nicholas Hospital and Hopewood Park Hospital.
- Pharmacy staff sickness rates remained amongst the lowest for any clinical team within the organisation.
- 43 medicines policies, guidelines and training packs were updated.
- 28 medicines related audits and action plans were completed during the year. Three core Medicines Optimisation clinical audits reported significant assurance/full compliance. Annual medicines management risk assessments were undertaken in all clinical teams. No medicines related CQC compliance actions were received during the year.
- 1113 medication incidents were reported by front-line teams and 31,000 patient safety interventions delivered by clinical pharmacy teams, predominantly to in-patient services; new service development bids were approved during the year, enabling patient-facing clinical pharmacy services to be delivered to more teams (Key 'Carter 2' goal)
- A capital project to centralise and automate the pharmacy medicines supply chain service was completed. Regional benchmarking identified our medicines procurement service as highest performing within the north east.
- Ward-based medicines management services were implemented at St George's Park Hospital.

Risks Highlighted to Board:

- Year-on-year medicines expenditure increased by £409k (8%). This was in part due to the transfer of the Northumberland addictions service drug budget to NTW, as part of a service retender. Consequently, the risk for any price fluctuations in reimbursement costs for opiate substitution therapies (buprenorphine and methadone) has been transferred to the organisation.

Does this affect any Board Assurance Framework/Corporate Risks?: No**Equal Opportunities, Legal and Other Implications: Nil****Outcome Required:** The Board is asked to receive this report and note the actions led by the Pharmacy Service in managing medicines safely, effectively and efficiently within the organisation.**Link to Policies and Strategies:**

- Pharmacy & Medicines Optimisation Strategy 2017-22
- Medicines Management Policy NTW(C)17
- Pharmacological Therapies Policy NTW (C) 38

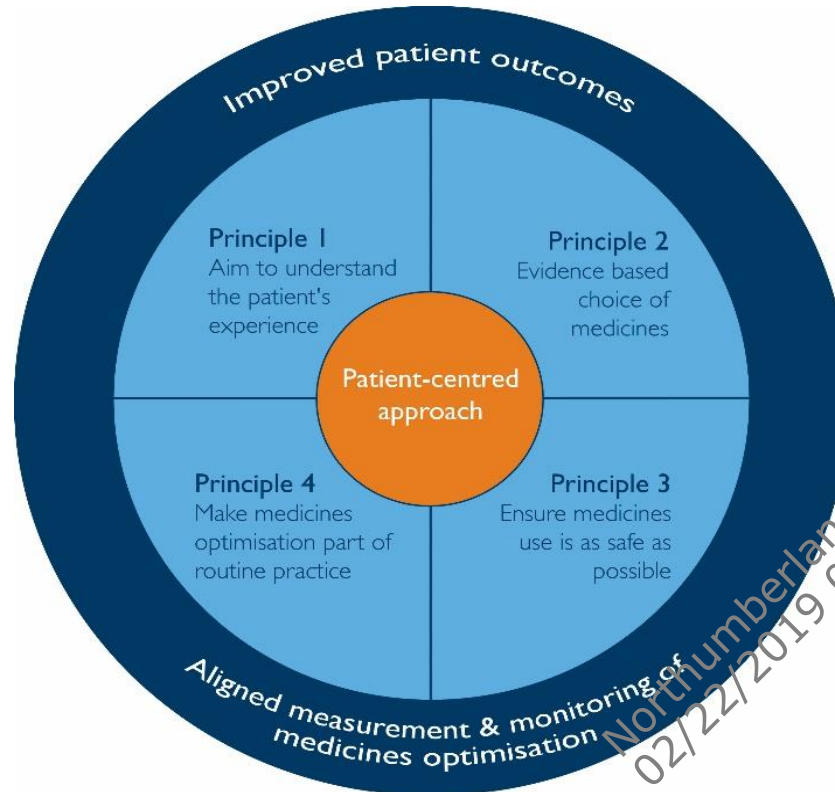
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Pharmacy and Medicines Optimisation Annual Trust Board Report 2017/18

Tim Donaldson
BPharm, MSc, FRPharmS
Trust Chief Pharmacist
Controlled Drugs Accountable Officer



Medicines optimisation



Trust-wide Pharmacy Services

Delivered by 67 wte staff from 3 pharmacy sites (SGP/SNH/HWP)

- Low turnover, no agency/bank staff
- Selected for 'Carter 2' MH & CHS cohort

Approx 30 pharmacists, 22 pharmacy technicians + support staff

- Around 1/3rd of an equivalent sized Acute Trust

Board- approved strategy 2017-22

- Medicines governance
- Clinical pharmacy
- Operational pharmacy services

Annualised sickness rate 2.7%

- 'Flu fighter' status awarded (80% staff vaccinated)

All Pharmacy service KPIs met

- Across clinical, operational and governance services



Medicines Governance Services

43 medicines policies, guidelines & training packs updated

24 medicines-related patient safety alerts published (including 4 quarterly MOC Newsletters)

28 medicines audits, action plans and NICE baseline assessments, including:

- Prescribing & Administration (CA-18-0009) - **significant assurance**
- Safe & Secure Handling (CA-17-0003) - **significant assurance**
- Controlled Drug Audit Report (CA-17-0015) – **fully compliant**

1113 medication incidents reported, all SI panels attended by a senior pharmacist. Learned lessons included:

- Medication safety messages, alerts and reminders including significant work on valproate
- Medicine management policy updates
- Medicines management audits
- Medication-related training
- Clarification of roles and responsibilities during unlicensed prescribing

6 clinical research studies supported



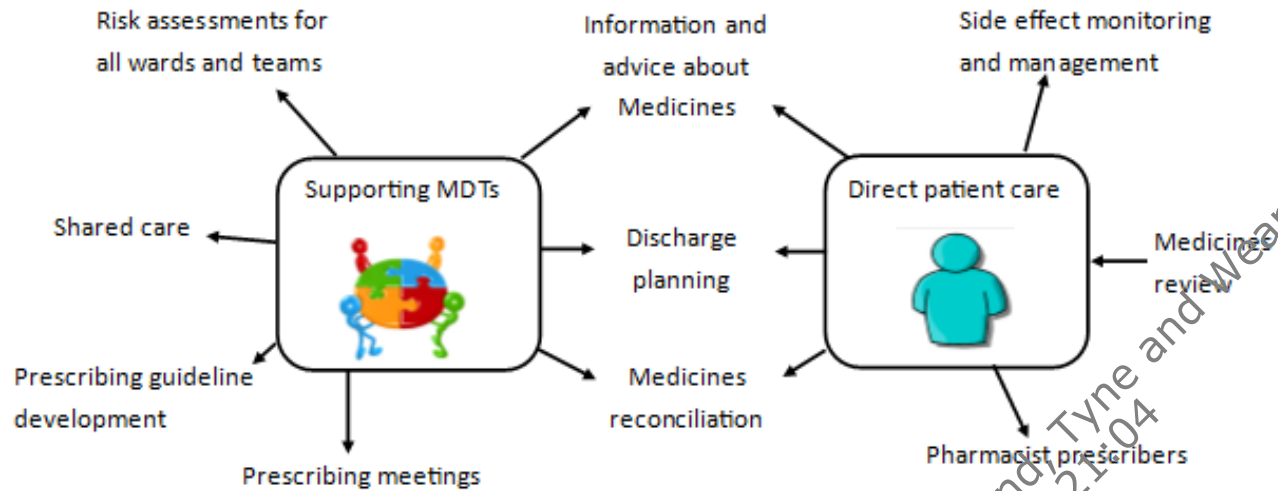
Clinical Pharmacy Services

Inpatient	All inpatient wards
CRHT	All CRHT teams
North Locality	Northumberland Recovery Partnership – Pharmacist prescriber
	All Northumberland Adult CTTs (CCG funded) – Pharmacist and technicians
	North Tyneside Adult CTT (unfunded pilot)
	Memory services Northumberland (NTW funded) – Pharmacist Independent Prescriber
Central Locality	LD – Newcastle (NTW funded) – Pharmacist Prescriber
	Clozapine Clinics (NTW funded) – Pharmacy Technicians
South Locality	Liaison – Sunderland
	LD – Sunderland (NTW funded) – Pharmacist prescriber
	Clozapine Clinics – South Tyneside only (NTW funded) – Pharmacy Technician



NTW Clinical Pharmacy Service

(25 wte Pharmacists & 17 wte Technicians)



Increasing Safety and Quality for patients

Annually ~ 31,000 patient safety interventions made

New ways of working

Collaborative MDT working.
Direct and indirect savings on medical time



Medicines Supply Chain Services



Centralisation & implementation of automated dispensing of medication compliance



99% medicines purchased at NHS contract price, best performing Trust in the NE



16% reduction in Trustwide stock holding, 40% reduction in ordering and invoicing



Automated Drug Cabinets (ADCs, Omnicell) roll out completed – live on 33 in-patient wards



Ward-based medicines management service extended to St Georges Park



Pharmacy FluFighter status achieved



Caring | Discovering | Growing | **Together**

First NHS Trust to implement robotic dispensing of medication compliance packs



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Developing the pharmacy workforce

↑ Pharmacist Prescribers (65%), Rx competency framework developed

Improved links with local University Schools of Pharmacy

Improved links with local acute trusts

Shared learning events with local acute FTs

Recruitment and retention improved

Enhanced research opportunities

Links with Northern School of Pharmacy and Medicines Optimisation

University teaching involvement

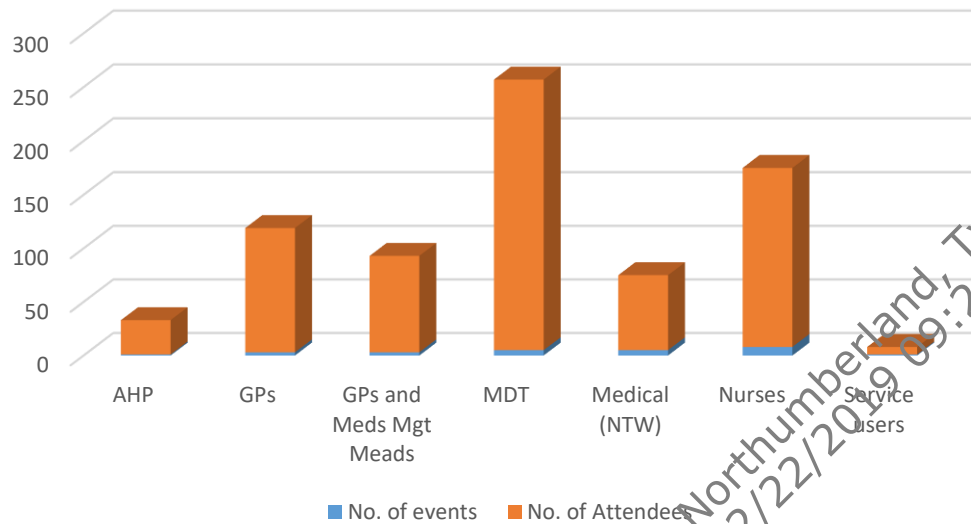
Standardised induction

Development framework for all staff



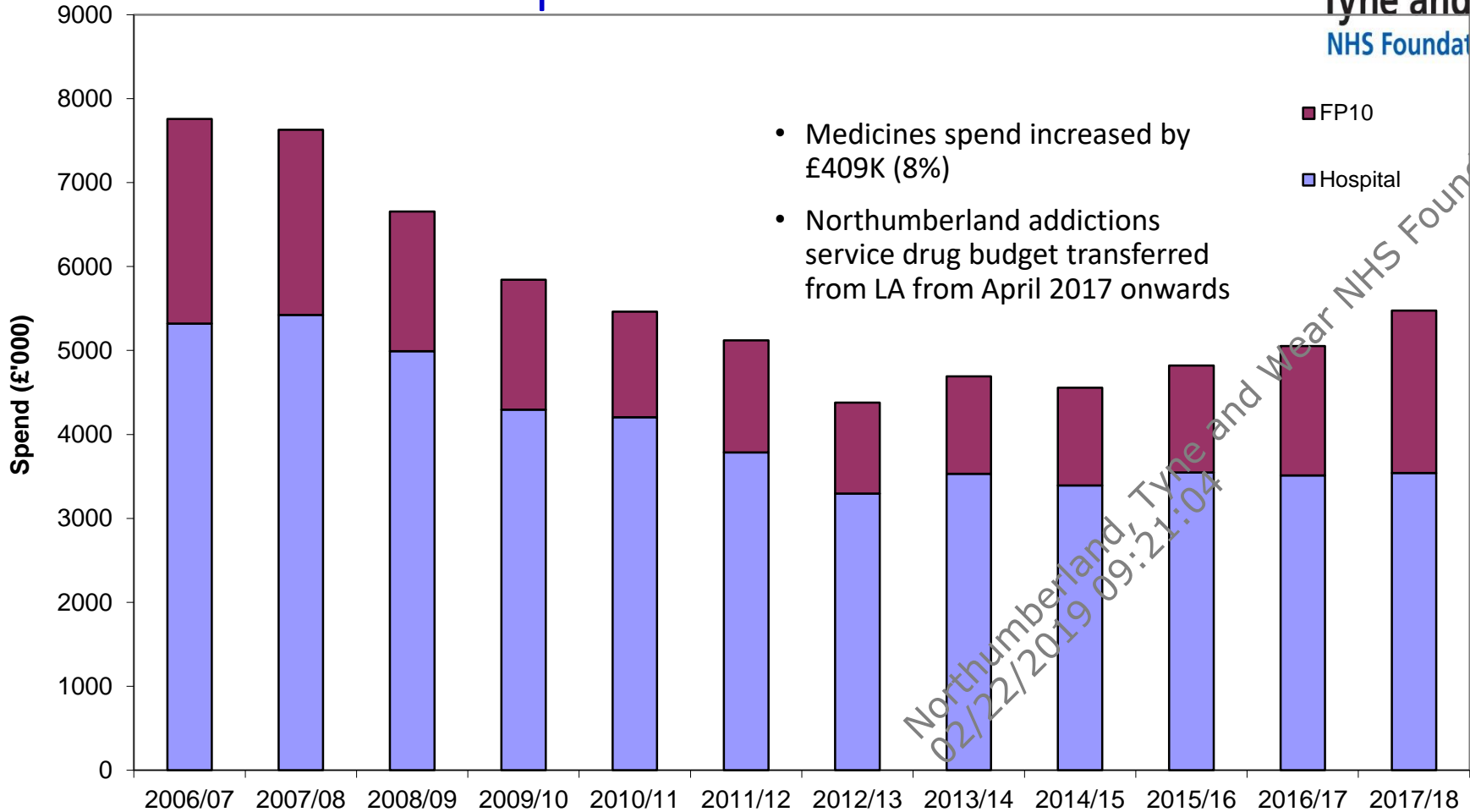
Developing the multi-professional workforce

734 staff received F2F training via 26 pharmacy-led learning events



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Medicines Expenditure 2007-2018





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NHS Foundation Trust

Thank you

Questions?

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 27 February 2019

Title and Author of Paper:

Controlled Drugs Accountable Officer Annual Report 2017/18

Tim Donaldson, Trust Chief Pharmacist/Controlled Drugs Accountable Officer

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The purpose of this report is to update the Board of Directors on developments in the management of controlled drugs during 2017/18.
2. In accordance with the statutory regulations introduced following the Shipman Inquiry, newly controlled drug occurrences within the organisation were shared via the Cumbria, Northumberland Tyne and Wear Local Intelligence Networks for Controlled Drugs.
3. The Trust Controlled Drugs Policy was updated throughout the year, in line with new legislation and professional best practice guidance.
4. Regular controlled drugs stock checks were undertaken in all relevant wards/teams.
5. A comprehensive Controlled Drugs Audit was completed to assess whether practice was in accordance with the Controlled Drugs Policy; the audit (CA-16-0062) reported partial compliance, for which a completed action plan was approved by the MMC.

Outcome required:

6. The Board is asked to receive this report and note that the requirements of the regulations concerning the safe and secure management of controlled drugs were met during the year.

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST
CONTROLLED DRUGS ACCOUNTABLE OFFICER REPORT 2017/18

Background

Following the Shipman Inquiry, the introduction of The Health Act (2006) enabled regulations to be laid down relating to governance and monitoring of controlled drugs (CDs). These came into effect in England on 1 January 2007. The regulations set out the requirements for all health providers to appoint a Controlled Drugs Accountable Officer (CDAO) and described the responsibilities of CDAOs for the safe management and use of CDs within their organisations. The regulations require organisations to co-operate and share information and good practice regarding CDs through Local Intelligence Networks (LINs), convened by NHS England Area Teams.

Within the organisation:

1. The Medicines Management Policy (NTW (C)17, UHM-PGN-04) provide the governance framework which incorporates legal and good practice measures for the prescribing, ordering, supply, secure storage, administration, recording and disposal of controlled drugs.
2. Standard Operating Procedures ensure that controlled drugs are managed safely and securely by the pharmacy service.
3. A software system (AdiOS) monitors the supply of controlled drugs to wards/units by Trust pharmacy departments, highlighting any unusual patterns for further investigation by clinical pharmacy teams; regular stock checks are undertaken by pharmacy and nursing staff. Automated drug cupboards (Omnicell) on 30 wards and in pharmacy provide further access controls audit trails regarding CDs. Any apparent stock discrepancies are followed up for resolution; as part of the Medicines Management Policy monitoring framework, a comprehensive annual CD audit of compliance with CD policy requirements for the storage, ordering, record-keeping, administration and stock checking of CDs is undertaken and reported to the Medicines Optimisation Committee (MOC). Regular reports are provided to the Trustwide Quality and Performance Committee for assurance.
4. Incidents concerning controlled drugs are reported in accordance with the Trust Incident Policy NTW (O)05. These incidents were collated and reported to the CDAO; any incidents of suspected misuse, diversion or fraud involving CDs are further investigated; Local Security Management Specialists, HR case management and the local police service may become involved, where appropriate.
5. More notable incidents ('CD occurrences') are shared via the Controlled Drugs Local Intelligence Network (LIN). Twenty-one new CD occurrences were reported by the CDAO to the LIN during the year.

The following key improvement actions were completed during the year:

- The MOC reviewed an updated version the CQC Controlled Drugs Governance – Secondary Care Self-Assessment tool. It was noted that there are no outstanding actions. The tool remains under regular review by the MOC
- Pharmacy controlled drug stocks were relocated into an Automated Medicines Cabinet (Omnicell), as part of the pharmacy estates centralisation project, to optimise medicines security and reduce the risk of drug selection errors
- Following a serious incident in which an in-patient received an accidental overdose of methadone, a new prescribing guideline 'Opiate Substitution Therapy' was developed with support from addictions services specialists
- Updated shared care prescribing guidelines for dexamfetamine, lisdexamfetamine and methylphenidate in the treatment of ADHD were developed for approval by local Area Prescribing Committees
- New medicines management policy practice guidance was developed to support teams in the event of service users losing their prescription or dispensed medication

Tim Donaldson
Trust Chief Pharmacist
Controlled Drugs Accountable Officer

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 27th January 2019

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 10 January 2019) – 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 January 2019, 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

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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 four Mental Health Act reviewer visits received since the last report relating to Lamesley, Kinnersley, Shoredrift and Bridgewell. There were actions which had been resolved along with some remaining as unresolved from previous visits.
3. NHS England, South Tyneside and Sunderland fully achieved the contract requirements during month 10. There are a number of contract requirements largely relating to delayed transfers of care and CPA metrics which were not achieved across other local CCG contracts during the month.
4. All of the CQUIN scheme requirements have been internally forecast to be achieved at Quarter 4, however there are risks identified to quarter 4 delivery in relation to elements of the physical health CQUIN (discharge summaries) and improving services for people with mental health needs who present to A&E.
5. The number of people waiting more than 18 weeks to access services has decreased this month in both adult and children's community services. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. 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 is one course more than 5% below the required standard which are MHA Combined Training (77.5% was 78.2% last month).
7. Reported appraisal rates have decreased to 85.6% in the month Trustwide, meeting the Trust standard.
8. When comparing the December 2018 provisional figure (6.40%) to the January 2019 provisional figure (6.24%), the in month sickness has improved by 0.16%, however the confirmed December 2018 in month figure is 6.1% which is a reduction of 0.3% on the previously reported figure. The 12 month rolling average sickness rate has decreased to 5.78% in the month.
9. At Month 10, the Trust has a year to date surplus of £2.9m which is £1.0m ahead of plan. The Trust's finance and use of resources score is currently 1 and the forecast year-end rating is a 3.

Other issues to note:

- Sunderland IAPT service has reported an increase in relation to those moving to recovery which has been reported at 52.6% for the month.
- There were seven inappropriate out of area bed days reported in January 2019.

Commissioning and Quality Assurance Summary Dashboard – January 2019

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%	100%	100%	75%	87%	
	NHS England, South Tyneside and Sunderland achieved the contract requirements during month 10. However, there are a number of contract requirements largely relating to delayed transfers of care and CPA metrics which were not achieved across other local CCG contracts during the month. Sunderland IAPT service has reported an increase in those moving to recovery in the month, now at 52.6%. There have been no Commissioner quality visits during the month								
	The Specialised Mental Health data submission quality score has decreased marginally to 91.5% at the last submission and work is ongoing to improve this further								
CQUIN - Quarter 4 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. A risk has also been identified to the Improving services for people with mental health needs who present to A&E CQUIN due to an increase in reported attendances									
Internal	Accountability Framework								
	North Locality Care Group Score: Jan 2019		Central Locality Care Group Score: Jan 2019			South Locality Care Group Score: Jan 2019			
	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		
	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 decreased 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:

16

Number of courses <5% below standard Trustwide:

2

Number of courses Standard not achieved (>5% below standard):

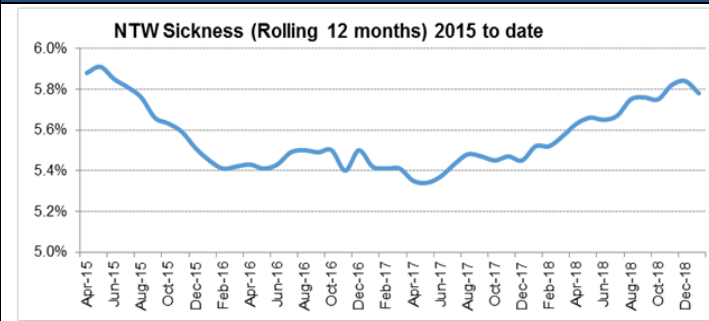
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PMVA basic training (80.1%) and Information Governance (91.0%) are within 5% of the required standard, MHA combined training (77.5%) remains more than 5% below the standard.

Appraisals:

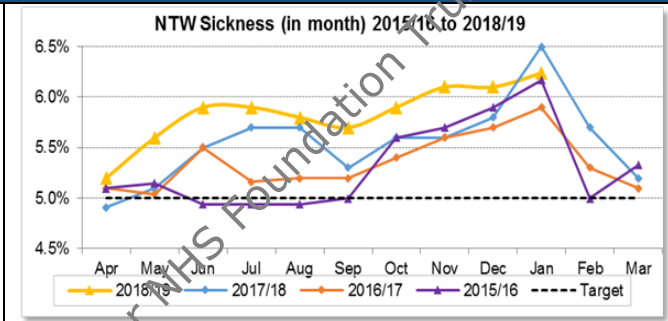
Appraisal rates have decreased to 85.6% in January 19 (was 87.7% last month).

Sickness Absence:



The provisional "in month" sickness absence rate is above the 5% target at 6.24% for January 2019

The rolling 12 month sickness average has decreased to 5.78% in the month



Finance

At Month 10, the Trust has a surplus of £2.9m which is £1.0m ahead of plan. Agency spend is £5.9m which is £0.8m below the trajectory of our NHSI allocated agency ceiling of £8.0m but £1.7m 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 1 and the forecast year-end risk rating is 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

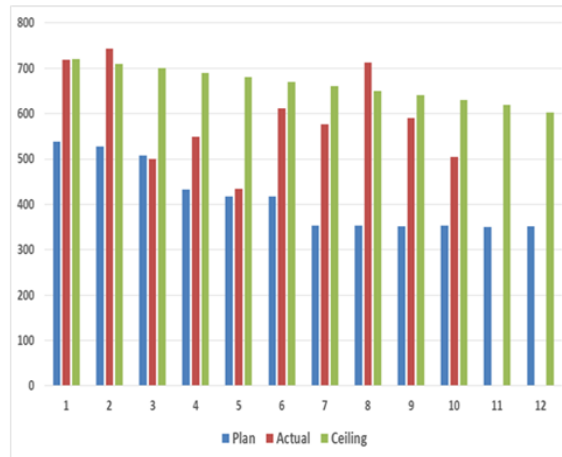
	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	267.0	265.9	1.1
Pay	(211.0)	(211.5)	0.5
Non Pay	(54.1)	(51.5)	(2.6)
Surplus/(Deficit)	1.9	2.9	(1.0)

Control Totals

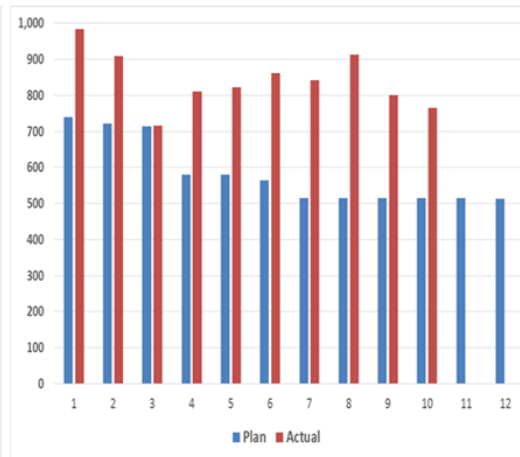
	YTD Plan £m	YTD Actual £m	YTD Variance £m
North	20.6	20.9	(0.3)
Central	20.6	19.0	1.6
South	24.1	25.0	(0.9)
Central Depts	(63.4)	(62.0)	(1.4)
Surplus/(Deficit)	1.9	2.9	(1.0)

Key Indicators	YTD	Plan / Forecast
Risk Rating	1	3
Agency Spend	£5.9m	£7.1m
FDP Delivery	£9.4m	£12.6m
Cash	£19.2m	£19.6m
Capital Spend	£5.1m	£7.7m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £2.9m surplus at Mth10 which is £1.0m 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 ratings a 1 at Mth10 & the forecast year-end rating is a 3.
- Pay costs increased this month. However, pay spend needs to reduce if the Trust is to meet its control totals and achieve its plans.
- 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 Mth10 is £5.9m which is £0.8m below the NHSI allocated ceiling trajectory but £1.7m above plan.
- Financial Delivery Plan - Savings of £9.4m have been achieved at Mth10 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 – £19.2m at Mth10 which is £0.3m above plan.
- Capital Spend - £5.1m at Mth10 which is £5.1m less than plan.

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

	31/12/2018		07/01/2019		14/01/2019		21/01/2019		28/01/2019	
Medical	104	30	91	15	97	16	97	16	96	15
Qual Nursing	55	5	60	5	60	5	60	5	68	5
Unq Nursing	297		297		376		375		455	
A&C	61		82		71		73		65	
Total	517	35	530	20	604	21	605	21	674	20

In January the Trust reported an average of 23 price cap breaches (18 medical and 5 qualified nursing). In January 3 medics were paid over the price cap, with one being paid over £100 per hour.

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 27 February 2019

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

Executive Lead: Lynne Shaw

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

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

This paper includes updates on:

1. Equality and Diversity Workforce Race Equality Standard
2. Brexit
3. Partnership Working with Trade Unions
4. Exit Interviews – Retention Programme
5. Staff Awards
6. Streamlining Update
7. Better Health at Work Award
8. Health and Wellbeing Campaigns
9. Mary Seacole Programme
10. Advance Clinical Practice Apprenticeship

In Other News:

- NHS Workforce Implementation Plan

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Risks Highlighted: N/A

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

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

Outcome Required: Information Only

Link to Policies and Strategies: Workforce Strategy

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Workforce Quarterly Report

27 February 2019

Strategic Aim 1

1. Equality and Diversity Workforce Race Equality Standard

NHS England has recently published two reports as part of the ongoing work towards the Workforce Race Equality Standard:

- A model employer; Increasing black and minority ethnic representation at senior levels across the NHS. The report outlines the ambitions set by NHS England and NHS Improvement and reflected in the Long Term Plan, for each NHS organisation to set its own target for BME representation across its leadership team and broader workforce.

The strategy will provide accelerated, intensive support to local NHS organisations on increasing the recruitment of BME staff at senior levels.

- A quality improvement (QI) methodology report which outlines the findings and outcomes of five NHS Trusts across England (Barts Health NHS Trust, East London NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, The Royal Free London NHS Foundation Trust, and University Hospitals Leicester NHS Trust), who took part in piloting methodology in relation to WRES indicator themes such as recruitment and disciplinary action.

As part of the Trust's WRES actions there will be a presence at a regional BME recruitment event on the 27 April 2019 – to be hosted by Newcastle Hospitals. This is also an area highlighted for action in the recently agreed Equality and Diversity strategy and will be a focus over the next 12-18 months.

2. Brexit

In December the Trust took the decision that it would reimburse the settlement fees incurred by EU Staff under the Government's scheme. A dedicated email box had a steady stream of enquiries and by mid-January information had been provided to twelve members of staff on how to claim the costs back. On 21 January 2019 the Government announced as part of the ongoing debates that the fee would be waived with immediate effect and that previous applicants would be refunded.

Strategic Aim 2

3. Partnership Working with Trade Unions

During January there was a workshop held with Senior Managers and staff side to review partnership working. The session focussed on some of the challenges the Trust will be facing in the future and how these challenges can be worked through jointly with staff side. The session was very positive and a decision was made to review the partnership

agreement and identify areas where more partnership working could take place e.g. joint delivery of training.

Actions from the day will be reviewed at each of the bi-monthly Trade Union Management Forums.

4. Exit Interviews – Retention Programme

The Trust Exit questionnaire process changed with effect from January 2019. The questionnaire has been reviewed and staff have the option of a face to face interview. Feedback will continue to be analysed on a quarterly basis through groups and directorates, and through CDT-Workforce. The analysis will help to strengthen and develop further retention work.

Feedback from NHSI with regards to the Trust's approach to retention continues to be positive.

5. Staff Awards

The 10th annual staff excellence awards will be held on Friday 8 March 2019 at Newcastle Civic Centre. As in previous years this is an excellent opportunity to showcase the achievements of individuals and teams working for the Trust and NTW Solutions.

This year has seen a record number of entries for the awards with 730 nominations being received which is a significant increase on previous years.

Strategic Aim 3

6. Streamlining Update

HR Directors in the region have collectively agreed to continue with the NE Streamlining Programme for a further year, in recognition of the positive impact of both the work and the way of working which has developed as a direct result. Having a regional programme also ensures that there is an obvious route to continue the involvement with national streamlining discussions.

The objectives for the third phase are yet to be agreed, but will consider and complement other work within our region, making direct links to the workforce transformation programme in the North East & North Cumbria, for example.

At a recent HR Directors meeting it has been agreed to include additional strands of work for the coming financial year; Equality, Diversity and Inclusion and Health and Wellbeing will become workstreams of the Programme Board and will be key areas of work to focus on from a regional perspective over the next year.

Strategic Aim 4

7. Better Health at Work Award

The Trust received notification recently that it has achieved 'Maintaining Excellence' standard with the Better Health at Work Award for 2018. This level is awarded to

organisations who have sustained their health and wellbeing activity at 'Continuing Excellence' level for a substantial period of time.

The 'Better Health at Work Award' (BHAWA) is a regional award scheme which recognises and endorses workplaces that motivate workers in developing a sustainable culture of health and wellbeing.

8. Health and Wellbeing Campaigns

In the most recent Staff Health and Wellbeing Survey a number of respondents said that they would like access to Yoga within the workplace. November 2018 saw the introduction of classes at St Nicholas' and St George's Hospitals, Sunderland classes followed in January 2019. Feedback has been very positive from staff who have attended the sessions.

January saw the introduction of NTW's first joint venture 'Beginners Running Group' in association with Newcastle upon Tyne Hospitals NHS Foundation Trust. The first session took place on 15 January 2019, and was led by a qualified run lead. 18 people attended the first session, 11 staff from NTW, the age range was 23 years to 60 years old.

The group started with warm up on parkland adjacent to Regent Centre, jogging on the spot, team relay race and interval running around the footpath then out on the streets of Gosforth. Participants were advised to run or walk at their own pace. The group is non-competitive and aims to encourage people who are new to or returning to running to exercise and socialise.

Participants have commented that they enjoyed the sessions and the social aspect too. Three weeks in and the group has 10 members remaining and they are working towards taking part in the 'This Girl Can' - Walk/Jog/Run at Newcastle exhibition Park on 7 March 2019.

Strategic Aim 5

9. Mary Seacole Local

The Mary Seacole Programme is a six month leadership development programme which was designed by the NHS Leadership Academy in partnership with global experts, Korn Ferry Hay Group, to develop knowledge and skills in leadership and management.

The Trust, working with Northumbria Healthcare NHS Foundation Trust, are running a joint combined cohort which is due to begin in April. The Mary Seacole Local Programme is a great opportunity to access learning locally with in-house facilitators.

The programme is a mix of online modules and three face to face facilitated workshops covering a wide variety of subject areas including: fundamentals of finance; recruitment and selection; fundamentals of HR; appraisals and annual review.

The programme is for clinical and non-clinical colleagues who are moving towards their first recognised leadership or team management role and want to do more to champion compassionate patient care.

The Trust had been allocated 10 spaces initially but the demand is outweighing this so further courses have been requested.

10. Advanced Clinical Practice Apprenticeship

This programme concept was developed by Health Education England, in partnership with NHS Improvement and NHS England and for the first time, a national definition has been agreed as well as practice and associated capabilities which underpin an advanced level of practice. The aim is to ensure consistency and role clarity.

In line with workforce plans, the Trust has focused on the development of mental health and learning disability nurses and through co-production with Sunderland University has developed a three-year MSc apprenticeship programme which will provide a sustainable pathway designed to develop advanced clinical practice skills. The programme is open to other professional groups but at this time only nurses have applied.

The Trust secured six places which came with limited financial support from HEE (£9,000 per annum, per ACP apprentice). As applicants are band 7 staff in the first instance, this is a small contribution to NTW's commitment to release staff to advance their skills.

In other news:

NHS Workforce Implementation Plan

Baroness Dido Harding, Chair of NHS Improvement has been tasked with leading the development of the NHS Workforce Implementation plan. A national workforce group has been set up which will focus on the following areas:

- Future medical and dental workforce – chaired by Professor Stephen Powis
- Future clinical workforce – chaired by Ruth May
- Making the NHS a best place to work – chaired by Dr Navina Evans
- Leadership, development and talent management – chaired by Peter Homa
- Tech skills and enablement – chaired by Sir David Behan

The workforce Implementation Plan will be developed for publication in 2019.

Michelle Evans
Acting Deputy Director of Workforce and OD

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 27 February 2019

Title of Paper/Report and Author: Gender Pay Gap report 2018
Jacqueline Tate, Workforce Projects Manager

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

Paper for Debate, Decision or Information: Information

Key points to note:

- Gender pay gap regulations require employers to publish statutory calculations every year to show the size of the pay gap between male and female employees.
- There are six information requirements:
 - Mean gender pay gap is 12.93%
 - Median gender pay gap is 1.47%
 - Mean gender bonus gap is 20.86%
 - Median gender bonus gap is 42.10%
 - Proportion of males receiving bonus payment and proportion of females receiving bonus payment is 2.67% and 0.81% respectively.
 - Proportion of males and female in each of the four pay quartiles is:

Quartile	Female	Male	Female %	Male %
1 Lower	1104.00	343.00	76.30%	23.70%
2 Lower Middle	1013.00	434.00	70.01%	29.99%
3 Upper Middle	1097.00	328.00	76.98%	23.02%
4 Upper	1000.00	469.00	68.07%	31.93%

- The report also includes a comparison against 2017's Gender pay gap report outcomes.

Risks Highlighted to the Board: i.e. Does this affect any Board Assurance Framework/Corporate Risks? Please state Yes or No, If Yes please outline: **No**

Equal Opportunities, Legal and Other Implications: Equalities Act 2010

Outcome Required: Information only

Link to Trust Strategic ambitions:

Workforce strategy, Equality and Diversity Strategy

Northumberland, Tyne and Wear NHS Foundation Trust
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Gender Pay Gap Report

2017-2018

Northumberland, Tyne and Wear
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Caring | Discovering | Growing | **Together**

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Introduction

Legislation has been introduced which makes it statutory for organisations with 250 or more employees to report annually on their gender pay gap.

These regulations underpin the Public Sector Equality Duty and require relevant organisations to publish their gender pay gap by 30 March annually, including: the mean and median gender hourly pay; the mean and median gender gaps in bonus pay; the proportion of males and females who receive bonuses; and the proportion of male and female employees in each pay quartile.

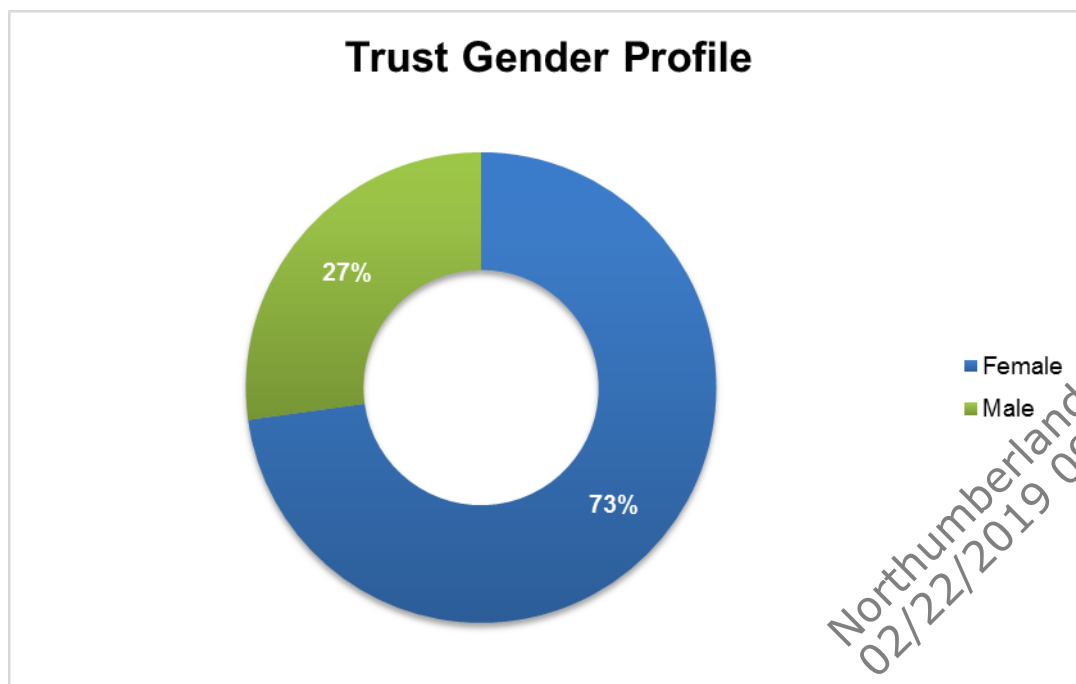
The gender pay gap shows the difference in the average pay between all men and women in the workplace. If there is a high gender pay gap, this indicates that there may be a number of issues to deal with.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs, or work of equal value.

Northumberland, Tyne and Wear NHS Foundation Trust supports the fair treatment and reward for all of its staff irrespective of gender. Its pay system approach is based on the principles of fairness, consistency and transparency, irrespective of gender.

This report fulfils legislative requirements and sets out what Northumberland, Tyne and Wear NHS Foundation Trust is doing to close the gender pay gap.

Gender Profile



Mean and Median Pay Analysis

Gender	Mean Hourly Rate	Median Hourly Rate
Male	£ 17.55	£ 13.44
Difference	£ 2.27	£ 0.20
Female	£ 15.28	£ 13.24
Pay Gap %	12.93	1.47

As at 31 March 2018

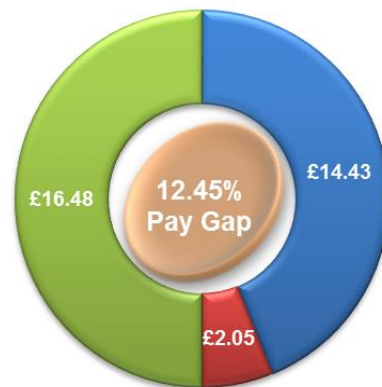
Avg. Hourly Rate



■ Female ■ Difference ■ Male

As at 31 March 2017

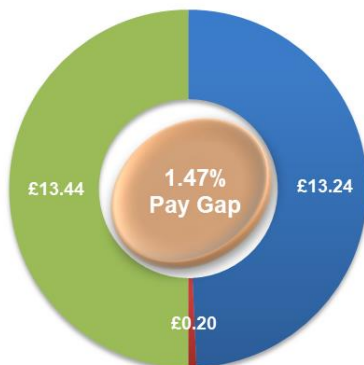
Avg. Hourly Rate



■ Female ■ Difference ■ Male

As at 31 March 2018

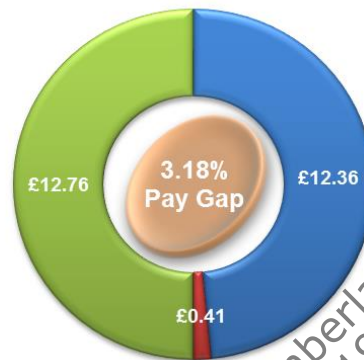
Median Hourly Rate



■ Female ■ Difference ■ Male

As at 31 March 2017

Median Hourly Rate



■ Female ■ Difference ■ Male

Northumberland, Tyne and Wear NHS Foundation Trust uses Agenda for Change pay grades and local pay scale grades for some senior staff. Each grade has a

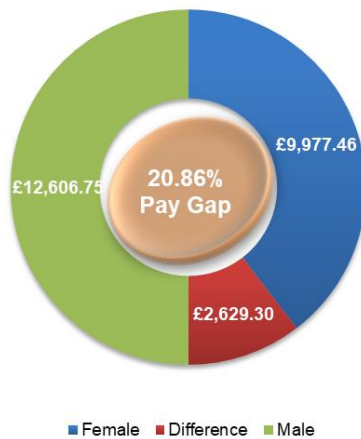
specific pay range with some spot salaries for senior staff. Grades vary by level of responsibility. Generally those who have spent longer in the same grade would be expected to earn more regardless of their gender. The hourly rate calculation includes: basic pay, bank work shifts, allowances (other than Clinical Excellence Awards) and bonuses.

Bonus Gender Pay Gap

Gender	Mean Bonus Pay	Median Bonus Pay
Male	£ 12,606.75	£8,370.17
Difference	£ 2,629.30	£3,523.94
Female	£ 9,977.46	£4,846.23
Pay Gap %	20.86	42.10

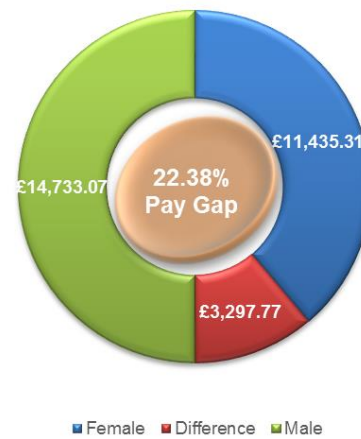
As at 31 March 2018

Avg. Bonus Pay



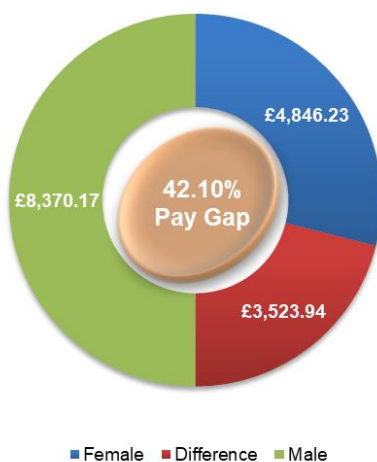
As at 31 March 2017

Avg. Bonus Pay



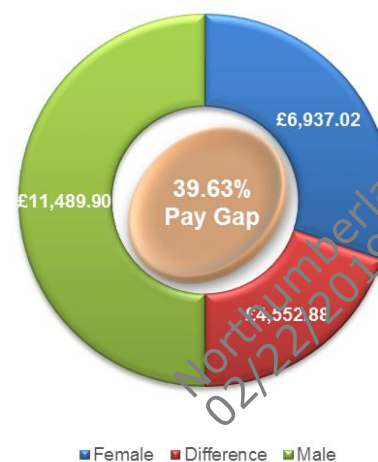
As at 31 March 2018

Median Bonus Pay



As at 31 March 2017

Median Bonus Pay

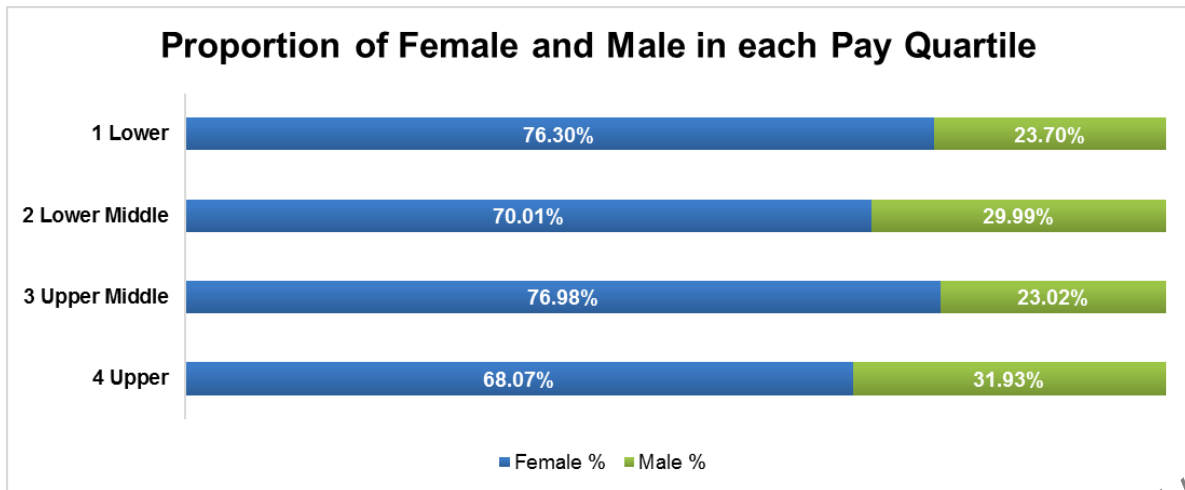


Gender	Employees Paid Bonus	Total Relevant Employees	Ratio
Female	34	4214	0.81%
Male	42	1574	2.67%
Grand Total	76	5788	1.31%

For the purposes of this calculation bonus payment means Clinical Excellence Awards. Applications for the awards are voluntary and eligibility depends on application rather than by gender. Applications for the period came predominantly from males.

Proportion of male and female in each pay quartile

Quartile	Female	Male	Female %	Male %
1 Lower	1104.00	343.00	76.30%	23.70%
2 Lower Middle	1013.00	434.00	70.01%	29.99%
3 Upper Middle	1097.00	328.00	76.98%	23.02%
4 Upper	1000.00	469.00	68.07%	31.93%



Although 73% of our staff are female the pay gap is partly a consequence of a high proportion of females occupying more junior roles.

Summary information

- Gender split is 73% female, 27% male.
- 1,267 females work part time compared with 213 males (part time salary is used in the calculations).
- There are more females than males in band 2 and 3 positions

- There are more females in senior posts at Bands 8a/b/c and more males in Bands 8d and 9 posts
- 1,210 females are in salary sacrifice schemes compared to 458 males. This impacts on salary used in calculations.
- 42 males compared to 34 females are receiving Clinical Excellence Awards. There are more males receiving larger amounts.

Actions to reduce the gender pay gap

Northumberland, Tyne and Wear NHS Foundation Trust is committed to addressing the gender pay gap and is undertaking a range of actions to reduce this; eg:

- Continue to review our in-house processes and ensure a gender balance on interview panels.
- Actively support women returning to work following maternity or adoption leave.
- Ensure that women have the opportunity and support to develop their careers
- Design every job as flexible by default
- Actively encourage, support female doctors with applications for Clinical Excellence Awards.
- Network group to consider proactive work around gender issues.
- As a Trust we have signed up to the Equality and Human Rights Commission's "Working Forward" campaign to support pregnant women and new parents. Staff will be able to access the support and resources provided by the campaign.

Northumberland, Tyne and Wear NHS Foundation Trust can confirm that our data has been calculated nationally via the NHS Employee Staff Record (ESR) system according to the requirements of The Equality Act 2010 (gender Pay Gap Information) Regulations 2017.

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

Board of Directors

Meeting Date: 27 February 2019

Title and Author of Paper: Gender Pay Gap

Victoria Bullerwell, Jaqueline Tate

Executive Lead: Lynne Shaw (on behalf of NTW Solutions)

Paper for Debate, Decision or Information: Information

Key Points to Note:

Gender pay gap regulations require employers to publish statutory calculations every year to show the size of the pay gap between male and female employees

- Mean Gender pay gap is 13.35%
- Median Gender Pay gap is 11.21%

There were no bonus payments made within NTW Solutions Ltd within the reference period, so there is no gender pay to report in this area.

Proportion of males and females in each of the four pay quartiles is

Quartile	Female	Male	Female %	Male %
1 Lower	103.00	43.00	70.55%	29.45%
2 Lower Middle	113.00	39.00	74.34%	25.66%
3 Upper Middle	105.00	44.00	70.47%	29.53%
4 Upper	65.00	85.00	43.33%	56.67%

It should be noted that the median pay gap between 2017 and 2018 is not comparable. When the initial 2017 report was produced the company was still in its infancy. Staff who worked enhanced, on call or unsociable work patterns was minimal as the company had only been established 5 days. In respect of the 2018 figures, NTWS has been established for 12 months. As the Gender Pay calculations look at the retrospective months' payroll a full month of enhanced, on call or unsociable work patterns has been calculated.

The estates workforce in the UK generally is still heavily male dominated, from apprenticeship level right through to director level, whereas the facilities workforce in the UK generally is heavily female dominated.

Given the nature of the services provided by NTW Solutions Ltd these pay quartiles are representative of the sector.

Risks Highlighted: N/A

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

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required: None

Link to Policies and Strategies: N/A

Northumberland, Tyne and Wear
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Gender Pay Gap Report

2017-2018

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Introduction

Legislation has been introduced which makes it statutory for organisations with 250 or more employees to report annually on their gender pay gap.

These regulations underpin the Public Sector Equality Duty and require relevant organisations to publish their gender pay gap by 4 April 2019 (and annually thereafter), including: the mean and median gender hourly pay; the mean and median gender gaps in bonus pay; the proportion of men and women who receive bonuses; and the proportion of male and female employees in each pay quartile.

The gender pay gap shows the difference in the average pay between all men and women in the workplace. If there is a high gender pay gap, this indicates that there may be a number of issues to deal with.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs, or work of equal value.

NTW Solutions Limited supports the fair treatment and reward for all of its staff irrespective of gender. Its pay system approach is based on the principles of fairness, consistency and transparency, irrespective of gender.

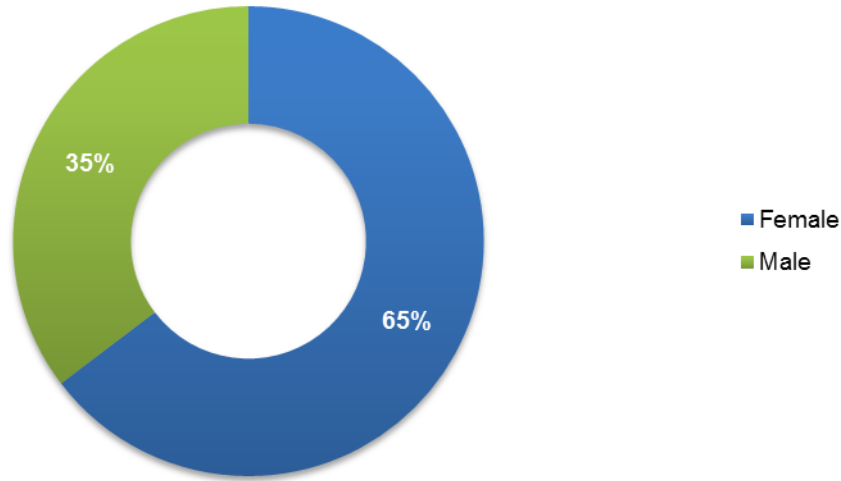
This report fulfils legislative requirements and sets out what NTW Solutions Limited are doing to close the gender pay gap.

NTW Solutions Limited is a wholly-owned subsidiary of Northumberland Tyne and Wear NHS Foundation Trust. NTW Solutions Limited is formed of Estates, Facilities and Transactional Services (Finance, Workforce and Procurement). During the reporting period the majority of staff were engaged on Agenda for change terms and conditions following a TUPE transfer from the Trust on 1st April 2017 – new staff are engaged on non-Agenda for Change terms and conditions. The snapshot data was taken at 5 April 2018. It should be noted that when the 2016-2017 comparison data was taken, the company had only been in existence for 5 days.

The gender pay results are broadly as expected given the nature of the industry and the background of the NHS.

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Gender Profile



Gender	Employee's	%
Female	386	65%
Male	211	35%
Grand Total	597	100%

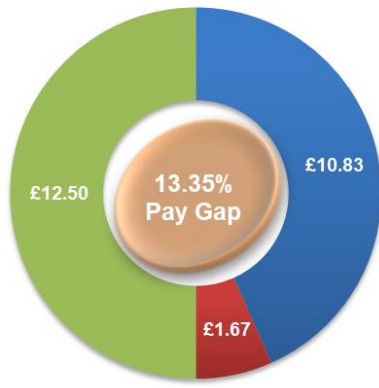
Key Points

- There are approximately two thirds female employees and one third male employees.
- There are 4 times more female employees who work part-time than males. The gender pay information is calculated on whole time equivalent salaries, however part-time roles in the UK tend to be lower paid than full-time posts*.
- 58% of employees are aged 50 years and above, with 64% of female staff in this age category.
- 292 female staff are at Band 2 compared to 94 males. Similarly 49 females at Band 3 compared to 29 males.
- Males occupy more of the senior posts – 18 females compared to 28 males.

*How do the jobs men and women do affect the gender pay gap? 6 October 2017, ONS Digital

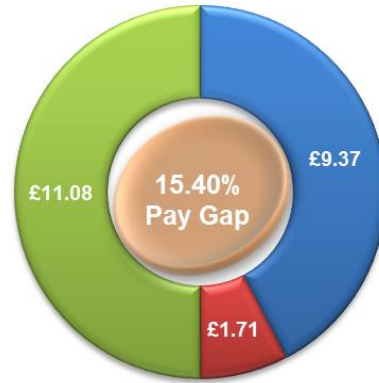
Gender Pay Gap

As at 5 April 2018
Avg. Hourly Rate



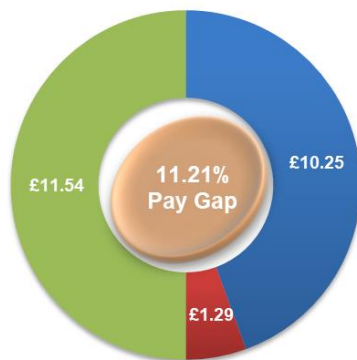
■ Female ■ Difference ■ Male

As at 5 April 2017
Avg. Hourly Rate



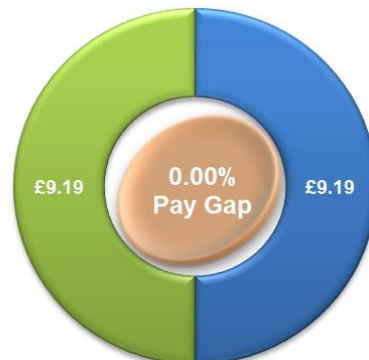
■ Female ■ Difference ■ Male

As at 5 April 2018
Median Hourly Rate



■ Female ■ Difference ■ Male

As at 5 April 2017
Median Hourly Rate



■ Female ■ Difference ■ Male

Gender	Avg. Hourly Rate		Median Hourly Rate	
Female	£	10.83	£	10.25
Difference	£	1.67	£	1.29
Male	£	12.50	£	11.54
Pay Gap %		13.35		11.21

Northumberland, Tyne and Wear
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Key Points

- It's difficult to say exactly why there is such an increase in the median as the 2017 & 2018 GPG for NTWS is not comparable, as when the initial 2017 report was produced the company was still in its infancy. Staff who worked enhanced, on call or unsociable work patterns was minimal as the company had only been established 5 days. Compared to 2018 NTWS has been established for 12 months, as the Gender Pay calculations look at the retrospective months payroll as such for the 2018 pay gap the calculation is able to include a full month of enhanced, on call or unsociable work patterns. What we do know is that Estates posts predominantly attract on call payments and enhancements.
- The data snapshot date is 5 April.
- Average pay gap (mean) is the difference between the average hourly rate of pay of men and women.
- Median pay gap is the difference between the middle value of pay for all men and the middle value of pay for all women.
- The average gender pay gap is 13.35% meaning men are paid 13.35% higher than women. This is lower than the 2017 rate of £15.40%

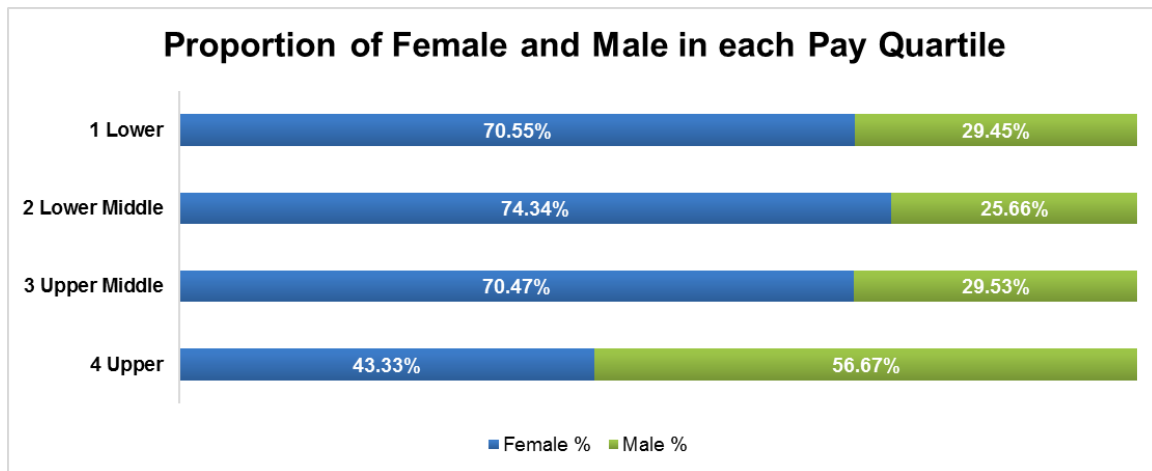
Bonus Pay Mean and Median Pay Gap

There were no bonus payments made within NTW Solutions Ltd within the reference period, so there is no gender pay to report in this area.

Proportions of males and females in each pay quartile

Quartile	Female	Male	Female %	Male %
1 Lower	103.00	43.00	70.55%	29.45%
2 Lower Middle	113.00	39.00	74.34%	25.66%
3 Upper Middle	105.00	44.00	70.47%	29.53%
4 Upper	65.00	85.00	43.33%	56.67%

Northumberland, Tyne and Wear
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Key Points

- In order to create the quartile information all staff are sorted by their hourly rate of pay, this list is then split into 4 equal parts where possible.
- 70.55% of staff in the lower quartile are female while 56.67% of staff in the upper quartile are male.
- This demonstrates the over representation of female staff working in lower banded posts, primarily as domestic staff, and the over representation of male staff working in higher banded posts, primarily as professionally qualified estates and facilities managers.
- The estates workforce in the UK generally is still heavily male dominated, from apprenticeship level right through to director level, whereas the facilities workforce in the UK generally is heavily female dominated.
- Given the nature of the services provided by NTW Solutions Ltd these pay quartiles are representative of the sector.

Actions to Remove the Gender Pay Gap in 2017 were as shown below

NTW Solutions Ltd is committed to addressing the gender pay gap and is undertaking a range of actions to reduce this including:

- Continue to review our recruitment processes to ensure recruitment through a variety of channels and non-traditional sources, ensuring equality issues are highlighted and addressed at every stage.

- Continue to actively support women returning to work following maternity or adoption leave.
- Continue to ensure that women have equal opportunity and support to develop their career.
- Engage with staff about gender issues, discussing this report and any actions with may arise.
- The Trust has signed up to The Quality & Human Rights commission “Working Forward” campaign to support pregnant women and new parents. Under the SLA Solutions staff, as part of the Group, will be able to access the support and resources provided by this campaign and the Group’s commitment to it.

In addition to this an action plan was developed, see Appendix A. During the next 12 months these actions will be further progressed.

Declaration

We can confirm that our data has been calculated nationally via the NHS Employee Staff Record (ESR) system according to the requirements of The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

We confirm that the gender pay calculations, data and assertions in this document have been assured by the Company Board.

Name: Tracey Sopp
Title: Director of Finance

Name: Peter Studd
Title: Chair

Northumberland, Tyne and Wear
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Next Steps Plan

Action	Lead	Action
Forming positive and ongoing partnerships with schools and colleges and universities.	Victoria Bullerwell / Shaun Dixon	Meeting with Annette Conner took place. Attendance at open days planned, some took place in November 2018 and visits to colleges planned for 2019.
Offering work experience, taster opportunities, career days.	Need lead	Awaiting information from STM
Look at the recruitment process	Jess White / Simon Gourley	<p>Continuation of reviewing all recruitment processes within NTW solutions Ltd to ensure a range of appropriate channels are available to the different services within the company to ensure vacancies are filled as effectively as possible. Any issues linked to equality / inequality would be addressed at all stages, from that of monitoring of applicant data, all the way through to appointments.</p> <p>Working alongside managers, flexibility into the recruitment process is available, with the option of a bespoke approach to recruitment in certain areas.</p>

		Recent examples of diversifying away from the standard process have been seen across Facilities teams, with more local approaches such as utilisation of advertisements on noticeboards used.
Review flexibility of roles	Victory Bullerwell	All staff in the company have option to work flexibly, 303 staff work part-time, 261 of those are female
Promote gender pay report	All	Discuss at the drop-in sessions and update through team meetings took place in drop-in sessions through the year.
Engagement sessions with staff to get ideas	Victoria Bullerwell	Pick up via the drop-in sessions
Identify any barriers for succession	Victoria Bullerwell	A number of staff have indicated that the barriers to succession is company T&Cs. Further exploration with staff around what the barriers are. Sessions have taken place with staff and no barriers were identified.

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 27th February 2019

Title and Author of Paper: Cumbria Programme - NHSI Guidance on the Board Self Certification process and Full Business Case
Janice O'Hare – NTW Cumbria Programme Lead.

Executive Lead: Lisa Quinn – Executive Director of Commissioning & Quality Assurance.

Paper for Debate, Decision or Information: Discussion and Decision

Key Points to Note:

The purpose of this paper is to provide to the Board, for consideration and approval, the Full Business Case (FBC) in relation to the transfer of Mental Health and Learning Disability Services in North Cumbria (**appendix 2**).

The Board are also asked to approve the final Self Certification prior to submission to NHSI (**appendix 1**).

There are areas within the FBC where NTW has outlined its working assumption as discussions continue to finalise and conclude a small number of outstanding areas. The Board (assuming support for the FBC) will receive regular updates on the following areas:

- Contract negotiations - the Trust has received a letter of support from the main CCG, namely North Cumbria CCG. We will continue discussions and confirm to the Board the outcome of contract negotiations and any changes from the assumptions made in the FBC in relation to income.
- We will continue to progress discussions with Cumbria Partnership NHS Foundation Trust regarding eligible staff to transfer to NTW. It is the Trusts intention to fill all identified posts within the FBC either through transfer or recruitment to mitigate any potential workforce risks, prior to October 2019.
- There are ongoing discussions relating to four identified buildings. The Trusts assumption around transfer is included in the case. A final position relating to asset transfer will be reported back to the Board.

Since its January meeting, the Trust has received confirmation letters from its two regulators (CQC and NHSI) and a letter of support from North Cumbria CCG. All letters are referred to within and included as appendices to the FBC.

Does this affect any Board Assurance Framework/Corporate Risks?

Not at this stage, although potential significant future impact.

Equal Opportunities, Legal and Other Implications:

Not at this stage.

Outcome Required:

The Board is asked to:

- Support the completed NHSI self-assessment.
- Approve the Full Business Case.

Link to Policies and Strategies:

Service Development and Annual Plan

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NHSI Guidance Board Certification process

All Trusts undertaking material and significant transactions should complete this certification as part of the transaction review process.

Where a potential transaction is deemed to be material, as defined in Section 2.2 of NHSI guidance, NHS Improvement will, as part of our overall assessment of financial risk and governance, request evidence that the NTW Trust Board is satisfied that it has:

The self-assessment has been produced considering all Board discussions and the Trusts Risk Management and Risk Appetite Policy.

Action/Requirement:	Evidence:	Dates Board Discussed:
<p>Considered a detailed options appraisal before deciding that the transaction delivers benefits for patients and the trust in delivering its strategy</p>	<p>Two options for North Cumbria were considered:</p> <ul style="list-style-type: none"> - Strategic Partnership with CPFT - Formal Transfer from CPFT to NTW <p>Do nothing was not deemed an option by regulators and commissioners.</p> <p>A detailed Options Appraisal was contained in NTW's Strategic Case which then became NTW's Outline Business Case (The Future of Mental Health & Learning Disabilities Services in Cumbria - Outline Business Case).</p> <p>Information was gathered throughout the Due Diligence process and made available within the Due Diligence document (High Level Due Diligence Report relating to the Future Delivery of Mental Health & Learning Disability Services in Cumbria).</p> <p>Subject Experts, Senior Clinicians and leaders formed part of the Programme's Workstream Meetings during which they reviewed, discussed and debated the evidence collated regarding the Due Diligence process.</p>	<p>26 June 2018 – Board Away Day – initial presentation regarding Mental Health and Learning Disabilities Services in CPFT</p> <p>27 June 2018 – Board Development session – detailed presentation regarding the process and findings from the Due Diligence work</p> <p>25 July 2018 – Board Closed meeting – Due Diligence Report received and discussed. Board agreed to press on to Outline Business Case.</p>

<p>Assured itself that a proposed transaction will meet the requirements of the choice and competition licence conditions</p>	<p>NTW has assured itself that the proposed transaction will meet the requirements of the choice and competition licence conditions.</p> <p>North Cumbria and Morecambe Bay CCG went through a process in late 2017/early 2018 where they explored the potential options available to them in order to resolve the significant concerns they had in relation to patient safety, quality and other specific challenges that CPFT were experiencing (CQC Requires Improvement assessment, recruitment and retention problems, medical cover etc).</p> <p>NTW was approached and specifically requested to work with CPFT and Lancashire Care NHS Foundation Trust (LCFT) as a preferred partner in order that an appropriate resolution could be secured.</p> <p>NTW was selected because of its reputation of providing high quality clinical services that meet the needs of patients across 5 CCG areas/6 localities, being an 'outstanding' organisation.</p> <p>Commissioners were clear that:</p> <ul style="list-style-type: none"> - NTW operates in the best interests of patients - The procurement decisions they would be making would achieve the best results - Providers were being treated fairly (they had considered other organisations in the local area) - No-one was behaving anti-competitively to the disadvantage of patients. <p>These rules have been applied in the best interests of patients.</p> <p>NHSI and NHSE have been involved as core members at the Mental Health Programme Board (which oversees the programme) and has provided guidance regarding the development of the Strategic Case and Full Business Case.</p>	<p>26 June 2018 – Board Away Day – initial presentation regarding Mental Health and Learning Disabilities Services in CPFT</p> <p>27 June 2018 – Board Development session – detailed presentation regarding the process and findings from the Due Diligence work</p> <p>25 July 2018 – Board Closed meeting – Due Diligence Report received and discussed. Board agreed to press on to Outline Business Case.</p>
<p>Conducted an appropriate level of financial, clinical and market due diligence relating to the proposed investment or divestment</p>	<p>NTW has conducted a comprehensive Due Diligence process which commenced at the beginning of April 2018 and although the formal 'Due Diligence' period closed at the end of June and a document was produced and shared with the Trust Board, Due Diligence work has continued.</p>	<p>26 June 2018 – Board Away Day – initial presentation regarding Mental Health and Learning Disabilities Services in CPFT</p>

	<p>The Finance Workstream continues to meet on a regular basis (every 2 to 3 weeks). They operate on a premise of 'open books' and CPFT share their income, expenditure and assets register with NTW.</p> <p>The combined Clinical & Operational and Safety, Safeguarding & Quality (including Pharmacy) Workstream group met every 2 to 4 weeks until the production of the Outline Business Case. Since then Subject Experts from NTW have participated in visits to CPFT services, met with their counterparts, reviewed and compared clinical models, services, policies and processes.</p> <p>The Executive Director Nursing & Operations for NTW has been seconded to CPFT 2 & ½ days per week since July 2018. This has enabled NTW the opportunity to access financial, clinical and market information from within CPFT as well as to influence positive improvements in clinical services and drive up quality.</p>	<p>27 June 2018 – Board Development session – detailed presentation regarding the process and findings from the Due Diligence work</p> <p>25 July 2018 – Board Closed meeting – Due Diligence Report received and discussed. Board agreed to press on to Outline Business Case.</p>
<p>Considered the implications of the proposed investment or divestment on the resulting entity's Single Oversight Framework (SOF) segment, focusing in particular on the use of resources metric and having taken full account of reasonable downside sensitivities</p>	<p>NTW has considered the implications of the proposed transaction on the resulting entity's (NTW's) Single Oversight Framework (SOF) segment, focusing in particular on the use of resources metric and having taken full account of reasonable downside sensitivities.</p> <p>NTW's assessment identifies a minimal impact on the Trusts use of resources metric and no impact on its overall scoring and segment. Further evidence of this is contained within the Finance section of NTW's Full Business Case.</p>	<p>23rd January 2019 – Closed Board Meeting – Full Business Case shared with Board in DRAFT format – information contained in Finance section of FBC.</p> <p>27th February 2019 – presentation, discussion and consideration of the FINAL DRAFT FBC.</p>
<p>Conducted appropriate enquiry about the probity of any partners involved in the proposed investment or divestment, taking into account the nature of the services provided and the likely reputational risk</p>	<p>There are no formal partners involved in the proposed transfer of North Cumbria's mental health and learning disabilities services.</p> <p>The services transferring will be provided by NTW from 1st October 2019.</p> <p>NTW is exploring a lead provider model with North Cumbria CCG which may incorporate the direct commissioning of Out of Area Treatment placements (OATs).</p>	

	<p>This is an area that NTW has extensive experience in and has established relationships with existing providers in the private sector. The probity of just partners would be reviewed as part of any commissioning agreement of OATs.</p> <p>NTW will aim to be a significant Partner in the Cumbrian System.</p> <p>NTW already leads the Mental Health Integrated Care System workstream which incorporates North Cumbria area.</p>	
<p>Conducted an appropriate assessment of the nature of services being provided as a result of the investment or divestment and any implications for reputational risk arising from these</p>	<p>NTW has been part of the Joint Mental Health Programme Board since its inception.</p> <p>We have conducted an assessment of the nature of the services being provided. One of the factors in our decision to formally transfer the services rather than enter into a Strategic Partnership with CPFT was because of the potential for reputational risk to NTW if NTW weren't responsible and accountable for improving the quality of service delivery.</p> <p>NTW has conducted a 'Mock' CQC inspection of CPFT Clinical Services and a 'Mock' CQC inspection of Well Led.</p>	<p>25 July 2018 – Board Closed meeting – Due Diligence Report received and discussed. Board agreed to press on to Outline Business Case.</p> <p>23 October 2018 – Board Away Day – discussed the Outline Business Case findings and inclusions</p> <p>4 December 2018 – Joint Board of Directors and Council of Governors meeting – discussed the Outline Business Case findings and examined benefits of the transaction, what NTW has to offer North Cumbria, how we safeguard NTW services and how NTW could positively address CPFT's challenges in quality, safety and sustainability.</p>
<p>Received appropriate external advice from independent professional advisers with relevant experience and qualifications</p>	<p>NTW will commission an independent organisation to undertake a Financial Due Diligence exercise.</p> <p>The financial appraisal started with an initial Due Diligence in July 2018 and then the OBC and FBC has been refreshed each time using month 6, month 8 and month 10 actual information from CPFT.</p>	<p>23rd January 2019 – Closed Board Meeting – discussed the need and the rationale for securing this second opinion.</p> <p>The independent review is being coordinated with CPFT and will proceed post February. The outcome of which will support the implementation work.</p>
<p>Taken into account the good practice advice in NHS Improvement's transaction guidance or commented by</p>	<p>NTW and the wider Programme has utilised the NHSI good practice advice in NHS Improvements Transaction Guidance throughout the duration of the programme.</p>	<p>28 November 2018 – Board Closed meeting – Board agreed to move forward to FBC.</p>

<p>exception where this is not the case</p>	<p>NHSI personnel have been core members of the Joint Programme Board.</p> <p>NHSI seconded a staff member from the Governance Team to support the programme for the first quarter.</p> <p>The Transaction Review Stages were followed.</p> <p>NTW has engaged with NHSI senior team for advice regarding the process and the material transaction.</p>	
<p>Resolved any accounting issues relating to the proposed investment or divestment and its proposed treatment</p>	<p>The Finance Workstream (with representatives from each organisation) has met regularly to review the Finance issues relating to the transfer.</p> <p>NTW has engaged with CCG Commissioners regarding income and activity. The joint intent is to have an agreed Heads of Terms by April 2019 and ideally an agreed contract.</p>	<p>23 October 2018 – Board Away Day – discussed the Outline Business Case findings and inclusions</p> <p>28 November 2018 – Board Development meeting – discussed the content of the Outline Business Case with particular reference to Workforce and Finance issues.</p> <p>28 November 2018 – Board Closed meeting – Board agreed to move forward to FBC.</p>
<p>Addressed any legal issues, including those associated with the transfer of staff (either via an acquisition, divestment or fixed-term contract)</p>	<p>The HR & Workforce Workstream has met on a regular basis throughout the programme duration. They have developed an HR Framework which reflects TUPE and non-TUPE transfer arrangements.</p> <p>The HR Framework has formed part of the OBC's that was presented and accepted to the Programme Board and at all Trust Boards in November 2018 (early December for LCFT).</p> <p>Although there appear to be no legal issues regarding transferring staff at present, there is a Transition/Mobilisation Plan under development that will ensure any such matters are addressed in a timely manner prior to formal transfer.</p>	<p>23 October 2018 – Board Away Day – discussed the Outline Business Case findings and inclusions</p> <p>28 November 2018 – Board Development meeting – discussed the content of the Outline Business Case with particular reference to Workforce and Finance issues.</p> <p>28 November 2018 – Board Closed meeting – Board agreed to move forward to FBC.</p>
<p>Complied with any consultation requirements</p>	<p>There are no legal consultation requirements at this time (public or with staff) however there will be a formal consultation process undertaken as part of the CPFT staff transfer/TUPE transfer</p>	<p>23 October 2018 – Board Away Day – discussed the Outline Business Case findings and inclusions which referred to Workforce issues.</p>

	<p>arrangements. This will be led by CPFT as the current employer however NTW will actively support the process.</p> <p>As part of Mobilisation Plans, there will be structured and coordinated communication and engagement with Service Users, Carers, staff and partners.</p>	<p>28 November 2018 – Board Development meeting – discussed the content of the Outline Business Case with particular reference to Workforce and Finance issues.</p> <p>28 November 2018 – Board Closed meeting – Board agreed to move forward to FBC on the basis of formal transfer of services and staff.</p>
<p>Established the organisational and management capacity and skills to deliver the planned benefits of the proposed investment or divestment</p>	<p>The Executive Director Nursing & Operations for NTW has been seconded to CPFT 2 & ½ days per week since July 2018. This has enabled CPFT to move to a similar operational and clinical management/leadership structure to NTW in preparation for transfer.</p> <p>As part of OBC and FBC development, NTW has designed and described the service and business model it envisages managing in North Cumbria e.g. Triumvirate Model.</p> <p>NTW has supported CPFT with clinical and management staff to address some of the more pressing challenges e.g. in CAMHS services.</p> <p>NTW has commissioned an Independent OD Consultant, who has been working with the Trust for several years to commence a Collective Leadership Programme in North Cumbria, initially for senior managers from April/May 2019.</p> <p>In addition, a Leadership and Development Programme for staff at all levels is being developed and will be rolled out from the Summer 2019.</p> <p>NTW has a proven track record in delivering these programmes across the Trust.</p> <p>NTW Academy – senior staff are exploring the potential for developing Nurse Training Apprenticeship schemes with Cumbria University, again building on NTW experience with Sunderland University.</p>	<p>23 October 2018 – Board Away Day – discussed the Outline Business Case findings and inclusions which referred to Workforce issues.</p> <p>28 November 2018 – Board Development meeting – discussed the content of the Outline Business Case with particular reference to Workforce and Finance issues.</p> <p>28 November 2018 – Board Closed meeting – Board agreed to move forward to FBC on the basis of formal transfer of services and staff.</p>

<p>Involved senior clinicians at the appropriate level in the decision-making process and received confirmation from them that there are no material clinical concerns in proceeding with the proposed investment or divestment, including consideration of the subsequent configuration of clinical services</p>	<p>NTW has had senior clinicians involved in this programme since its inception.</p> <p>The Executive Director Nursing & Operations for NTW has been working in CPFT 2 & ½ days per week since July 2018. This has enabled NTW to ascertain that there are no material clinical concerns in proceeding with the transfer of North Cumbrian services to NTW, including consideration of the subsequent configuration of clinical services. It should be noted that there are areas of services improvement acknowledged. Patient Safety issues were raised by CQC and NHSE which prompted the proposal outlined in the FBC.</p> <p>The NTW Programme Lead comes from a clinical background.</p> <p>A number of senior clinicians are involved in the governance structure of the programme including at:</p> <ul style="list-style-type: none"> - Mental Health Programme Board (which oversees the entire programme; provides challenge, advice and authorises Workstream work) - Clinical & Operational Workstream meetings - Safety, Safeguarding & Quality Workstream Meetings. <p>Senior clinicians from NTW have been involved in the 'CQC mock inspection programme' across CPFT's services.</p> <p>Senior clinicians have been encouraged to and are liaising with their counterparts and developing local links and networks. They will be involved in future service configurations.</p>	<p>26 June 2018 – Board Away Day – initial presentation regarding Mental Health and Learning Disabilities Services in CPFT</p> <p>27 June 2018 – Board Development session detailed presentation regarding the process and findings from the Due Diligence work</p> <p>25 July 2018 – Board Closed meeting – Due Diligence Report received and discussed. Board agreed to press on to Outline Business Case.</p> <p>26 September 2018 – Board Development meeting – continued discussion regarding Cumbria</p> <p>26 September 2018 – Board Closed meeting – progress report on Cumbria, initial findings Outline Business Case</p> <p>23 October 2018 – Board Away Day – discussed the Outline Business Case findings and inclusions which referred to Workforce issues.</p> <p>28 November 2018 – Board Development meeting – discussed the content of the Outline Business Case</p> <p>28 November 2018 – Board Closed meeting – Board agreed to move forward to FBC on the basis of formal transfer of services and staff.</p> <p>4 December 2018 – Joint Board of Directors and Council of Governors meeting – discussed the Outline Business Case findings and examined benefits and challenges etc. Board members and Governors were given further information from senior clinicians involved in the programme.</p>
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<p>In the case of a contract for a specified period, ensured appropriate legal protection in relation to staff, including on termination of the contract</p>	<p>It is likely that the contract period for North Cumbria's Mental Health and Learning Disabilities services will be lengthy however this is yet to be specified by the CCG's and ICS. Negotiations have started, and a Heads of Terms are scheduled to be agreed by April 2019.</p> <p>NTW aims to be a significant partner in the Cumbrian system.</p> <p>NTW will, where necessary as it has done in other similar situations in other localities, ensure appropriate legal protection in relation to staff, including on termination of the contract.</p>	<p>23rd January 2019 – Closed Board Meeting – discussed the need and the rationale.</p>
<p>Ensured relevant commercial risks are understood</p>	<p>NTW has ensured relevant commercial risks are understood. This has been achieved through the review of risk associated with this transfer which focus's around capacity and sustainability ensuring the Trust can improve the Safety and Quality of services in North Cumbria. Our commercial and reputational standing will be significantly impacted if there is a detrimental bearing on our existing services or those transferred as part of this proposal.</p>	<p>28 November 2018 – Board Closed meeting – Board agreed to move forward to FBC on the basis of formal transfer of services and staff.</p> <p>23rd January 2019 – Closed Board Meeting – discussed this issue.</p>
<p>Made provision for the transfer of all relevant assets and liabilities</p>	<p>The Estates & Facilities Workstream has met on a regular basis throughout the duration of this programme.</p> <p>As part of the final FBC there will be an agreed list of assets and liabilities available relating to the services transferring from CPFT to NTW.</p>	<p>23 October 2018 – Board Away Day – discussed the Outline Business Case findings and inclusions which referred to Estates and Assets issues.</p> <p>28 November 2018 – Board Development meeting – discussed the content of the Outline Business Case.</p> <p>28 November 2018 – Board Closed meeting – Board agreed to move forward to FBC on the basis of formal transfer of services and staff as well as the relevant assets and liabilities attributed to North Cumbria.</p> <p>23rd January 2019 – Closed Board Meeting – included in the DRAFT FBC.</p> <p>27th February 2019 – FBC</p>

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The Future of Mental Health & Learning Disabilities Services in North Cumbria

Full Business Case

February 2019

Northumberland, Tyne and Wear
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Appendix 1: High Level Due Diligence Report relating to the Future Delivery of Mental Health & Learning Disability Services in Cumbria (available at July 2018 Trust Board).

Appendix 2: The Future of Mental Health & Learning Disabilities Services in Cumbria - Outline Business Case Annex B (available at November 2018 Trust Board).

Appendix 3: The NHSI Guidance Board Certification Process – NTW First DRAFT submission (available at January 2019 Trust Board).

Appendix 4: Stakeholder Listening Events Output Report – NTW Trust Innovations October 2018 (available at November 2018 Trust Board).

Appendix 5: Letter of Support from North Cumbria CCG, 13th February 2019.

Appendix 6: Letter of Support to Approach from NHSI, 30th January 2019.

Appendix 7: Letter from CQC regarding position on post-merger or acquisition, 14th February 2019.

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1 Executive Summary

1.1 Synopsis

1.1.1 Northumberland Tyne and Wear NHS Foundation Trust (NTW) is a highly regarded provider of the full range of mental health and learning disability services. NTW provides a range of specialist inpatient and community mental health and learning disabilities services including regional and national specialised services commissioned by NHS England.

1.1.2 The organisation has been assessed as 'Outstanding' during the last two Care Quality Commission (CQC) assessment visits. The Trust is large with an overall budget of approximately £320 million, serving a population of 1.5 million people over 2,200 mi² within six localities (Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside and Sunderland) from 60 plus sites. The Trust works with 5 CCG's and 6 Local Authorities across its current geographical patch. It has contracts with a number of other CCG's across the country for the delivery of specific services/packages of care.

1.1.3 NTW was asked to work collaboratively with Cumbria Partnership NHS Foundation Trust (CPFT) in an attempt to improve their mental health and learning disabilities services. Lancashire Care NHS Foundation Trust was also asked to work with NTW and CPFT at the same time. CPFT had been assessed as 'Requires Improvement' by CQC during the previous two visits and there were concerns around quality and safety of some services specifically expressed by regulators.

1.1.4 In early 2018 the two Clinical Commissioning Groups (CCG's) with commissioning responsibility for Cumbria, (Morecambe Bay CCG in the south and North Cumbria CCG in the north), published their strategic commissioning intentions for mental health and learning disabilities services currently delivered by Cumbria Partnership Foundation Trust (CPFT). They advised that *'from April 2019 the commissioning intention is for all services currently delivered by CPFT to be fully aligned to the Morecambe Bay Accountable Care System (ACS) and North Cumbria Integrated Health Care System (IHCS). This will mean services being delivered in the geographical footprint of the ACS and IHCS, and not on a county wide basis'*. These commissioning intentions were informed by a number of drivers to support best practice which are clearly outlined in the *High Level Due Diligence Report relating to the Future Delivery of Mental Health & Learning Disability Services in Cumbria* published in June 2018.

1.1.5 Following a period of Due Diligence (see appendix 1 for the full Due Diligence Report) and the subsequent development of Outline Business Cases (please note this exercise resulted in 3 separate reports which were submitted to each respective Board – NTW, LCFT and CPFT - see appendix 2 for NTW's Outline Business Case), a decision was made by NTW's Board in November

2018 to move to Full Business Case on the basis of a formal transfer of North Cumbrian Mental Health & Learning Disabilities Services.

1.2 Case for Change

- 1.2.1 CPFT was assessed by CQC on two separate occasions and deemed 'Requires Improvement'.
- 1.2.2 There have been significant concerns expressed by NHSE and NHSI in relation to the quality and safety of some of CPFT's clinical services.
- 1.2.3 Both North Cumbria and Morecambe Bay CCG's are clear that future provision must:
- Improve outcomes and quality of services for users and communities
 - Improve the sustainability and resilience of services, particularly given national and local workforce challenges
 - Ensure transformation of services in line with agreed models of care developed across the Sustainability and Transformation Plan (STP)/Integrated Care System (ICS) footprints.
- 1.2.4 It is felt that by delivering specialist mental health and learning disabilities services on a wider geographical footprint, there is more likelihood of developing, driving up and sustaining improved quality care, successfully recruiting and retaining high quality staff and improving access to a wider range of specialist services to the people of North Cumbria.
- 1.2.5 NTW is an 'Outstanding' organisation with an excellent reputation for the delivery of high quality services across all localities and service areas that it currently serves. The Trust is viewed as a leader in the field of mental health and learning disability and offers its expertise to a range of other 'challenged' organisations nationally.

1.3 Options

- 1.3.1 The Options which were initially considered for North Cumbria were:
- Strategic Partnership with CPFT (something short of formal transfer)
 - Formal Transfer of North Cumbria's Mental Health and Learning Disabilities Services
- 'Do nothing' was not explored as an option as it was not seen as a viable and sustainable solution by North Cumbria and Morecambe Bay CCG's.
- 1.3.2 A full Options Appraisal was conducted and included in the Outline Business Case which NTW's Trust Board received and debated in November 2018.
- 1.3.3 The preferred Option was to formally transfer North Cumbria's Mental Health and Learning Disabilities Services to NTW.

1.4 Vision and Model of Care

- 1.4.1 As with the rest of NTW's service provision, the service user (and their carers) is at the centre.
- 1.4.2 NTW aims to provide increased and improved access to local services in North Cumbria and to raise the quality of mental health and learning disabilities services available in the locality.
- 1.4.3 Through collaborative working with North Cumbrian service users, carers, local communities and staff and partner organisations, NTW intends to use innovative thinking, experienced and effective management and leadership to transform existing clinical pathways and service models across the locality. This will create a cohesive and improved pathway for all service users.
- 1.4.4 NTW will develop and co-produce a detailed Service Model with comprehensive Clinical Pathways with local people throughout the months of March through to and beyond October 2019.
- 1.4.5 The NTW Service Model for North Cumbria includes:
- All current inpatient services (acute admission wards; Psychiatric Intensive Care Unit; older adult functional acute ward; older adult organic ward; rehabilitation unit)
 - All current community mental health teams (adult mental health teams; older adult mental health teams; crisis and liaison team; anorexia nervosa team)
 - First step (IAPT services) in North Cumbria
 - Current community Learning Disability teams (adult learning disability teams)
 - Current community CAMHS teams (mental health; crisis; learning disabilities; 0-24 year olds eating disorder team; Autism and ADHD)
 - Current arrangements for specialist provision from NTW to North Cumbria including Forensic pathways, Acquired Brain Injury and Tier 4 CYPS beds.
- 1.4.6 Service Improvement work will enable NTW to continue to collaborate and co-produce clinical models and pathways for North Cumbria with its staff, service users, carers and families and partner organisations. However as time progresses, NTW would envisage focussing on areas highlighted in the 2018 CQC inspection, quality issues identified by NHSE/NHSI/CQC in a Patient Safety Initiative meeting held in mid-March 2018 as well as the feedback from the Listening Events. As well as this, there is an apparent and obvious need to ensure the following:
- An urgent care pathway that enables the service user to be seen by the right clinician in the right place in a timely manner – this will include fully operational 24/7 crisis assessment and home treatment services being available

- Alternatives to admission within the North of the county
- Safe, appropriately staffed and environmentally improved inpatient services
- A CAMHS service that is fully operational without the high levels of waiting times for assessment or assessment to treatment
- Community teams that are further integrated into the ICC model across North Cumbria – including CAMHS, learning disabilities and older adults.

1.4.7 In addition the Trust will look to how technology can aid in the effectiveness and efficiency of North Cumbria’s mental health and learning disabilities provision including patient information systems and performance (quality standards) dashboards.

1.4.8 Physical health and wellbeing is an important part of our planned Model of Care – it is our desire to eradicate health inequalities experienced by people with mental health and learning disabilities, particular those that end up in inpatient services. Nationally access to and uptake of routine screening, annual health checks and the treatment of long term conditions is inadequate and requires significant improvement. There is an opportunity for NTW to work alongside primary care partners within the ICC’s to address this issue.

1.4.9 Triangle of Care – feedback from Carers and Carers Groups in Cumbria in relation to the Triangle of Care has been negative. NTW recognises and acknowledges the importance of carers, families and friends as partners and consider their role to be integral to the delivery of safe and effective care. NTW has an established approach to Carers and Carers needs assessments, involvement and engagement and there is an opportunity to take this learning and implement it across North Cumbria.

1.5 Benefits of the formal transfer of North Cumbria Mental Health & Learning Disabilities Services to NTW

1.5.1 The benefits of transferring these services to NTW are significant and wide ranging.

1.5.2 **Model of care:** NTW has experience in developing local services for local people using co-production and evidence based techniques. NTW have already embarked on the first stages of a Service Model Design/Transformation process which will see improvements in systems and processes across North Cumbria.

1.5.3 **Service Users:** NTW offers a wider range of specialist mental health and learning disabilities services which have been rated as ‘outstanding’ by CQC. Service User feedback has been consistently high across the range of services that NTW already provides. NTW has proposals for enhancing and increasing access to services for example 24/7 crisis care and home

treatment, reviewing and addressing high levels of delayed discharges, length of stay and reviewing the processes for managing patient flow and reducing the current increasing use of out of area placements in collaboration with North Cumbria CCG.

- 1.5.4 **Staff:** Reputationally, NTW is felt to be a very good employer with a proven track record in recruitment to very senior positions and a front-runner in the development of nursing with Apprenticeship and other trainee schemes. NTW has already commenced exploratory work looking at NTW Academy with Cumbria University, Collective Leadership Development work in line with NTW's Collective Leadership Programme will commence in April/May 2019 with further programmes following e.g. Management Skills training, Aspiring Associate Director Programme etc. Clinical staff will benefit from NTW's Clinical Networks and more robust governance and supervision structures.
- 1.5.5 **Wider North Cumbria System:** NTW sees itself as well placed to significantly contribute with effective senior leadership and management to the developing ICC's in North Cumbria as well more widely to the North East and North Cumbria ICS.

1.6 Costs and financial impact

- 1.6.1 We have included a summary of the financial position and have incorporated scenario modelling in this Full Business Case – we have updated income and expenditure from those included in NTW's Outline Business Case.
- 1.6.2 Further work is required in relation to determining exact income from CCG's. This is because of the different methodologies used by CPFT and the CCG's. We need to work with CCG's to identify income between providers (NTW and LCFT) for cross boundary flows and county wide services in order to determine how these will be contracted for post transfer. There is a collective agreement to develop an agreed 'Heads of Terms' by April 2019.
- 1.6.3 There is an opportunity for further income to be transferred to NTW from North Cumbria CCG before the transfer of services in October. North Cumbria CCG are keen for NTW to take responsibility and accountability for the commissioning and management of all out of area placements (acute/unplanned and planned). In mental health alone nearly £3.4million has been spent in year to date (18/19) for North Cumbrian patients. The CCG is keen to explore the opportunities for NTW to take this business on with a view to reinvestment of repatriated money back into local services. There is a further £750k being spent on two patients with a learning disability or autism who are placed in specialist services outside of Cumbria. NTW will build upon its previous success in other localities.

1.7 Timetable and implementation

- 1.7.1 The First Draft Full Business Case was presented to NTW's Trust Board on 23rd January 2019 and was subsequently shared with CPFT's Trust Board

immediately after that and discussed at their Trust Board Meeting on Thursday 31st January 2019.

- 1.7.2 This updated Full Business Case will be presented to NTW's Trust Board on Wednesday 27th February 2019 for discussion and decision. The Board will then forward the FBC onto CPFT's Trust Board.
- 1.7.3 NTW will then be assessed by NHS Improvement against the NHSI Guidance Board Certification process.
- 1.7.4 The guidance states that where a potential transaction is deemed to be material, as defined in Section 2.2 of NHSI guidance, NHS Improvement will, as part of their overall assessment of financial risk and governance, request evidence that the NTW Trust Board is satisfied that it has considered 16 key actions and assured itself against each of them.
- 1.7.5 This self-certification process is appended to this Full Business Case – see appendix 3 (NHSI Guidance Board Certification process).
- 1.7.6 There is a high level Mobilisation Plan available in Section 13 of this Full Business Case (sitting behind this are much more detailed Mobilisation Plans from NTW Subject Experts), however an overview of milestones is set out in the table below:

Table 1: Timetable

Milestone Activity:	Date:
Submission of NHSI Guidance Board Certification process and DRAFT FBC to NTW (and CPFT) Trust Board	23 rd January 2019 (31 st January 2019)
Submission of FBC to CCG's and NHSI	January/February 2019
Assessment of Board Self Certification Process to NHSI	February 2019
Approval from NHSI	February 2019
Formal presentation of FBC to NTW Trust Board/sign-off	End February 2019
Communication & Engagement Strategy commences	March 2019
Continued clinical and operational review of North Cumbrian Mental Health & Learning Disabilities services	March to end July 2019
Mobilisation Plan implementation (in each expert/subject area – see detailed plans)	March to end September 2019

CQC Registration and de-registration of North Cumbrian services	June 2019
Staff training, preparation, transfer (induction to new employer, ESR etc.)	September 2019
Formal Transfer	1 st October 2019
Review of transfer process – all areas, with CCG's and NHSI	End January 2020

1.8 Conclusions and Recommendations

- 1.8.1 The Trust has carefully considered the model of care and the associated workforce requirements as well as the risks associated with transferring the service to NTW, and the potential and perceived impact on the wider organisation.
- 1.8.2 There is further work required in order to fully understand two important aspects of this proposed formal transfer of services, namely the full income envelope especially in relation to Morecambe Bay CCG's level of expected income for South Cumbrian patients usage of North Cumbrian beds (excluding the county-wide inpatients wards) and the number of corporate and support staff that will transfer from CPFT into NTW on 1st October 2019.
- 1.8.3 However after careful consideration and clear support from the CCG's, it is expected and anticipated that the combined income from both CCG's will be sufficient to cover the costs associated with current and future bed usage. NTW is clear that it will not transfer services that are operating without adequate funding (and therefore are expected to be overspent). NTW will continue to work with the CCG's and CPFT to ensure this is fully understood before the beginning of the next financial year.
- 1.8.4 NTW also assumes that there will be an adequate transfer of people and money in relation to corporate and support staff to support the safe and efficient formal transfer of North Cumbria's mental health and learning disabilities services.
- 1.8.5 Further work is also required to confirm exactly which assets/buildings will be transferring (ownership or leases) to NTW post October 2019. We have been able to determine the majority however there are a few buildings (Inglewood and The Coppice at Carleton Clinic, Maglona in Carlisle and Vorieda in Penrith) that require further debate. A pragmatic approach to majority occupier was agreed however as previously mentioned we remain unclear

about the number and location of support and corporate staff who will transfer/TUPE into NTW.

- 1.8.6 NTW views the formal transfer of North Cumbrian services as an opportunity to significantly improve upon the current quality of services provided to the population of North Cumbria.
- 1.8.7 NTW recommends the formal transfer of North Cumbria's Mental Health and Learning Disabilities Services to NTW on the 1st October 2019.

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2 Rationale for Transaction

- 2.1 As previously communicated, in early 2018 the two Clinical Commissioning Groups (CCG's) with commissioning responsibility for Cumbria, (Morecambe Bay CCG in the south and North Cumbria CCG in the north), published their strategic commissioning intentions for mental health and learning disabilities services currently delivered by Cumbria Partnership Foundation Trust (CPFT). They advised that 'from April 2019 the commissioning intention is for all services currently delivered by CPFT to be fully aligned to the Morecambe Bay Accountable Care System (ACS) and North Cumbria Integrated Health Care System (IHCS). This will mean services being delivered in the geographical footprint of the ACS and IHCS, and not on a county wide basis'. These commissioning intentions were informed by a number of drivers to support best practice which are clearly outlined in the Due Diligence Report published in June 2018 (see appendix 1).
- 2.2 The published commissioning intentions were clear that this will require 'either direct delivery from, or at least very robust partnership arrangements with an external Trust'. The current 'status quo' was not seen as a viable option by the CCG's therefore throughout the programme we have explored the following:
- a) **Do Nothing** – not a viable option and ruled out immediately as it clearly did not meet any of the strategic commissioning intentions, nor did it meet all of the 'must-do's' communicated by CPFT's CEO.
 - b) **Strategic Partnership (or something short of formal transfer)** – the definition of a Strategic Partnership was agreed across the three organisations.
 - c) **Formal Transfer of Services** – the services in scope in North Cumbria, and the staff that deliver those services, would formally transfer from CPFT to NTW, along with the buildings and assets from where services were being delivered.
- 2.3 The Outline Business Case which was presented at NTW's Trust Board in November 2018 provided details of the 'options appraisal', NTW's preferred option, a brief outline of NTW's proposed business and service model for North Cumbria, the associated financial case and information around the perceived risks and the mitigations against those identified risks. NTW's Trust Board agreed to progress to a Full Business Case on the basis of a formal transfer of Mental Health and Learning Disabilities Services in North Cumbria.
- 2.4 At the request of CPFT, the timescale for transfer was reconsidered and agreed to be 1st October 2019 – this was on the basis that the Mental Health & Learning Disability Programme would become more aligned to the

timescales involved in the other significant change programme happening in Cumbria at the same time (the merger between CPFT and North Cumbria University Hospitals NHS Trust).

- 2.5 NTW sees this transaction as beneficial to the population of North Cumbria as well as to the staff who work in North Cumbria’s Mental Health and Learning Disabilities Services for many reasons.
- 2.6 NTW’s vision and values are at the heart of all we do. NTW’s vision was developed in 2017 and is underpinned by a set of core values that were refreshed during 2013. We did this in consultation with service users, carers, staff, governors and other partners. These values ensure we strive to provide the best care, delivered by the best people, to achieve the best outcomes. Quality and safety are key areas for us, and we will ensure that our values are reflected in all we do. At NTW, we are committed to developing services of the highest quality that consequently enable and empower our service users to reach their potential and live fulfilling lives.
- 2.7 NTW’s Strategy has been developed in partnership with service users and carers and our staff. We have taken into account the national and local strategies that are relevant to the people using our services, carers, our staff and our organisation as a whole. The title of our strategy, ‘Caring, Discovering, Growing: Together’ sums up the themes and comments which everyone made. The feedback from all those involved has helped us identify what is important and determine our strategic ambitions.
- 2.8 NTW’s Trust Vision, Values and Strategic Ambitions are as follows:

Vision	To be a leader in the delivery of high quality care and a champion for those we serve
Values	<p>Caring and compassionate</p> <ul style="list-style-type: none"> • Put ourselves in other people’s shoes • Be approachable • Listen and offer hope • Focus on recovery • Be sensitive and considerate • Go the extra mile • Be helpful <p>Respectful</p> <ul style="list-style-type: none"> • Value the skill and contribution of others

	<ul style="list-style-type: none"> • Give respect to all people • Respect and embrace difference • Encourage innovation and be open to new ideas • Work together and value our partners <p>Honest and transparent</p> <ul style="list-style-type: none"> • Have no secrets • Be open and truthful • Accept what is wrong and strive to put it right • Share information • Be accountable for our actions
<p>Strategic Ambitions</p>	<ul style="list-style-type: none"> • Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing • With people, communities and partners, together we will promote prevention, early intervention and resilience • Working with partners there will be “no health without mental health” and services will be “joined up” • The Trust’s mental health and disability services will be sustainable and deliver real value to the people who use them • The Trust will be a Centre of Excellence for mental health and disability • The Trust will be regarded as a great place to work.

2.9 We believe that the acquisition of North Cumbria Mental Health & Learning Disabilities Services is strategically a very positive move as not only does it offer synergy with NTW’s Vision, Values and Strategic Ambitions, it also fits in well to the continued development of the North East & North Cumbria Integrated Care System (ICS). In essence:

- North East and North Cumbria is soon to become a shadow integrated care system (ICS) and NTW will play a key role in the ICS development.
- NTW will continue to cultivate our ‘system leadership role’ (in the context of an integrated health and care system) and our effectiveness as a partner.
- As part of the ICS, NTW will continue to significantly contribute to developing a health and care workforce strategy and framework to support the vision ‘for the North East and Cumbria to be the best place to work with a focus on population health and wellbeing, delivered by an adaptable and flexible workforce’.

- NTW recognises the importance of a continued focus on local government relationships.
- NTW understands the need to support integration of health and care commissioning and delivery.
- NTW agrees with the importance of a focus on population health, delivering improvements in healthy life expectancy and reducing health inequalities, the importance of 'place' in planning and delivery.
- We also see the importance of doing the right things with the right partners on the right footprint to deliver the best outcomes and economies of scale for the population we serve.

2.10 In relation to the recently published Long Term Plan (January 2019) which is a blueprint to make the NHS 'fit for the future', focusing on prevention, improving services for patients and the importance of integrating services to make them more efficient and effective, NTW feels that the Long Term Plan gives clear commitment to integrating health services so that the patient is at the heart of the NHS. The acquisition of North Cumbria's services and the senior leadership role that NTW can bring, offers opportunities for continued developments towards fully established ICC's with Mental Health and Learning Disabilities Services playing a central part of all 8 ICC's across North Cumbria.

2.11 NTW sees opportunities for continued service improvements across the North East and North Cumbria Transforming Care, transforming lives agenda. With the acquisition of North Cumbria's inpatient and community Learning Disabilities Services, NTW is now in the position of developing and delivering learning disabilities and autism services across the North East and North Cumbria ICS footprint at a time of significant change. This anticipated transformation in the care of people with learning disabilities and autism is embraced by the Trust and it welcomes the opportunity to work with its partners to shape the whole range of services to meet the needs of this population.

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3 Expected Benefits and Opportunities

Benefits:

- 3.1 The benefits of transfer we believe are far reaching.
- 3.2 In North Cumbria there will be benefits for service users and their families, staff and the wider Cumbrian community.
- 3.3 It is accepted that the formal transfer of North Cumbria’s Mental Health and Learning Disabilities Services will not have a negative impact on NTW current service users, carers and relatives and current NTW communities and staff. Instead it is felt that current NTW communities will benefit from the good practice and services currently available within CPFT.
- 3.4 Across the North East the transfer will increase the footprint of NTW which will enable the strengthening of strategic and clinical alliances in the North of England and provide a national platform to promote the wider agendas of mental health and learning disability, enhancing the parity of esteem between mental and physical health as we move towards the 10 Year Forward View.
- 3.5 Mental Health and Learning Disability care to the people of North Cumbria will be provided from one of the largest, specialist providers in the country.
- 3.6 NTW will take advantage of increased scale and resources to:
 - Improve the recruitment and retention of highly skilled staff through improved training, education and career development.
 - Bring together clinical excellence from two organisations.
 - Create larger clinical services which are more likely to meet access and quality standards. This will increase both the 24/7 and range of the offer to North Cumbria residents.
 - Create sustainable partnerships with community and third sector partners to support more self-care and community based care.
 - Invest in innovation, research and technology to transform services in North Cumbria.
 - Adapt flexibly and attract investment to meet the changing needs of the populations.
- 3.6 A further summary of the planned benefits for the North Cumbria system is below:

Criteria	Plan
Patient outcomes	CQC Safe & CQC Effective: Good or Outstanding
	Reduce delayed discharges or transfers to the most appropriate care placement (DToC)
	Reduce length of admission in all inpatient facilities (ALoS)

	Reduce use and number of Out of Area Treatment placements (both planned and unplanned) in line with CCG trajectories.
Patient experience	CQC Caring: Good or Outstanding
	Improve overall experience leading to improved National Patient Survey and Friends and Family Test results
	Improve access to services
Clinical sustainability	CQC Responsive: Good or Outstanding
	Build on North Cumbria and North East clinical networks
	Research: increase the number of patients benefitting from enrolment in NIHR portfolio and other research.
Workforce sustainability	CQC Use of Resources: Good or Outstanding
	Vacancy factor/turnover factor – percentage reductions
	Opportunities to increase numbers of Junior doctors in North Cumbria
	Opportunities to 'grow our own' with NTW Academy developments and Apprenticeship training schemes
	Enhanced development opportunities with a strong OD function.
Financial sustainability	CQC Use of Resources: Good
	Achievement of financial control target each year
	Achieve agency cost reductions

3.7 The existing six localities across the NTW footprint will benefit from spreading the good practice in North Cumbria. Elements of best practice can and will be rolled out across the Trust via the operational and clinical structures in place.

3.8 NTW's whole pathway approach opens access for service users to a wider integrated health and social care system. The model of care is predicated on early recognition of treatment needs and discharge options. For service users and their families this will bring many benefits. It will involve social care and local authorities at a much earlier stage of their care and allow appropriate planning for their future needs. Points of transition in the pathway will be well managed and supported by specialist services to facilitate a greater emphasis on positive risk taking and community integration.

Opportunities:

- 3.9 North Cumbria CCG see this transaction as providing many opportunities for North Cumbrian citizens and commissioners including:
- Improved patient experience, safety and quality of service delivery to meet commissioner and regulatory requirements and identified areas of improvement (CQC).
 - Leadership capacity to deliver transformational change as per five year forward view for mental health and NHS Long Term Plan.
 - Review and realignment of mental health and learning disabilities into a single care group

- Sustainability/delivery of Mental Health and Learning Disability services in North Cumbria
- Service users will continue to benefit from locally provided and managed care and treatment
- Improved clinical pathways, including review and support of crisis and acute care pathway development/improvements in support of demand/bed management processes to reduce OOA acute/PICU admissions, reduce lengths of stay and delayed transfers of care.
- Strengthen links/pathways across the North East and North Cumbria specialist commissioned provision – perinatal mental health, learning disabilities and or autism and mental health secure services, eating disorders, gender dysphoria and CAMHS Tier 4.
- Provide advice/consultation to staff and improved access to NTW specialist services provision, including forensic inpatient and community services, personality disorder pathways and affective disorder services.
- Improved workforce recruitment, retention and sustainability, particularly Medical Staff.
-

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- 3.10 The business opportunities for NTW include transferring the budget for Out of Area Placements from North Cumbria CCG to NTW:
- Repatriation of those individuals who are currently placed in an Out of Area placement (OAT's) either planned or unplanned – in early January NTW are advised by North Cumbria CCG that there is approx. £3.4 million being spent on out of area placements for people with a mental health diagnosis. A further £770k is being spent on two people with a learning disability and/or autism in specialist out of area hospital placements.
 - NTW has a proven track record of repatriating OAT's back into NTW and more importantly discharging people directly into the community.
 - North Cumbria CCG has indicated a desire for NTW to take on responsibility and accountability for OAT's prior to transfer date of 1st October 2019.
 - There are significant opportunities to reinvest this repatriated money back into local North Cumbrian Mental Health and Learning Disabilities Services.
- 3.11 CPFT currently have services described as 'fragile'. This transaction offers significant opportunities for these services to become more stable, integrated into a wider system and potentially more attractive to the workforce thereby improving recruitment and retention.
- 3.12 One of these 'fragile' services is Pharmacy. The opportunities here are felt to be as follows:
- Improve the safety, quality and financial management of medicines use in Mental Health and Learning Disabilities Services in North Cumbria.
 - Improved safety and governance systems for pharmacy and medicines.
 - Joint working across North to improve training and development of staff. This should lead to improved recruitment and retention.
 - Support the development of the Pharmacist and other Multidisciplinary Independent Prescribing workforce to help mitigate medical staffing shortages.
- 3.13 In early December 2018, NTW's Board of Directors and Governors spent time together looking at the opportunities that this transaction could offer and what NTW could 'bring to the table'. The table below contains some abstracts from that workshop:

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Table 2:

<ul style="list-style-type: none"> - As a Mental Health and Learning Disability Trust undertake all the core services undertaken in Cumbria. - Geographically close, we are neighbours already. Already offer services in a rural county, expertise in rural areas - While we work closely with Acute Trusts, our Leadership deals with MH and disability services, leadership that can focus on the important without the distraction of the Urgent. - We have also been through change before when the Trust was formed 3 organisations into 1 so we recognise the importance of taking staff and service users with us. Learned through that, not perfect but we bring that learning with us into this opportunity - We stand for doing the best we can for our service users and their carers, not perfect, but strive for continuous improvement. 	<p>Service Users:</p> <ul style="list-style-type: none"> - centres of excellence but look to learn from you - Rated as Outstanding overall and particularly pleased that we were rated as good on safety. - Triangle of care - Access to specialist services - neuro rehab - Digital - help to develop <p>Staff:</p> <ul style="list-style-type: none"> - learning / training wider opportunities - wider career opportunities - International recruitment, close relationship with universities - Reduced use of Agency and Locums - Academy – apprenticeships - Culture <p>Value for money:</p> <ul style="list-style-type: none"> - some economies of scale - services and research - improving pharmacy services - NTW Solutions reduce shared services - VAT/procurement - NTW Innovation - working round the country improving solutions - Better for service users, staff and value for money and innovation.
<ul style="list-style-type: none"> - Economies of scale – shared services; procurement services = savings; Estates rationalisation - Research & Development – size of research trials increase as access to wider patient group which in turn = increased funding 	<ul style="list-style-type: none"> - Pump priming transitional costs - Embed bottom-up approach to recruitment, staff engagement - Sharing the expertise across the wider Trust; build on the wider skills and strengths within Cumbria - Use experience from previous mergers, and from others

- Better fit with ICS/ICP model
- Career opportunities; development for NTW staff; could increase staff retention
- Efficiencies to free up resources and improve community services e.g. reduce locums
- Capital and revenue funding from commissioners and/or centre
- NTW reputation (if successful!)
- Learning and sharing best practice both ways

- Honest and open approach – being clear about the journey
- Build on existing pathways for Specialist Services
- Be clear on the baseline – look for early indicators of risk across core quality indicators, workforce indicators
- Keep seeing staff as core asset; continue to listen, NTW approach to 'devolution'; ensure ongoing improvement, progression and development. Bare minimum is status quo.
- Understand the money – ring fence investment to ensure sustainability
- Staffing – look at innovative ways to increase flexibility, opportunities to develop, build on best of both
- Board Sub-Committees have a critical role – Sub-Committees should agree areas of focus supported by Governors

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4 Current Challenges and Key Risks

- 4.1 The issues affecting CPFT have been well documented. These include:
- The 'Stranded Costs' which have reportedly been as high as £10.5million
 - Dispersed Bed Configuration
 - Workforce recruitment, retention and sustainability especially relating to
 - Medical Staff
 - CQC rating of 'Requires Improvement'
- 4.2 There is an expectation that these issues will be addressed as part of the formal transfer of North Cumbria's Mental Health and Learning Disability Services.
- 4.3 There are however a number of other associated challenges that this transaction will address. These challenges will be addressed as part of the Subject Experts' Mobilisation Plans.
- 4.4 Stranded Costs – the details of the perceived Stranded Costs that CPFT have reported on are not shared by NTW (or LCFT). The assumption that NTW has made in relation to this issue is that the corporate and support staff who make up the bulk of the stranded costs are supported into employment with the assistance of the HR Framework
- 4.5 Dispersed Bed Model – NTW has already commenced discussions with North Cumbria CCG in relation to the current two site model. The CCG is in agreement that the NTW Service Model should be developed on the premise that it is safe, effective and sustainable therefore a full review of the Acute Care Pathway is required. Without predicting the outcomes of a service user, carer and North Cumbria staff co-produced Service Model, an option could be to initially reduce the admission acuity levels in West Cumbria (Yewdale Ward) to that of a 'sub-acute' facility and all disturbed highly acute patients would be admitted to the Carleton Clinic site with a view to repatriation back to either Yewdale Ward or the Crisis House in Whitehaven at the earliest opportunity in the patients pathway. Yewdale Ward could then reduce its dependency on medical staffing which is a significant challenge (the unit has ran on locum doctors for the past 10 years). Alongside this however Crisis Services and Home Treatment would need to operate across the 24/7 period and Street Triage could be explored.
- 4.6 Workforce recruitment, retention and sustainability especially relating to Medical Staff – as previously reported, NTW has already commenced some work in this area. NTW's Medical Director has undertaken some preliminary work with CPFT in relation to vacant posts, S12 Approved doctors and Out of Hours issues – this work continues. NTW have extended an invitation to CPFT to access the recent successful Overseas Doctors Recruitment Programme – CPFT had recruited 3 new CAMHS doctors however it would appear that their level of seniority at present precludes them from acting as Responsible Clinicians – NTW's Medical Director and Executive Director of Nursing are

addressing this deficit in service and personnel. NTW will explore the development of Nurse Consultant roles across the Acute Care Pathway in order to assist in the Service Redesign work. More generally, CPFT are currently challenged in terms of attracting staff into the Trust which has resulted in high agency spend – NTW will be reviewing all of CPFT’s recruitment and retention processes in order to effectively manage agency spend. NTW has a proven track record of significantly reducing agency spend by almost 50%.

- 4.7 CQC rating of ‘Requires Improvement’ – a full and comprehensive Peer Review process for CQC preparation took place throughout the latter months of 2018. NTW (in collaboration with TEWV) completed CQC ‘mock inspections’ across inpatient and community services and clear action plans were produced and communicated to senior personnel within CPFT. This will provide services with the basis from which to improve and prepare for planned CQC Inspections in early Spring 2019. NTW will support CPFT in the management of the CQC Improvement Plans that fall out of such an inspection (for North Services only).
- 4.8 There are a number of key risks associated with the transfer of North Cumbria’s Mental Health and Learning Disabilities from CPFT to NTW.
- 4.9 Subject Experts have attempted to record these perceived risks but also to mitigate against them as far as is practicably possible.
- 4.10 The following are the Key Risks and the associated Mitigations:

Subject Area:	Key Risk:	Mitigation:
Clinical and Operational	- Recruitment to some clinical posts especially medical and qualified nursing	- Plans in place to join up International recruitment for doctors - Develop Non-Medical AC/RC’s and Non-Medical Prescribers - Work with Clinical Pharmacy to develop patient-facing roles - Plans in place to develop Nurse Apprenticeships with Cumbria University
	- Medical on-call	- Linked to medical recruitment - Explore options to link up to current NTW on-call arrangement into North Cumbria
	- Patient Flow	- NTW Bed Management to be expanded to North Cumbria Services from April 2019 - Transfer Mental Health & Learning Disabilities commissioning team and budgets including complex cases and OATs – before transfer date - Implement delivery of CQC Mock Inspection Action Plans and Must Do’s from previous comprehensive CQC Inspection.
	- Sustainability of inpatient services in West Cumbria	- Review the acute care pathway, seek to modernise access and re-designate services to accommodate changes in acuity

	<ul style="list-style-type: none"> - Waiting times in CAMHS - Unfunded services e.g. Psychiatric Liaison in Acute Hospital 	<ul style="list-style-type: none"> - Continue with current arrangements with NTW experts into Cumbria's CAMHS services - NTW Innovations undertaking comprehensive Service Improvement work over next 8 months - Liaison Services is funded for 9-5pm Monday to Friday but operating 24/7. System-wide approach (CCG, Acute Trust and Mental Health) to review and find resolution prior to transfer.
Safety, Safeguarding and Quality	<ul style="list-style-type: none"> - Incident reporting - Not having the IT system required to deliver the Incident Reporting structures. - Safeguarding and public protection – unclear if appropriate resource will be transferred to NTW - Tissue Viability and IPC – lack of clarity around systems, processes and staff to transfer - Decoupling Safer Care processes from combined Acute and CPFT system 	<ul style="list-style-type: none"> - NTW's Safer Care staff site visits to commence late January, review processes, systems and policies and develop an Action Plan to ensure CPFT have appropriate systems and processes are in place and NTW can deliver same post October - NTW already engaged with North Cumbria CCG Safeguarding Lead and attending meetings - Joint working underway regarding Safety processes and systems e.g. SI processes – CPFT to adopt NTW processes and systems prior to transfer.
Pharmacy	<ul style="list-style-type: none"> - Workforce issues (Chief Pharmacist leaves in March, responsibility then lies with NCUH; recruitment and retention, transfer of adequate resource etc) - Limited clinical pharmacy support in community - Lloyds Pharmacy Contract (inefficient, expensive, basic) - Medicines overspend (appears to be increasing without CPFT understanding) 	<ul style="list-style-type: none"> - NTW to place senior clinical pharmacist in North Cumbria to conduct a review examining governance issues and opportunities; develop a structure which will support the recruitment and retention agenda in North Cumbria (medical staff in particular), governance issues (policies, systems, risk management, audit), the increasing medicines budget (examine Lloyds contract and conduct FP10 audit on behalf of CPFT) - Omnicell cabinets to be placed in all inpatient wards (GDE money to finance) – to reduce drug errors and relive clinical time - Use of NTW's EPMA – to reduce drug errors and relive clinical time - Develop e-learning materials for medicines management and rapid tranquillisation - Transfer Controlled Drugs Accountable Officer role to Chief Pharmacist

	detail, no audit processes in place)	
Finance	<ul style="list-style-type: none"> - Lack of clarity and information around income - Lack of clarity re: bed activity especially for South Cumbrians using North Cumbrian beds - Accounts Payable/Accounts Receivable/Control Accounts and accountancy/Cashiers/Charitable Funds/Lease Cars 	<ul style="list-style-type: none"> - Further work being done with CPFT and CCG's to determine income - Executive to Executive meeting being coordinated - Upside, Downside and Expected income being developed to assist in decision making. - Develop a plan to implement users onto NTW processes and Oracle Cloud - Develop a plan to implement the systems and support services for cashiers and patients finance functions - Develop migration plan for lease cars, explore staff benefits etc
Human Resources & Workforce	<ul style="list-style-type: none"> - Limited clarity around which staff will formally transfer to NTW on 1st October 2019 (includes corporate, support and Pharmacy staff) - Lack of agreement from CPFT in relation to the transfer of Support and Corporate staff - Lack of agreement from CPFT in relation to the use of the developed and shared HR Framework - Difficulties in the recruitment of clinical staff posts especially medical staff - ESR - Payroll and expenses 	<ul style="list-style-type: none"> - Executive to Executive Meeting scheduled for 25th February which should enable form agreements to be made - Subject Experts have drafted structures for future NTW-ran services - Recruitment & Retention strategy in place - Workforce Plan to be developed - Unqualified clinical staff currently undertaking nurse training (Apprenticeship scheme operational) - Good relationships with higher education facilities and universities including Sunderland & Cumbria. - Develop a plan for the migration of employee records in ESR liaising with payroll - Plans/processes to be developed for the implementation of Trust expenses system and payroll contracts to be amended
Information Management & Technology	<ul style="list-style-type: none"> - RiO usage appears inconsistent across services which will impact migration and reporting. Current RiO system interfaces/dependencies not fully known 	<ul style="list-style-type: none"> - Commence early discussions with Servelec on technical implications of migration, and options for support - Undertake a gap analysis between RiO instances - Identify CPFT RiO interfaces and systems - Commence detailed discussions with CPFT regarding current use of: training and configuration of RiO to support migration and implementation planning.

	<ul style="list-style-type: none"> - Cumbria shared network infrastructure not fully robust, particularly the WiFi coverage and costs/contract details are unclear. Staff do not have the capability of connecting via 3G/4G or public wifi increasing reliance on network. - The additional work arising from migration and implementation of informatics solutions to CPFT may impact on GDE and Fast Follower programme deliverables; timescales and milestone payments, Trust strategic workplan and staff retention. - Currently there seems a high reliance on RiO for patients' histories rather than accessing to historic records. 	<ul style="list-style-type: none"> - Implement direct network links to key sites where MH staff are based (increasing costs) - Support CPFT to improve the network reliability and wireless connectivity to support remote clinics etc. - Implement Direct Access, 4G and increase smartphone provision. - Migrate users to Office 365 - Consider migrating RiO to Servelec Datacentres - Undertake and review impact assessment on current programme plans in both NTW and CPFT. - Keep NHSD/ NHSE informed of plans and developments and potential impact. - Consider impact of CPFT work when next workplan review is due. - Review informatics staffing levels and resource. - Ensure paper records are available and tracked for current patients at transfer. - Implement patient index to provide visibility of patient historic contact and records. - Ensure there are clear processes in place to access historic records at transfer.
Estates & Facilities	<ul style="list-style-type: none"> - Lack of clarity regarding the transfer of two or three buildings or assets – this is dependent upon which staff are transferring on 1st October 2019 - Capital for inpatient wards in line with CQC feedback and NTW expectations 	<ul style="list-style-type: none"> - Executive to Executive Meeting - NTW to examine CPFT's plans for the use of The Coppice and Inglewood - Once decision made regarding corporate and support staff to transfer to NTW, decisions can be made regarding ownership of Vorieda and Maglona - CEO and Executives to ensure NHSI, NHSE, ICS and Commissioners are sighted on this requirement for their political support.
Procurement	<ul style="list-style-type: none"> - Further work required in relation to understanding all CPFT contracts 	<ul style="list-style-type: none"> - NTW have included preliminary work in their Mobilisation Plans

	<ul style="list-style-type: none"> - Routine Purchasing and Catalogues - Contracts database still not shared. 	<ul style="list-style-type: none"> - Develop a plan to implement users onto NTW processes and Oracle Cloud. This includes arrangements to access NHS Supply Chain account.
Board/Governors	<p>What are we worried about?</p> <ul style="list-style-type: none"> - Stretching capacity - The impact on Support Services - Loss of reputation - Keeping the focus on the day to day - Different cultures - Competing for resources - Poor Estate, lack of resources to address, re-direction of resources - Engagement locally. 	<ul style="list-style-type: none"> - CPFT have agreed to fund seconded NTW personnel e.g. CAMHS team and have commissioned NTW Trust Innovation separately to undertake CAMHS work - All Subject Experts have a developed Mobilisation Plan - Transition Funding has been requested as part of NTW's 'ask' - Political support for future capital bids from NHSI, NHSE, ICS and commissioners has been requested as part of NTW's 'ask' - A comprehensive Communication & Engagement Plan is under development - Subject expert Mobilisation Plans include engagement with staff from all Subject areas.

4.11 Contingency Plans and Business Continuity

4.11.1 Contingency Plans have been included in the Risk Management arrangements.

4.11.2 NTW is in the process of reviewing CPFT's Business Continuity Plan along with undertaking a Business Impact Analysis Assessment Unfortunately neither are available for appending to this Full Business Case as they are still in development and at the time of submission of this document, are not yet completed. However NTW does have a well-developed Trust-wide Business Continuity Plan which can be extended to cover North Cumbria. This document provides assurance that the Mental Health and Learning Disability Services are able to provide an acceptable level of service in the event of any disruption.

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5 Options Appraisal

- 5.1 As previously reported, a significant piece of work around Options Appraisal for the future of North Cumbria's Mental Health and Learning Disabilities Services was undertaken as part of the development of the Outline Business Case.
- 5.2 Following the period of Due Diligence, the Options which were initially considered for North Cumbria were:
- Strategic Partnership with CPFT (something short of formal transfer)
 - Formal Transfer of North Cumbria's Mental Health and Learning Disabilities Services
- 5.3 'Do nothing' was not explored as an option as it was not seen as a viable and sustainable solution by North Cumbria and Morecambe Bay CCG's.
- 5.4 NTW's Board was presented with the Options at a Board Away Day on 27th June 2018. The Board received a detailed presentation regarding the process and findings from the Due Diligence work and an introduction to the Options.
- 5.5 Following a decision at the Closed Trust Board Meeting on 25th July 2018 to move to an Outline Business Case, Board Members then participated in a workshop on 26th September 2018 (Board Development meeting) during which they analysed the two options. The Board were asked to consider the impact on NTW in relation to the previously agreed NTW Board 'Risk Appetite' categories in both developing a 'partnership' with CPFT and in formally transferring the North Cumbrian Services in scope for this programme, from CPFT to NTW. This information was fed into NTW's Outline Business Case.
- 5.6 A progress update in relation to the Outline Business Case content was presented to Trust Board members on 23rd October 2018 at a Board Away Day.
- 5.7 The Outline Business Case was again discussed at NTW's Board Development session on the 28th November 2018 before it was formally presented at the Closed Trust Board Meeting that same day.
- 5.8 Rather than repeat that exercise in the Full Business Case, the reader is asked to refer to Appendix 2 (NTW's Outline Business Case – Annex B) of this Full Business Case in which details of the options explored, the perceived benefits, risks and opportunities are well documented.
- 5.9 The outcome of the Options Appraisal work was that the services in scope in North Cumbria's Mental Health and Learning Disabilities Services would be formally transferred from CPFT to NTW and the staff that deliver those services would formally transfer from CPFT to NTW, along with the buildings and assets from where Mental Health and/or Learning Disabilities Services were being delivered.

6 Due Diligence

- 6.1 As part of this programme all 3 organisations (CPFT, LCFT and NTW) participated in a robust Due Diligence process from April through to end June 2018.
- 6.2 All organisations agreed the content of the Due Diligence checklist.
- 6.3 Each of the 7 Workstream groups (Clinical & Operations; Quality, Safety & Safeguarding; Communications, Finance, Human Resources & Workforce; Estates & Facilities; Information Management & Technology) was assigned appropriate Due Diligence activities and were asked to review the content of the information collated.
- 6.4 The Due Diligence information and the views and opinions of senior clinical staff and managers as well as Subject Experts was fed into the final report which was written by an independent consultant, and which is attached to this FBC as appendix 1 (High Level Due Diligence Report relating to the Future Delivery of Mental Health & Learning Disability Services in Cumbria).
- 6.5 The final report was presented to the Mental Health Programme Board on 24th July 2018. It was then shared with each of the three organisations for consideration at their respective Trust Boards. For completion the report is attached as appendix 1 to this Full Business Case.
- 6.6 The report was discussed at NTW's Closed Trust Board on 25th July 2019 where the decision to move forward to Outline Business Case was made.
- 6.7 The content of the Due Diligence report was further discussed at the Board Development Meeting on 26th September 2018.

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7 Human Resource and Workforce

- 7.1 In May 2018, an HR Workstream of the Mental Health Partnership Board was established with representatives from the three organisations (CPFT, LCFT and NTW).
- 7.2 This group has worked on the Due Diligence relating to Human Resource and Workforce matters and has shared relevant information from each respective organisation.
- 7.3 The group has also developed a DRAFT HR Framework supporting the commitment to maintain employment of staff at CPFT and outlining a process for transferring staff into the Trust under TUPE Regulations as well as a process for placing corporate services staff into post who do not meet the legal definition of TUPE.
- 7.4 In terms of TUPE, it has been confirmed that approximately 750 clinical frontline staff in North Cumbria will transfer to NTW. In addition, around 80 support staff including domestics and porters will also TUPE.
- 7.5 Work is also underway to determine how many staff in corporate services will be eligible for TUPE. This is still progressing and a work analysis is being carried out during January/early February to determine eligibility. A similar process is also underway for those staff in management/administration posts that cover Mental Health and/or Learning Disability Services countywide. It is expected that this information will be available to NTW at the end of February.
- 7.6 NTW's expectation in terms of the corporate staff who are not eligible for TUPE, will be a 'partnership' or collaborative approach between all three organisations to placing staff in post. NTW, LCFT and CPFT will work together to ensure that no one organisation is in a position where key posts remain unfilled and thereby cause a risk in terms of continuity, organisational memory and the ability run safe services.
- 7.7 The HR Framework was presented and accepted by the Mental Health Programme Board in the August and then again in September meetings. It was then presented as part of the OBC's to each of the 3 respective organisations' Trust Boards during November and early December 2018. The final HR Framework will be agreed by the end of March 2019 and will be complemented by a Work Plan and process to place staff into post.
- 7.8 The most significant challenge at this juncture is obtaining the agreement from CPFT to work jointly during the recruitment process. This is further complicated by the progressing merger between CPFT and NCDH. There is an Executive to Executive meeting scheduled for 25th February 2019 which should clarify the process that will be followed.

- 7.9 In preparation for the formal transfer of Mental Health and Learning Disabilities Services, a number of developments are progressing:
- The current services in CPFT are undergoing a management and senior leadership re-structuring and the North of CPFT's Mental Health and Learning Disabilities Services will be moving to a 2 Clinical Business Unit model which is very similar to the current NTW model.
 - NTW is actively supporting CPFT in their endeavours to prepare for their upcoming CQC inspection (likely to be Spring 2019) – a number of NTW experienced Subject Experts are providing preparatory support and conducting 'mock inspections'.
 - NTW's Trust Innovation Team are, as previously discussed, working across Cumbria to support the transformation of the clinical services model.
 - NTW Academy personnel are exploring the opportunities with Cumbria University to develop Nurse Training programmes.
 - The Executive Medical Director and team are exploring opportunities around Medical Education and building back up the Junior Doctor workforce.

7.10 Leadership Development:

NTW has commissioned Ken Tooze, Independent OD Consultant, who has been working with the Trust for a number of years to work with the Interim Executive Director for Mental Health and Learning Disabilities to deliver a Collective Leadership Programme in North Cumbria, initially for senior managers, from April 2019.

In addition, a Leadership & Development Programme for staff at all levels is being developed and will be rolled out from the Summer 2019.

7.11 Continuous Due Diligence:

From January 2019, Subject Matter Experts across all functions will be meeting with their counterparts in CPFT to understand in more detail the exact position, current systems and processes etc in order to identify priorities and progress any necessary modifications or remedial work prior to formal transfer in October 2019. This will also assist us in identifying the necessary work (and level) post transfer in October 2019.

7.12 Engagement with Staff:

There has been some engagement with CPFT Staff primarily at a senior level however it is acknowledged that this is a fundamental part of the formal transfer process. An Engagement Plan is being developed in preparation for implementation from March through to October 2019, and beyond.

7.13 Induction to NTW for North Cumbrian Staff:

An Induction Plan will be developed to ensure all North Cumbrian Staff who transfer into NTW in October are appropriately supported during their transition into NTW as their new employer.

7.14 Revalidation

It is accepted that the Revalidation process for Consultants is complex and requires a substantial amount of administration support. NTW is likely to transfer approx. 33 doctors (Consultants and Staff Grades). NTW will not be responsible and accountable for the process of revalidation for Locums (3 Consultants and 1 Staff Grade Locum is expected to transfer with the services).

7.15 Support to Medical Staffing issues/Quick fixes

There are a number of considerations being made in relation to the Medical Workforce. NTW is exploring the possibilities of NTW employing GMB International Doctors and placing them in North Cumbria. It is essential that International Doctors (and Nurses/other clinicians) are supported appropriately. NTW has a very good infrastructure in place to support those who have joined the current configuration including a Senior Support Officer (who supports the individual and their families with practical needs including housing, schooling and community support) and International Medical Staff link Consultant. For the soon to be recruited Junior Doctors, NTW is exploring the opportunities of linking their Carleton Clinic inpatient experience with Hexham for community and outpatient experiences.

7.16 **Initial Mobilisation Plan**

In terms of initial Human Resource and Workforce Mobilisation Planning, the following is a high level approach. Each action or task has many steps and activities sitting behind it:

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Task/Action	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov - Onwards
Board Decision	■	■									
Continue Preparation e.g., reviewing systems and processes across all functions	■	■	■	■	■	■	■	■	■		
Future Structures for Corporate Services agreed			■	■							
Recruitment Process Corporate Services					■	■	■				
Recruitment Administration Corporate Services									■		
TUPE consultation (led by CPFT)				■	■	■					
TUPE Preparations								■	■		
Formal TUPE Transfer										■	
NTW Induction									■	■	
Engagement with staff			■	■	■	■	■	■	■	■	■
Leadership Development			■	■	■	■	■	■	■	■	■

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8 Financial Plan

8.1 Income

- 8.1.1 Following more detailed work in relation to income levels it has been highlighted that there are different methodologies being used to calculate the expected North Cumbria CCG contract figure to be included and how it has been allocated across service lines. This means that continued work is required to ensure that assumptions around income are appropriate.
- 8.1.2 The North Cumbria contract figure identified by CPFT contains different elements to the figure expected by the CCG. For example, the CPFT figure included some 'out of scope' services and excluded non-recurrent income, whilst the CCG has identified those services which need to be excluded and added back some non-recurrent income which is long standing and that they expect to continue.
- 8.1.3 The contract income level in the OBC was based on the CPFT figure. This contracted figure was apportioned over the North costs on a pro-rata basis. It has been highlighted by commissioners that their split of income across services is based on figures used to inform the split of the former Cumbria CCG into North Cumbria and Morecambe Bay CCG's.
- 8.1.4 In CPFT workings, all costs of inpatient units in the North have been allocated to the North and vice versa for the South. By splitting the North contract income over these costs it was assumed that North Cumbria would, for example, fund 100% of a North ward, excluding county-wide wards. By using the CCG methodology which uses boundary percentages, a North acute ward, for example, will be funded 60% by NC CCG & 40% by MB CCG, similarly a South ward will be funded by the same split.
- 8.1.5 In the OBC for wards specific to North or South it was assumed that any cross boundary flows would net off. For county wide wards, which are all in the North, it was assumed that MB CCG would need to fund a proportion of their use. This is difficult to identify as income is not identified at a ward level and so there is no agreed bed day rate on which any calculations can be based.
- 8.1.6 Therefore, work needs to be undertaken to identify income between providers for cross boundary flows and county-wide services and how these will be contracted for.
- 8.1.7 The FBC updated position includes 3 scenarios, exploring an upside, downside and base/expected income position.

Upside £47.5m

	North locality	NC CCG	MB CCG	Other Commissioners	Total
	£	£	£	£	£
Contract Income includes CQUIN 100%	- 41,833	- 41,833			- 41,833
MB CCG contribution to 3 county wide wards (Edenwood, Oakwood, Rowanwood)	- 2,899		- 2,899		- 2,899
Cross boundary flows IP wards	- 297		- 297		- 297
Spot bed purchase Acorn Unit	- 1,749			- 1,749	- 1,749
18/19 payaward	- 339			- 339	- 339
Other Income (LA, HEE, R&D)	- 402			- 402	- 402
Total	- 47,519	- 41,833	- 3,196	- 2,490	- 47,519

Assumptions:

- Contract income based on CCG contract figure
- MBCCG county-wide contribution based on 18/19 NCA prices as per CPFT
- Cross boundary flows based on 18/19 NCA prices as per CPFT with an adjustment for average activity usage over 17/18 & PYE 18/19
- Acorn Unit income based on 18/19 NCA prices as per CPFT. Assume some will come from NC CCG & MB CCG but for this purpose all included as other commissioners as the service is commissioned on a cost per case basis. Assume 'out of area' patients may be repatriated to this unit.

Downside £45.6m

	North locality	NC CCG	MB CCG	Other Commissioners	Total
	£	£	£	£	£
Contract Income includes CQUIN 100%	- 41,833	- 41,833			- 41,833
MB CCG contribution to 3 county wide wards (Edenwood, Oakwood, Rowanwood)	- 2,011		- 2,011		- 2,011
Cross boundary flows IP wards	679		679		679
Spot bed purchase Acorn Unit	- 1,554			- 1,554	- 1,554
18/19 payaward	- 339			- 339	- 339
Other Income (LA, HEE, R&D)	- 402			- 402	- 402
Total	- 45,460	- 41,833	- 1,332	- 2,295	- 45,460

Assumptions:

- Contract income based on CCG contract figure
- MB CCG county-wide contribution based on forecast outturn direct costs plus 40% indirect & overheads
- Cross boundary flows based on forecast outturn direct costs plus 40% indirect & overheads. No adjustment has been made for activity usage, it remains split per CCG based on existing boundary percentages.
- Acorn Unit income based on forecast outturn direct costs plus 40% indirect & overheads. Assume some will come from NC CCG & MB CCG but for this purpose all included as other commissioners as the service is commissioned on a cost per case basis. Assume 'out of area' patients may be repatriated to this unit.

Base/Expected £46.5m

	North locality	NC CCG	MB CCG	Other Commissioners	Total
	£	£	£	£	£
Contract Income excludes CQUIN	- 41,833	- 41,833			- 41,833
MB CCG contribution to 3 county wide wards (Edenwood, Oakwood, Rowanwood)	- 2,011		- 2,011		- 2,011
Cross boundary flows IP wards	- 326		- 326		- 326
Spot bed purchase Acorn Unit	- 1,554			- 1,554	- 1,554
18/19 payaward	- 339			- 339	- 339
Other Income (LA, HEE, R&D)	- 402			- 402	- 402
Total	- 46,465	- 41,833	- 2,337	- 2,295	- 46,465

Assumptions:

- Contract income based on CCG contract figure
- MB CCG county-wide contribution based on forecast outturn direct costs plus 40% indirect & overheads
- Cross boundary flows based on forecast outturn direct costs plus 40% indirect & overheads with an adjustment for average activity usage over 17/18 & PYE 18/19
- Acorn Unit income based on forecast outturn direct costs plus 40% indirect & overheads. Assume some will come from NC CCG & MB CCG but for this purpose all included as other commissioners as the service is commissioned on a cost per case basis. Assume 'out of area' patients may be repatriated to this unit.

8.2 Out of Area Treatments (OAT's) Income

There is an opportunity for NTW to receive existing OAT's income from North Cumbria CCG which is outside of the scope of this programme. The funding which is currently being used by the commissioners to pay for out of area placements could be released to re-invest in NTW services in North Cumbria if patients can be repatriated back to the North Cumbria area. Based on current admissions the OATs budget for mental health is just under £2.0m, with a total of £3.4m being spent in 18/19 based on admissions to date. Assumptions have been made that some of this income may be used to fund spot beds in Acorn Unit (£508k). However, there may be capacity in other services to absorb repatriations which would release funding to be reinvested. In NTW's experience, more than 50% of OATs cases were discharged back into the community and not repatriated to an NTW inpatient bed.

North	No of admissions now discharged 18/19	18/19 Total Cost of discharged OOA £	Average cost per admission £	No of current admissions 18/19	Estimated total cost of current admissions £	Total number of patients	Total Estimated cost £
Acute/PICU	28	389,546	13,912	6	83,474	34	473,020
Planned e.g. PD	7	762,041	108,863	15	1,632,946	22	2,394,987
Planned Acorn Unit	6	276,794	46,132	5	230,662	11	507,456
Total North	41	1,428,382	168,908	26	1,947,082	67	3,375,463

8.3 Expenditure:

The actual expenditure position provided by CPFT changed and was refined between month 6 (used for the OBC), month 8 (used for the Draft FBC) and month 10 (FBC) as further information was provided. The table below provides a summary of the Income and Expenditure variables between that reported in the OBC to the FBC and 3 modelling scenarios of Upside, Downside and Base case:

	Upside £'000	Downside £'000	Base £'000	OBC £'000	Difference £'000
North Cumbria CCS	41,872	41,872	41,872	42,691	-819
Other Income	2,490	2,295	2,295	668	1,627
MBCCG - county wide/cross boundary	3,196	1,332	2,337	3,369	-1,032
INCOME	47,558	45,499	46,504	46,728	-224
Direct Clinical Costs	-32,688	-32,688	-32,688	-33,966	1,279
ECT & Barnados	-500	-500	-500		-500
Pharmacy / Drugs	-1,498	-1,498	-1,498	-1,778	280
Estates & Facilities	-4,134	-4,134	-4,134	-4,134	0
Indirect Costs & O/H	-5,872	-5,872	-5,872	-5,478	-393
Capital Charges	-1,606	-1,606	-1,606	-1,669	63
Service Re-design	-500	-500	-500		-500
2018/19 FDP Delivery	497				0
Hadrian - Closure of 3 Macas Beds		-149			0
ALIS Liaison - Out of Hours Unfunded		-126			0
IAPT Placements		-168			0
EXPENDITURE	-46,300	-47,240	-46,797	-47,026	229
Recurrent Surplus / (Deficit)	1,258	-1,741	-294	-298	4
Service Re-design	-1,400	-1,400	-1,400		-1,400
Non Rec Transitional Support	2,000	2,000	2,000		2,000
Non Recurrent Surplus / (Deficit)	1,858	-1,141	306	-298	604

8.3.1 Expenditure assumptions

Base:

- The base position is the forecast out-turn expenditure for direct clinical services using the Month 10 forecast spend from CPFT.
- The Other Costs identified are NTW estimates of the costs to deliver support services.
- There is no provision for redundancy costs included
- The base position assumes:
 - 3 beds within the Hadrian Unit will be closed with the reduction of £185k expenditure.
 - The current forecast overspend on ALIS Liaison services will be managed back to budget or funded at the current level of activity.
 - The current forecast overspend on IAPT Placements will be managed back to budget or funded at the current level of activity.

Upside:

- As per the base position
- The Upside includes assumed delivery of £497k of Cost Improvements planned for 2018/19. CPFT are reporting they will deliver £741k recurrent cost savings in Mental Health 2018/19, of which 67% has been included to represent the savings assumed for the services that will transfer to NTW.

Downside:

- As per the base position
- The Downside excludes the cost reductions for the Hadrian Unit, ALIS Liaison and IAPT Placements included in the Base position.

8.4 Opportunities not clarified

It should be noted that the Services use a significant level of agency staff, forecast to be circa £2.8m in 2018/19. Over the last 4 years NTW has halved agency spend (£13.6m to £7.0m). This has been achieved from rarely paying agency staff above the capped rate, working closely with agencies on the NHSI approved list and significant work to develop and utilise bank staff over agency. While there are specific issues in North Cumbria regarding recruitment, due to the geography it would be expected that NTW can positively influence the level of agency staff being used.

8.5 Assets

8.5.1 A revaluation of the land and buildings owned by Cumbria will take place as at 31st March 2019. This valuation will form the final asset transfer value for land and buildings. Work has progressed as part of the Estates and Facilities Workstream to refine the land and buildings in scope to transfer and the revised values are included in the table below based on current asset values on the asset register of Cumbria.

8.5.2 The property assets now exclude some assets which relate to the South, exclude Cumberland House and Westmorland House which have been sold and now include Park Lane, Workington currently occupied by a Community Team and Outpatients.

8.5.3 Discussions have taken place in relation to Voreda House, Penrith and Maglona, Carlisle. Cumbria are looking to retain these assets and provide access, but a principle has been agreed that these assets would transfer if the occupancy levels were predominantly by NTW. This position will evolve as the HR Workstream progresses. A lease agreement would be developed for any shared occupancy. These assets have been incorporated within the figures provided and comprise £0.4m of the land values and £1.0m of the buildings values.

8.5.4 For all other lower value assets, further work is required to refine the values, e.g. through the IT Workstream for IM&T equipment and intangible assets and the Estates Workstream for plant and equipment and furniture.

Asset Category	£m	Depn £m
Land	2.0	0.0
Buildings and dwellings	16.5	0.4
Furniture and fittings	0.1	0.0
Plant and Machinery	0.4	0.1
IM & T Equipment	1.0	0.2
Intangible Assets	0.8	0.2
Totals	20.8	0.9

8.5.5 Estimated capital charges in relation to these assets are approximately £1.6m (made up of £0.9m depreciation charges and £0.7m dividend payable charges). Based on the non-current asset values disclosed in CPFT 2017/18 accounts, which is prior to the transfer of community services in the south to University Hospitals Morecambe Bay on 1st April 2018, this represents approx. 30% of Cumbria's asset base as at 31st March 2018.

8.5.6 Low value inventory and equipment items has not been included. Due to the immaterial nature of these items, these are currently expensed by Cumbria at the point of purchase and are not currently captured in the balance sheet. It is therefore assumed that these items will transfer as part of a building with no transfer values attached.

8.5.7 It is assumed at this stage that no other receivables, payables or provisions will transfer. Receivables, payables and provisions balances all relate to monies owed or due relating to past events, so it is not anticipated that any of these balances would be inherited by NTW. Should a specific matter arise whereby it is agreed by NTW it is appropriate for an asset or liability to transfer, then an equivalent cash transfer should also take place from Cumbria or NTW.

8.5.8 Cumbria has received approximately £1.5m of Gross Digital Exemplar (GDE) funding. The NTW position is that this should be invested in the replacement of IT equipment e.g. laptops, improved WIFI and other jointly agreed areas of improvement to support enabling work for service redesign. However, this is reliant on Cumbria to deliver this which comes with a level of risk. The IM&T equipment values have been increased to reflect this investment prior to transfer.

8.5.9 If this investment in IT equipment does not take place, it is unlikely the Public Dividend Capital (PDC) drawn down in 2018/19 can be carried forward into future years and therefore transferred to NTW. If this is possible, the entries would be a transfer of cash to NTW and an equivalent transfer of PDC.

8.5.10 Based on all of these assets, a summary of the balance sheet would be as follows:

	£m
Non-Current Assets	
Intangible Assets	0.8
Property Plant and equipment	20.0
Total Non-Current Assets	20.8

Taxpayers Equity

Public dividend capital	20.8
Total taxpayers equity	20.8

8.5.11 The assets would transfer from CPFT under a transfer order along with an equivalent transfer of Public Dividend Capital (PDC).

8.5.12 CPFT also hold charitable funds, so consideration will be required for the transfer of charitable funds to NTW's charity.

8.6 Single Oversight Framework – Use of Resource Ratings

The table below shows NTW's draft Use of Resources rating for 2019/20 completed as part of the Trust's Operational Plan which was submitted to NHS Improvement in February.

Using the information available an estimate of the impact on the NTW Use of Resources rating has been included in the table below:

Risk Ratings	Weight	NTW 19/20		Potential Ratings incl North Cumbria	
		Plan	Risk Rating	Forecast	Risk Rating
Capital Service Capacity	20%	1.36x	3	1.49x	3
Liquidity	20%	12.6 days	1	12.6 days	1
I&E Margin	20%	0.8%	2	0.8%	2
Variance from Control Total	20%	0.0%	1	0.0%	1
Agency Ceiling	20%	(20.0%)	1	(17.4%)	1
Overall Rating			2		2

8.6.1 **Capital Servicing Capacity** – Using an estimated proportion of the capital servicing and revenue available for capital servicing from the North Cumbria Operational Plan for 2018/19, there would be a slight improvement in the Trust's Capital Servicing Capacity calculation but no change to the rating. The

financing arrangements for the specific buildings transferred could possibly have a greater impact on the calculation and effect the rating.

8.6.2 Liquidity – NTW are assuming no impact on the liquidity score.

8.6.3 I&E Margin – NTW have been allocated a 2019/20 Control Total of a £2.5m surplus after Provider Sustainability funding, which generates a risk score of 1. It is not expected that the Trust would support a transfer of service that would impact negatively on delivery of the Control Total. NTW are assuming no impact on the I&E margin risk rating.

8.6.4 Variance from Control Total – It is not expected that the Trust would support a transfer of service that would impact negatively on delivery of the Control Total. NTW are assuming no impact on the Variance from Control Total rating.

8.6.5 Agency Ceiling – Using the forecast agency spend for the services proposed to transfer to NTW and taking an estimated proportion of the CPFT agency ceiling, there is a negative impact on the Trust's score to deliver agency spend within the agency ceiling. That being the case, the overall forecast agency spend would be within the estimated joint agency ceiling and would not impact on this rating.

The overall Use of Resource Rating would be expected to stay the same using the assumptions highlighted above.

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9 Property Portfolio

9.1 The Estates & Facilities Workstream has been working to determine the list of properties that will transfer from CPFT to NTW along with the services and staff on 1st October 2019.

9.1 Alongside this there is a list of properties that will remain with CPFT but that NTW will have a contract or Service Level Agreement (SLA) in place with them in order for Mental Health and Learning Disabilities Services staff to continue to provide services from those buildings.

9.1.1 There will be a few buildings that will transfer ownership to NTW but CPFT will still continue to require access to or use of the building – an SLA will be put in place for those arrangements also.

9.2 Assets

9.2.1 Freehold Properties

The operation of the CP Trust is one that includes provision of both mental health services and community health care. As such there are sites that provide joint facilities from single locations and in a transfer situation there are two scenarios to address; where Mental Health and Learning Disabilities Services is the majority service and conversely sites where the majority of the service provision is of a community nature.

9.2.2 It would be NTW's position that Freehold properties where the mental health service that are owned by CPFT on the 30th of September 2019, subject to the scenarios detailed below, would be transferred from CPFT into NTW and NTW will take over responsibility for the full estates and facilities operation of those properties.

9.2.3 For those sites where there is a majority of the estate is dedicated to mental health and Learning Disabilities Services there should be a complete transfer of all the estate to NTW and a lease or Service Level Agreement would be put in place to provide accommodation to the support the Community services. For the avoidance of doubt this will also include any associated assets or land that may have been identified as residual estate but which is associated with a site or asset that is to be transferred. We anticipate this would include the following:

Park Lane, Workington
Brookside, Wigton

Portland Square 11, 13, 14,
Carlisle
Carleton Clinic, Carlisle

On the Carleton Clinic site there are a number of buildings that have been identified by CPFT that they will require the use of on an on-going basis - these are The Coppice, Inglewood and the Data Centre.

9.2.4 Following the Estates and Facilities Workstream Meeting on the 3rd January 2019, a discussion took place regarding how to deal with assets where there may be a shared interest both on the Carleton Clinic site and in other areas and the following approach was agreed in principle:

- The **Data Centre** would transfer to NTW and a long lease be put in place to guarantee use by CPFT.
- **The Coppice** - CPFT stated that they would wish those buildings be retained as the services provided from those buildings along with the staff would remain with CPFT. It has been suggested that CPFT intend to have the entire building occupied by non-Mental Health & Learning Disabilities staff by 1st October and that underpins why CPFT believe they should remain with the new CPFT organisation. However this is contrary to other information that has been provided which suggests that The Coppice is used by Mental Health staff and the facilities department. It was agreed in principal that these buildings would be subject to further occupancy surveys and that a future decision regarding transfer would be reached - it is expected at the forthcoming Executive to Executive Meeting on 25th February 2019.
- **Inglewood** –This building houses the Estates team who currently provide services across the Mental Health & Learning Disabilities, Community Services and Acute Trust Services. It is NTW’s position that this building be transferred, however further discussion will take place with CPFT to discuss the future requirements of the Estates service and how that can be met. NTW Solutions advise that NTW should own the asset and lease space to CPFT going forward.
- **Vorieda**– it is not clear at this stage which organisation will be the ‘owner’ of this asset as we still require clarity on where staff who currently occupy the building will be transferred to in the future. Once we are clear about ‘majority occupancy’ then we can put in place SLA’s or contracts for continued usage of the buildings for staff employed by the other organisation – should this be required. There may be an opportunity however to negotiate amongst ourselves which buildings are owned by whom and where staff are housed for example, it might be wise for NTW to assume ownership of The Coppice with an intention of moving in all Support and Corporate staff that are to be transferred to NTW on 1st October from CPFT who currently occupy space in Vorieda or Maglona.

9.2.5 For those sites where there is a majority of the estate is dedicated to Community Services, this estate will be retained by the new merged CPFT/NCUH and a lease or SLA would be put in place to provide accommodation to support the mental health services. We anticipate this would include the following:

- Beacon Unit, Penrith Community Hospital

It should be noted that these freehold properties include both known and potentially unknown levels of backlog maintenance liabilities.

9.3 Leased Properties including those from NHS Property Services Ltd

In respect of the leased properties, a similar scenario to the above would be the NTW position. For those sites where CPFT hold the lease and the majority of the services provided are related to services that would be transferred across to NTW, then we would expect the lease to be transferred. However this would be subject to legal clarification and may depend on the leasehold terms.

9.3.1 Where the transferred services are in the minority and the lease is held by an ongoing legal entity then we would look to occupy the space under a sub-lease or licence from CPFT/NCUH.

9.3.2 We anticipate the leased properties to be transferred to include the following:

- Flatt Walks, Whitehaven
- Ann Burrow Thomas Health Centre, Workington
- Lillyhall business centre, Allerdale.

9.4 **Outstanding agreements** – the need for the transfer of the following properties is presently unknown, however if they transfer across to NTW there is potentially a risk associated with dilapidation costs which are currently unquantified, however based on discussions with CPFT and some information they have provided these costs are estimated as:

- Maglona, Carlisle (currently used for IT, HR, Governance etc.) - £70k min
- 12 Portland Square (Adult Community Mental Health & Psychology) - £100 - £200k.

It was agreed at the Estates Workstream Meeting of the 3rd January that the majority occupancy principal would also apply to Maglona in order to determine who holds the future lease.

9.5 Properties operating under an SLA (or other form of agreement) with another NHS organisation

In respect of Mental Health and Learning Disability accommodation on sites which are currently occupied under an SLA with another NHS organisation, it is NTW's position that these SLA's be transferred across to NTW. We anticipate this would include the following:

- Yewdale Ward, Newlands, Valley View and Hillcroft – all at West Cumberland Hospital
- First Step & Memory Matters - Workington Hospital.

9.6 Moveable and fixed assets and equipment

It is NTW position that all tangible assets including but not limited to medical devices, furniture, equipment, plant, sundries etc. associated with Mental Health and Learning Disabilities properties will be transferred to NTW.

9.7 Maintenance / Service / Supplies Contracts associated with Estates and Facilities

In respect of contracts in place covering accommodation, equipment or services that will be transferred across to NTW will need to be reviewed and agreed prior to the transfer date.

9.8 Staff

9.8.1 Estates staff:

It would be NTW's position that for those properties where services and assets transfer across to NTW, then the Estates staff associated with the operations, maintenance and development of this estate is transferred into NTW.

Based on information and discussions with CPFT Estates they have indicated that the current team based out of Carleton Clinic undertake a range of duties which cover the mental health service, community service and acute care. As Carleton Clinic is substantially a mental health facility then we would envisage an SLA is put in place for transferred staff to continue providing this service to the community elements of this site. For other buildings across the North Cumbria area which are also serviced by Estates staff based out of Carleton Clinic we would envisage an SLA is put in place for transferred staff to continue providing this service to these sites. Presently there are unknowns / risks associated with this approach and these are summarised as follows:

- We have been provided with an organogram for the Estates team, however it is not yet clear as to the split of workload between Mental Health and Learning Disabilities (North and South) and Community Services. There is a risk that resources associated with staff costs including non-staff elements do not match the workload, there are also posts identified and it is unclear as to whether or not these will be required or if there is an intention that they will transfer.
- The organogram includes a Professional Head of Estates, Medical Engineering and Decontamination. It has been indicated that this post is associated with the Acute Trust. There is a risk that there is no senior manager post identified who will transfer to NTW.
- No assessment has been made on the competency or skill mix of the staff who could potentially be transferred. However, on paper, the skill

distribution on the organogram looks to cover the disciplines required to operate the Estate.

- The Agenda for Change bandings of the staff on the organogram in some cases vary upwards from what appear to be comparable posts within NTW.
- If the team is retained and a SLA put in place then there is a risk of future redundancy costs should the Community Services element of the work be terminated, because workload is unknown the scale of this is not quantified, however it is not likely to be significant.
- It is essential that in order to provide a seamless handover particularly for the Carleton Clinic site, that staff who are currently employed on that site and perform the on-call functions are retained and transferred.

9.8.2 Facilities staff:

It would be NTW's position that for those properties where services and assets transfer across to NTW, then the Facilities staff associated with the soft FM functions including domestics, housekeeping, catering, portering, Switchboard etc., is transferred into NTW.

Based on information and discussions with CPFT Estates they have indicated that the management structure covering Facilities is linked in with both the Community Services element of CPFT and the Acute Trust and at this stage it is unclear as to who, from management, will transfer across to NTW and this position needs to be resolved.

If it is not possible to 'split out' a post from the current structure then the associated budget for a Band 8a Facilities Manager and a Band 6 Deputy Facilities Manager will need to be transferred to NTW.

9.9 Asset Improvements

Following on from information provided by CPFT and site visits, it is anticipated that there are three areas where future capital expenditure is required on the estate. These areas and associated capital expenditure (based on 2018 values) are as follows, please note these are indicative dates and costs:

- Short term compliance and backlog maintenance issues:
2019/20 £0.5M
- Relocation of services such as Yewdale Ward to Carleton Clinic -
assuming a new build:
2020/21 £8M
- Short to medium term improvements to the in-patient facilities to remove
environmental risks and improve the environment for both patients and
staff:
2019/22 £10-12M

- Long term redevelopment of the estate to bring it in line with the accommodation provided by the NTW Trust - this will be dependent on a range of factors:
2023/26 £40-50M

An Estates and funding Strategy will be required to facilitate this work.

9.10 Property List

Below is a table containing information regarding the assets that will be transferring to NTW, ownership and lease:

Geo Locality	Group	MH LD CAMHS	Property / Building	City	Postcode	Use	Beds	Tenure
Carlisle	Mental Health	Y	12 Portland Square	Carlisle	CA1 1PY	CMHT		Leased
Carlisle	Mental Health	Y	11 Portland Square	Carlisle	CA1 1PY	Community Mental Health Teams		Freehold
Carlisle	Mental Health	Y	13/14 Portland Square	Carlisle	CA1 1PY	First Step and Psychological Therapies		Freehold
Carlisle	Children & Families	Y	CC Beech Lodge	Carlisle	CA1 3SX	CAMHS		Freehold
Carlisle	Mental Health	Y	CC Acorn Unit	Carlisle	CA1 3SX	Inpatient Rehabilitation Service	16	Freehold
Carlisle	Mental Health	Y	CC Geltwood	Carlisle	CA1 3SX	Memory Service Base / Safeguarding Base		Freehold
Carlisle	Mental Health	Y	CC Rowanwood	Carlisle	CA1 3SX	PICU	10	Freehold
Carlisle	Corporate	Y	Hadrian Unit CC Main Building	Carlisle	CA1 3SX	Acute Inpatients	25	Freehold
Carlisle	Corporate	Y	Oakwood CC Main Building	Carlisle	CA1 3SX	Acute Inpatients	12	Freehold
Carlisle	Corporate	Y	Ruskin Unit CC Main Building	Carlisle	CA1 3SX	Dementia Assessment and Treatment inpatients	15	Freehold
Carlisle	Corporate	Y	Edenwood CC Main Building	Carlisle	CA1 3SX	Learning Disabilities Assessment and Treatment inpatients	6	Freehold
Carlisle	Mental Health	Y	CC Cedarwood	Carlisle	CA1 3SX	LD Community Teams		Freehold
Carlisle	Mental Health	Y	The Coppice	Carlisle	CA1 3SX	Mental Health, Children's Services, PET		Freehold
Carlisle	Mental Health	TBC	Inglewood	Carlisle	CA1 3SX	Estates		Freehold
Copeland	Operations	Y	Lower staff hostel	Whitehaven	CA28 8JG	CMHT / Psychology		Embedded
Copeland	Mental Health	Y	Level 2 J Block	Whitehaven	CA28 8JG	Yewdale Acute inpatients and S.136	16	Embedded
Copeland	Mental Health	Y	Level 2 J Block	Whitehaven	CA28 8JG	CRHT / ALIS		Embedded
Allerdale	Operations	Y	Workington Hospital (PART)	Workington	CA14 2RW	MMLT		PFI Lease
Allerdale	Operations	Y	Lillyhall Business Centre	Lillyhall	CA14 4HA	LD Community Teams, First Step		Leased
Allerdale	Mental Health	Y	Park Lane	Workington	CA14 2RR	Community Mental Health Teams		Freehold

Allerdale	Mental Health	Y	Brookside Centre	Wigton	CA7 9HB	Community Mental Health Teams		Freehold
Allerdale	Corporate	Y	Wigton Clinic	Wigton	CA7 9HB	Meeting, Storage, Vacant		Freehold
Allerdale	Operations	Y	Ann Burrow Thomas Health Centre	Workington	CA14 2ED	CAMHS, Corporate Services, DN (small presence)		TCS Licence
Eden	Community	Y	Penrith Hospital - BEACON UNIT	Penrith	CA11 8HY	Community Services		Freehold
Eden	Mental Health	Y	Penrith Tynefield Drive	Penrith	CA11 8HY	First Step, Ops Mgmt, Neurosciences		Freehold
Eden	Corporate	TBC	Vorieda House	Penrith	CA11 7QQ	Trust HQ		Freehold
Carlisle	Corporate	TBC	Maglona House	Carlisle	CA3 0HA	Support Services		Freehold
Carlisle	Corporate	Y	Hilltop Heights	Carlisle	CA1 2NS	Various		Leased

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10 Consultation and Engagement

10.1 Communication Strategy

10.1.1 Communication and engagement is a standing agenda item at the Mental Health Programme Board and there is a Communications Workstream as part of the governance structure to the overall programme. NTW's Communication & Engagement Lead has been integral to the continued development of this programme.

10.1.2 There is a developing shared Communication & Engagement Strategy that will hopefully assist the Mobilisation & Implementation phase of the Programme. This work is being led by CPFT however heavily influenced by NTW Subject Experts.

10.2 Consultation

10.2.1 There has been no formal consultation with patients, service users, carers, CPFT staff and/or partner organisations regarding the development of this Full Business Case or indeed the actual transfer of North Cumbria Services to NTW.

10.2.2 Clearly once the decision has been made by NTW Trust Board that formal transfer of North Cumbrian services will indeed happen in October 2019, NTW will participate in the formal consultation processes surrounding TUPE and staff transfers. CPFT will however still lead the TUPE consultation process as they remain as the 'employer' until transfer happens.

10.2.3 Inevitably formal consultation will be required in relation to service changes should this be deemed necessary in the future however this would only happen following carefully planned and executed Service Redesign and Transformation processes where Service Models and Clinical Pathways are collaboratively designed and co-produced.

10.3 Communication & Engagement - there has however been a great deal of communication and engagement regarding the Mental Health and Learning Disabilities Programme with a range of stakeholders.

10.3.1 There is an established Stakeholder Advisory Group chaired by CPFT's CEO Stephen Eames and CPFT's Chairman Robin Talbot. This group was set up prior to the Mental Health Programme Board but it has been utilised as a means of communicating progress being made within the programme. Both NTW and LCFT have attended and provided information about their respective organisations. The Due Diligence and Outline Business Case findings have both been discussed within this forum.

- 10.3.2 North Cumbria CCG advise that there is a Cumbria-wide Mental Health Partnership Group which also provides updates to stakeholders across both North and South of Cumbria.
- 10.3.3 Communication:
CPFT has led on communication to staff and Cumbrian citizens to date. NTW has contributed to Media communication and other communication. NTW has used the internal Trust Bulletin to inform wider audiences in NTW about the Cumbria Programme and progress being made.
- 10.4 Engagement with Stakeholders
- 10.4.1 As part of the Service Improvement and Redesign/Transformation work led by NTW Trust Innovations, a series of Engagement and Listening Events took place throughout September and early October.
- 10.4.2 The outputs from these sessions were published in a document entitled Stakeholder Listening Events Output Report (see appendix 4). These Listening Events were only the beginning of a much longer journey in relation to service improvements and redesign. There is a draft plan of activities which requires discussion and agreement via the Mental Health Programme Board.
- 10.5 NTW can describe the longer term approach to engagement as Mobilisation and Implementation takes place. In essence:
- Once a decision has been made by Board to formally transfer staff from North Cumbria to NTW, a range of communication aids will be implemented to update our staff and stakeholders. These updates will outline reasons for change, timescales involved and provide feedback mechanisms in an open and transparent way.
 - The communications team will produce clear, concise and appropriately targeted communications using a variety of mechanisms. This will include dedicated pages on the intranet and website, messages in the weekly bulletin, all user email broadcasts, newsletters, videos and social media (and if required face to face engagement events). Consideration will be given to producing a Q&A document which will outline and address frequently asked questions.
 - A welcome pack will be developed for transferring staff to aid their transition which will include information about vision, values and strategic ambitions as well as practical guidance, e.g. information about the Board, contact details, welcome events and newsletters.
 - The NTW Communications Team will continue their existing work with Cumbria Partnership NHS Foundation Trust and Lancashire Care NHS Foundation Trust to ensure a consistent way of working across the three provider organisations with agreed key messages for staff and stakeholders, monitoring and reacting to feedback as well as consideration of new logo/brand.

10.6 Equality Impact Assessment

The equality impact assessment (EIA) to assess whether a change has an adverse impact on any of the protected groups is important in meeting the public sector general equality duty as outlined in Section 149 of the 2010 Equality Act.

An assessment of the potential impact of the transfer on equality and diversity is being undertaken and will be shared with the Board in due course. The FBC for the transfer does not propose any significant changes to patient service configuration.

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11 Level of Support

There is a great deal of support for the transfer of North Cumbria's Mental Health and Learning Disabilities Services from CPFT to NTW from senior clinical staff within CPFT, CPFT's Board, CCG commissioners and regulators.

11.1 CPFT

CPFT took NTW's Outline Business Case to their November Trust Board Meeting (Thursday 29th November 2018). The minutes from the Board reflect the following discussion:

- The Board noted that "there should not be any concern about NTW providing services in Whitehaven as they have already proved that they can cover a massive geographical area, as it is currently an outstanding Trust covering a massive geographical area".
- From the CCG perspective "whatever happens, NTW are the preferred provider for Mental Health services in the North".
- "Ensure a prime focus on improving services through continuing to work in partnership with NTW to drive service improvement across all the Cumbria Mental Health services provided by CPFT and to assist with the preparation for the CQC well led inspection scheduled in early 2019"
- "To proceed to Full Business Case (FBC) with Northumberland Tyne and Wear FT (NTW) for services in North Cumbria with a view to a formal service transfer in October 2019 whilst noting that the financial and practical service issues relating to patient flow and stranded costs will be addressed through the development of the FBC. It was agreed that commissioners will be fully engaged in the FBC process".

11.1.1 CPFT Trust Board therefore approved the Outline Business Case and agreed to move to Full Business Case on the basis of a formal transfer of North Cumbria's Mental Health and Learning Disabilities Services from CPFT to NTW.

11.1.2 For completion, CPFT Chief Executive Officer, Stephen Eames wrote to Commissioners and to NTW outlining that CPFT Board had taken the decision *'to proceed to Full Business Case (FBC) with NTW for services in North Cumbria with a view to a formal service transfer in October 2019 whilst noting the financial and practical service issues relating to patient flow and stranded costs will be addressed through the development of FBC. It was agreed that commissioners would be fully engaged with the FBC process.'*

11.1.3 CPFT Trust Board received NTW's Draft FBC at their January Board however there has been no formal feedback from this meeting. Informal feedback suggests the Trust Board have agreed the content of NTW's FBC and support the proposal for formal transfer of North Cumbrian services in October 2019.

11.2 North Cumbria CCG

Following the Summit held in Cumbria on 21st November 2018, Chief Officers of North Cumbria CCG and Morecambe Bay CCG collectively wrote to CPFT, copying in LCFT and NTW. This letter confirmed the actions and support

CCG's were lending to the process of deciding on the future of Mental Health and Learning Disabilities Services and where they see services going North and South. They stated that *"For North Cumbria there is a clear agreement to progress a business case for service transfer to take effect in October 2019. This position is strongly supported by North Cumbria CCG and is consistent with its established Commissioning Intentions. The CCG are committed to directly supporting the production of the Full Business Case, including clearly addressing the future resourcing and contracting model for the transferred services, and would like to progress this work as soon as possible. The CCG will work with NTW ahead of the service transfer, and potentially by April 2019, in the form of a heads of terms type agreement to give clarity and certainty to all parties"*.

11.2.1 North Cumbria Clinical Commissioning Group's Mental Health and Learning Disability commissioners have been supportive of the programme and have engaged with NTW on a regular basis since the commencement of the programme. They have been instrumental in providing information and have provided open access to the performance data, finance information and other service information from CPFT that commissioners receive.

11.2.2 Commissioners have been working with NTW to discuss the challenges they are experiencing within Mental Health and Learning Disabilities in relation to:

- Acute Care Pathway - in particular concerns around access, patient flows, delayed discharges or delayed transfers of care (DToC) and length of stay (ALoS).
- Learning Disability Assessment & Treatment Unit
- Out of Area Treatments/Placements – both in terms of acute or unplanned admissions and planned admissions. There appears to be an increase in requests for Out of Area PICU beds especially.
- Requests for increased care packages on inpatient wards – commissioners report an increase over the last nine months in requests for 'extra' financial support in PICU and Learning Disabilities Assessment & Treatment Unit.

11.2.3 As well as being very supportive of the current secondment of NTW's Executive Director of Nursing & Operations into CPFT on a part time basis to address some of the wider service challenges, North Cumbria CCG has specifically requested that NTW:

- Provides CPFT with an effective Bed Management system prior to the formal transfer of services in October (likely to be March 2019)
- Takes responsibility and accountability for all OAT's and enters into an agreement with NTW regarding the money that is repatriated with the patient back to NTW being reinvested into local North Cumbria Mental Health and Learning Disability Services (likely to be March 2019)
- Undertakes a Service Review of Edenwood Learning Disability Assessment & Treatment Unit (Terms of Reference developed, agreed by both NC CCG and MB CCG, NTW has identified a small team of clinicians and service improvement leads to support the review)

- Undertakes a Service Review of Rowanwood PICU Ward (Terms of Reference developed, agreed by both NC CCG and MB CCG NTW has identified a small team of clinicians and service improvement leads to support the review).
- 11.2.4 Commissioners feel confident that NTW has the expertise to undertake such work leading to a clear improvement in the service users' journey and results in improved pathways, systems and processes.
- 11.2.5 Further to North Cumbria CCG receiving a copy of NTW's Draft FBC at the end of January/beginning of February 2019, the Chief Operating Officer (COO) wrote to NTW on 13th February 2019 offering their full support to the FBC and formal transfer of North Cumbria's Mental Health and Learning Disabilities Services. Within this letter of support, the COO of North Cumbria CCG also makes reference to the proposed service model and specification, the contract with NTW and the financial position. A copy of this letter of support is attached to this FBC as appendix 5.
- 11.2.6 As part of this Full Business Case development, the North Cumbria Clinical Commissioning Group Mental Health and Learning Disability Commissioning Team (MHL DCT) has advised that they will support the safe and effective transfer of all age Mental Health and Learning Disability Services in North Cumbria from Cumbria Partnership NHS Foundation Trust (CPFT) to Northumberland Tyne and Wear NHS Foundation Trust (NTWFT) by October 2019. The MHL DCT comprises of a Deputy Director of Commissioning, two Senior Commissioning Managers (one for Mental Health and one for Learning Disabilities and Autism), a Commissioning Project Officer and a Senior Administration Officer.
- 11.2.7 The MHL DCT are also supported by a CCG GP Mental Health Lead, an interim Suicide Prevention Lead (secondment from CPFT), supporting this regional Mental Health ICS priority work stream and two members of the North East Commissioning Support Unit (NECSU) in support of the Section 12, Section 117, Mental Health Integrated Care Communities and Transforming Care work programmes.
- 11.2.8 An incremental schedule for the effective alignment of the North Cumbria CCG MHL DCT with the integrated care provider in being agreed to:-
- a) Support the formal transfer of all age Mental Health and Learning Disabilities Services in North Cumbria from Cumbria Partnership NHS Foundation Trust (CPFT) to Northumberland Tyne and Wear NHS Foundation Trust (NTWFT).
 - b) Align the MHL DCT work plan / portfolio with CPFT from 31st January 2019.
 - c) Transfer the team into NTW on the 1st October 2019.
- 11.3 Cumbria County Council (CCC)**
Up until the point of NTW's Trust Board agreeing to progress to Full Business Case, there has been limited support sought from Cumbria County

Council however NTW senior personnel have participated in meetings and Listening Events with officers of the Council and their staff. NTW will, once agreed by the Board, commence Executive to Executive conversations with the Executive Director of People which includes Adult and Children and Young Peoples Social Care to agree a process of engagement and involvement at all levels.

11.3.1 CCC were provided with a copy of the Due Diligence Report and a copy of the Outline Business Case from the Mental Health Programme Board. Much of the formal communication regarding the programme to date has been via CPFT senior personnel.

11.3.2 Going forward NTW would see CCC as a main partner in the provision of Mental Health and Learning Disabilities Services in North Cumbria and will develop a clear strategy of engagement and communication between February and October, and beyond.

11.4 NHSI and NHSE

NHSI and NHSE have, as previously reported in both the Due Diligence and Outline Business Case reports, expressed significant concerns around patient safety, governance and quality issues within CPFT and have in turn supported the approach by CCG's in Cumbria to engage with NTW to assist CPFT on its improvement journey.

11.4.1 In the minutes from the 'Summit' held in Cumbria on 21st November 2018 (attended by CCG's, the three Provider Trusts, NHSI and NHSE), it is recorded that NHSI provided a clear statement of support for the transfer of services to take place in both North Cumbria (to NTW) and South Cumbria (to LCFT).

11.4.2 NTW has had continuous engagement with both NHSI and NHSE throughout the duration of the programme. Both NHSI and NHSE have been core members of the Mental Health Programme Board however outside of this process, NTW has met with NHSI in particular to discuss next steps.

11.4.3 NTW was in discussion with NHSI following the Trusts November Board Meeting to '*understand the regulatory approach to the preferred option*'. NHSI have informed NTW that they '*are taking a paper to their internal governance meeting on 16th January to seek approval on proposed approach (which is likely to be a self-certification for NTW)*'.

11.4.4 NTW has undertaken the NHSI Guidance Board Certification process which was initially presented at the Trust's Closed Board session in January 2019. This was a first draft document. It has been updated with Board input and will then be formally presented at the February Trust Board for further discussion and agreement.

11.4.5 Following discussion between NTW and NHSI regarding NTW's FBC at the end of January 2019, NHSI wrote to NTW advising their support to the

approach being taken to the formal transfer of North Cumbrian Mental Health and Learning Disabilities Services. In the letter the NHSI Head of Delivery and Improvement advised that the North Regional Provider Support Group had agreed that the transfer would be a material transaction and that following NTW Trust Board agreement and acceptance of the FBC, NHSI required evidence of Trust Board self-certification. A copy of this letter of support is attached to this FBC as appendix 6.

11.5 **Care Quality Commission (CQC)**

NTW has had continued communication with CQC throughout the process of this programme. The Programme Leads have had specific contact in relation to the timeline required for de-registering and registering Mental Health and Learning Disability Services in North Cumbria with CQC in line with service transfers from CPFT to NTW.

11.5.1 Following discussion between NTW and CQC regarding NTW's FBC at the end of January 2019, CQC wrote to NTW advising how CQC will inspect services that have been acquired or merged and how they will rate them. CQC advised that they *'will not aggregate ratings from the previously separate services or providers at trust level for up to two years where a trust has acquired or merged with another service in order to improve the quality and safety of care. We would discuss this with you at engagement meetings as the services are acquired or merged'*. A copy of this letter is attached to this FBC as appendix 7.

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12 Continued Provision of Commissioner Requested Services (CRS)

- 12.1 Clinical Commissioning Groups (CCGs) have a duty to ensure people can access essential services.
- 12.2 Each CCG in England has to go through a process to ensure essential services are protected. This is a national arrangement following learning from a number of inquiries. Communities need assurance that they can access the health care services, even in the event that a large local provider of NHS services runs into serious difficulty. This process is called Commissioner Requested Services (CRS). In industry this is often called business continuity planning.
- 12.3 In the rare event of a provider getting into serious financial or clinical difficulties, the CCG's will work with the national regulator, to make sure that patients can continue to have access to services that are critical to them.
- 12.4 Following discussions with North Cumbria CCG, NTW can confirm that commissioners are clear that the following services are seen as essential and which require the protection of continuity of services provisions of the NHS provider licence, removing them would increase health inequalities and make other related services unviable:
- All inpatient facilities in North Cumbria both based at the Carleton Clinic site (Rowanwood - PICU, Edenwood - Assessment & Treatment Unit, Oakwood – Older Adults Functional Unit, Ruskin – Older Adults Organic Unit and Acorn Unit – Rehabilitation Unit) and based at West Cumberland Hospital (Yewdale Ward)
 - All Crisis teams (Adults and CAMHS) in East and West Cumbria
 - Psychiatric Liaison Services in East and West Cumbria in acute hospitals
 - Community Mental Health Teams (CAMHS, Adults and Older Adults) based East and West Cumbria.
- 12.5 There are other services that are important for the continued health and wellbeing of Cumbria but are not necessarily seen as 'essential' as others as it is felt that generic services could manage the patients presentation if absolutely necessary.
- 12.6 NTW will work with CPFT to review and update their Business Continuity Plans in preparation for transfer of North Cumbrian Mental Health and Learning Disabilities Services to NTW in October 2019.
- 12.7 NTW has worked with North Cumbria CCG to describe the Service Model it is proposing to deliver. North Cumbria CCG advises that they agree that the '*Proposed Service Model is appropriate*'.

12.8 North Cumbria CCG advises that it is fully sighted on the need to lead and work with all stakeholders to be assured with regards to the quality of all mental health and learning disability services throughout the process of transferring services from CPFT to NTW by October 2019. As such it will maintain overall quality surveillance/assurance via the system quality arrangements comprising of the following multi-agency forums:-

- Joint CCG/CPFT Contract Review Group
- Joint CCG/CPFT FIA Group
- Integrated Health Partnership Quality Assurance Committee (IHPQAC)
- North Cumbria Quality Assurance Committee (from April 2019)
- Individual Service Quality Assurance visits
- CCG Mental Health and Learning Disability (quality in commissioned packages) Group
- Individual Service Peer Review framework.
- Service user/carer feedback via People First contract
- NTW Quality Assurance (mock CQC visit feedback)

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13 Mobilisation Plan and Timeline

- 13.1 It is NTW's experience that 'mobilisation' is a critical period which is fundamental to successful implementation of a new service and sets the tone for effective, long standing relationships across the whole system. For the North Cumbria programme, the period from beginning of March through to 1st October 2019 will see the majority of transitional work and mobilisation activity. However it is anticipated that further work will be required post October 2019 and a formal review of the success of the transfer will be required.
- 13.2 We have a strong governance and programme management structure that will oversee mobilisation. Each Subject Expert who forms part of NTW's Internal Cumbria Project Meeting has developed their own very detailed Mobilisation and Transition Plan. These Mobilisation Plans are held by their Owners. Each Owner is a member of the Internal NTW Cumbria Programme Meeting. These Meetings are held regularly, usually every 3 weeks, and are chaired by the Executive sponsor of the Mental Health and Learning Disabilities Programme (Executive Director of Commissioning & Performance). The NTW Cumbria Programme Lead is responsible for working with each Owner to execute their Plans and will ensure that once NTW's Trust Board has agreed to the formal transfer of North Cumbria Mental Health and Learning Disabilities Services from CPFT to NTW in October 2019, the overarching NTW Mobilisation Plan is updated accordingly and progress against the Plan is shared as widely as possible.
- 13.3 The NTW Programme Lead will provide regular update and progress reports throughout the transitional period to both the Executive Team and the wider Trust Board.
- 13.4 The NTW Mobilisation Plan will be supported by a comprehensive Engagement Plan that addresses communication and engagement required with patients, service users, carers and families, North Cumbria staff, NTW staff, Governors and partner organisations across both North Cumbria and NTW's current localities.
- 13.5 Below is the high level NTW Mobilisation Plan that will support the transfer of North Cumbria's Mental Health and Learning Disabilities Services.

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High Level NTW Mobilisation Plan

Activity	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
Formal presentation of FBC to NTW Trust Board (following NHSI Guidance Board Self-Assessment process) for sign-off										
Communication – from NTW to CPFT; NC CCG & MB CCG; within NTW (The Bulletin), to Governors and NTW partners etc.										
Clinical & Operational Workstream:										
Continue Clinical Services scoping – Subject Experts to meet with peers in CPFT, review policies, procedures, systems and processes. Identify areas for modification and change to 'NTW-way'.										
CPFT Management & Operational structures – review, consultation and re-model to match NTW structures (Locality, CBU, Service, Ward and Departments)										
NTW Trust Innovations Transformation work continues – design principals workshops, high level design workshops, current state analysis, detailed design/gap analysis/strategy development and finally co-production of new service models and clinical care pathways										Activity will continue post-October 2019
Service improvement work: CAMHS; Peer Reviews (PICU and Edenwood), Urgent Care Pathway										
Plan, develop and implement Bed Management system										
Out of Area Treatments work – review, agreement with CCG re: transfer of funding and contract, implement NTW processes										

Synchronise clinical policies and systems (North Cumbria only)											
Quality, Safety & Safeguarding Workstream:											
Continue scoping – Subject Experts to meet with peers in CPFT, review policies, procedures, systems and processes. Identify areas for modification and change to ‘NTW-way’. Understanding system-wide issues (cross-reference IT Workstream)											
Continue with CQC preparation – NTW to manage CQC Action Plans post Inspection											
Review Safer Care processes, systems, policies, staffing arrangements, communication with wider services											
Review Safeguarding arrangements in place, liaise with partner organisations, review systems, processes and policies											
Review quality measures, reporting processes (in collaboration with other Workstreams), link with CCG’s, partner organisations and CQC											
Synchronise all systems and processes with the NTW-way – link with other Workstreams, in particular IM&T											
Training for staff on new reporting & recording systems and processes											
Pharmacy:											
Clinical Service scoping; Medicines Governance scoping; Workforce scoping – identify areas for modification and change to the NTW-way.											
Current service provision document; future service provision agreed, work with Finance re: new Model of Service											
Medicines supply contract review and agreement											

Training of new staff; implement new systems										
HR & Workforce Workstream:										
Continue Preparation e.g., reviewing systems and processes across all functions										
Future Structures for Corporate Services agreed										
Recruitment processes (agreement, communication, engagement, consultation and implementation)										
TUPE – preparation and execution										
Medical Education – review, identify areas for change, modify to NTW-way										
Leadership Development										
NTW Induction – all staff transferring over to NTW, might include elements of training and development etc.										
ESR										
Finance Workstream:										
Continue to work with CCG to agree Income figures and contract value										
Review systems and processes, develop plan to change to NTW-way										
Meet with Managers (locality, CBU's, Departments and Wards) to discuss proposed budgets, support available from Finance etc.										
Determine performance data recording systems, training for staff etc.										
Staffing (Finance & Performance) – determine staffing into CBU's/Locality										
Transfer budgets over										
IM & T Workstream:										
Identify Users										

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Review current infrastructure, identify need, place orders										
Migrate, implement prior to transfer										
Confirm service audit/current asset list and identify equipment that needs to be replaced.										
Place orders for laptops and desktops, mobile phones, smart phones, SIM's. Roll Out. Cut over to new infrastructure.										
RiO & IAPTUS – assess impact; review Servlec contract, data-split, staff training. Cut over to NTW instance of RiO										
Service Desk – review, develop and establish new system/agree transition plan as required										
Records (medical etc.), FOI, Cyber Security – review and develop action plan										
GDE/FF plan – impact assessment, formal update to NHS Digital Board, agree revised high level GDE/FF plan, complete Change Control Notes.										Continues beyond transfer
Estates & Facilities Workstream:										
Determine and formally agree with CPFT the physical estate that is to transfer over to NTW (85% complete)										
Understanding estate liabilities associated with leased premises										
Transfer of leases, etc. from CPFT to NTW in relation to occupancy of estate.										
Understanding estate liabilities associated with freehold premises										
Analysis of planned and reactive maintenance regimes										
Review of Backlog maintenance										
Hard and Soft FM contract reviews										

Hard and soft FM contract novation										
Identify the full range of services that will transfer over to NTW associated with Estates & Facilities Management including Maintenance, Estates operations, grounds and gardens, Catering, Portering, Laundry management, switchboard, domestics, transport, security etc.										
Fire Safety, Policy & Systems review and system standardisation										
FFE - Determine the Furniture, fixings and equipment that will transfer across to NTW along with the estate for the provision of the entire service associated with MH and LD.										
Communication Workstream:										
Continue to assist CPFT with developing Communications & Engagement Strategy for Programme										
Using a range of communication aids, update our staff and stakeholders. These updates will outline reasons for change, timescales involved and provide feedback mechanisms in an open and transparent way.										
Produce clear, concise and appropriately targeted communications using a variety of mechanisms. This will include dedicated pages on the intranet and website, messages in the weekly bulletin, all user email broadcasts, newsletters, videos and social media (and if required face to face engagement events). Consideration will be given to producing a Q&A document which will outline and address frequently asked questions.										
A welcome pack will be developed for transferring staff to aid their transition which will include information about vision, values										

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and strategic ambitions as well as practical guidance, e.g. information about the Board, contact details, welcome events and newsletters.										
New logo/branding – discuss with Board, formal processes to make changes, communicate etc.										
Go live 1 st October 2019										
Post Implementation Review period										Develop process for review and timescales/ key milestones
Communication & Engagement Plan continues										Continue with NTW Communications & Engagement Strategy

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13.6 The Information Commissioner's Office (ICO) encourages organisations to ensure that privacy and data protection is a key consideration in the early stages of any initiative, and then throughout its lifecycle. Therefore, a Data Protection Impact Assessment (DPIA) must be undertaken for any initiative that involves the processing of personal data and special category of personal data or any other activity that could result in a high risk to individuals. The DPIA must be completed prior to the processing taking place and be continually reviewed and updated.

13.6.1 A DPIA is a key component of a 'Privacy by design' approach and is a structured approach to identifying the privacy risks associated with the processing of personal data and for implementing appropriate controls to manage and mitigate those identified risks.

13.6.2 At this stage, the Trust is not in a position to complete a full and informed DPIA but will do so upon receipt of an agreed mobilisation plan, specific to DPIA (in conjunction with CPFT).

13.7 Post Implementation Review (PIR)

It is important to measure the success of any transfer or transaction such as this in order that NTW can learn from the experience in preparation for any future similar exercises. Post Implementation Reviews can ascertain whether the anticipated benefits have been delivered and are timed to take place immediately after the North Cumbrian Mental Health and Learning Disabilities Services have been transferred to NTW and then two years later to consider the benefits planned.

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14 Summary and Recommendations

- 14.1 NTW believes that it has undertaken a comprehensive period of due diligence, has completed a robust Outline Business Case and is now (through the production of this Full Business Case) in a position to understand the implications of transferring the North Cumbrian Mental Health and Learning Disabilities from CPFT to NTW in October 2019. There is clearly some outstanding pieces of work that will continue throughout the initial phase of Mobilisation (end February through to end September) however it is not felt that this will de-rail NTW's proposal for transfer. There continue to be some 'risks' associated with this transfer however NTW has prepared clear mitigations to address them throughout the period of mobilisation and beyond.
- 14.2 It is felt to be the right thing to do for the North Cumbrian population, ensuring a complete focus on the mental health and wellbeing of local people without diluting the necessary attention on other important health issues. NTW as a CQC assessed 'outstanding' organisation, has the capability, experience and expertise to support North Cumbria to become 'good' or 'outstanding'. NTW has appropriate plans in place to significantly improve the safety and quality of services.
- 14.3 There are a number of 'asks' (or transitional support) that NTW has of other partners however that the organisation would bring to the attention of the Board. Executive Board members will be driving forward these issues with colleagues over the forthcoming weeks and months. In particular:
- NHSI: Support for future capital bids. NHSI has provided written support to NTW regarding the approach taken in relation to the transfer of services – see appendix 6.
 - HEE (now part of NHSI): Workforce support (especially medical staff and nurses).
 - CQC: Formal confirmation in relation to the 2-year non-aggregation of services post services transfer – this support has been confirmed in writing, see appendix 7.
 - CCG: Agreement on a contracting model and NTW as a significant partner in the Cumbrian system; Agreement on services delivered to ensure the services commissioned equates to the resources available; £2million transitional support (£1.5m non-recurrent and £500k recurrent); support to prioritise Capital investment in Mental Health. Please see appendix 5 which provides clear support to NTW regarding the content of the Full Business Case from North Cumbria CCG.

An Executive to Executive Meeting is scheduled for 25th February 2019. We aim to reach agreement with CPFT on the following:

- Utilisation of the HR Framework outlined in the OBC.

- Pragmatic resolution of the outstanding Estates/Assets issues.
- Transparency and an 'open book' approach regarding actual expenditure 'v's budgets.
- Agreement to an independent evaluation of the finances involved in the Service Transfer.

14.4 The Board are asked to accept this Full Business Case and agree to the formal transfer of Mental Health and Learning Disabilities in North Cumbria from CPFT to NTW on 1st October 2019.

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15 Appendices

Appendix 1: High Level Due Diligence Report relating to the Future Delivery of Mental Health & Learning Disability Services in Cumbria (available at July 2018 Trust Board).

Appendix 2: The Future of Mental Health & Learning Disabilities Services in Cumbria - Outline Business Case Annex A - NTW's case (available at November 2018 Trust Board).

Appendix 3: The NHSI Guidance Board Certification process – NTW First DRAFT Submission (available at January 2019 Trust Board).

Appendix 4: Stakeholder Listening Events Output Report – NTW Trust Innovations October 2018 (available at November 2018 Trust Board).

Appendix 5: Letter of Support from North Cumbria CCG, 13th February 2019.

Appendix 6: Letter of Support to Approach from NHSI, 30th January 2019.

Appendix 7: Letter from CQC regarding position on post-merger or acquisition, 14th February 2019.

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North Cumbria Clinical Commissioning Group

By e-mail only

13 February 2019

John Lawlor
Chief Executive
Northumberland, Tyne and Wear NHS FT

NHS North Cumbria Clinical Commissioning Group
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Dear John,

Full Business Case for the Transfer of Mental Health and Learning Disability Services from Cumbria Partnership NHS FT.

I am writing to provide a formal response on behalf of NHS North Cumbria CCG to the Full Business Case (FBC). I would be happy to provide further clarification on any of these points.

1 Strategic Support for the Case

1.1 To confirm, NHS North Cumbria CCG is fully supportive of the planned service transfer, and would like to thank the NTW Trust Board for the commitment they have already shown to support a long term service improvement in North Cumbria.

1.2 The CCG is committed to the transfer taking place in October 2019, and would not support any slippage in the timescale unless absolutely unavoidable. The CCG believe it is in the interests of all parties, and most importantly the local population, for the transfer to be completed as soon as possible.

1.3 The CCG look forward to NTW playing an important system leadership role in the development of the North Cumbria Integrated Care System as a full strategic partner. The CCG would welcome NTW representation in all of our local system partnership arrangements, ensuring effective integration of mental health and physical services, and also alignment with social care.

1.4 The intention is for NTW to act as the 'Lead Provider' for mental health and learning disability services in North Cumbria. The CCG will work with NTW and Stephen Eames as the local System Leader, to ensure NTW play a strong role in North Cumbria as a full and valued partner.

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2 Service Model and Specification

2.1 The CCG will work collaboratively with NTW and local stakeholders, to develop the service model in advance of the planned transfer, and as a continuous process of improvement post transfer. The relationship with Primary Care, and the broader Integrated Care Communities, will be a vital component of this work. The CCG strongly encourages NTW to engage as fully as possible with the North Cumbria GP leadership in developing the model.

2.2 The CCG will also seek to support the continuation and enhancement of the shared clinical models across mental health and physical health services, including physical health support for the mental health in-patient provision and vice versa.

2.3 As part of the review of clinical services, the CCG will work with NTW to properly consider any required service re-configuration, including the delivery of in-patient services. The CCG will work with partners, including the Cumbria Health Scrutiny Committee, if there is a requirement for any significant service variation.

2.4 The CCG intends to develop an outcomes based service specification with NTW, which will allow the Trust significant flexibility in finding the optimum solutions to deliver service improvement as a strategic partner. The CCG does not intend to 'micro manage' the contract, but will seek appropriate assurance on the delivery of key standards and on the achievement of agreed outcomes.

3 Contract

3.1 The CCG anticipates that the contract will technically be a variation of the existing contract between the CCG and the NTW. The contract is expected to include all of the services determined to be 'in scope' as described in the Full Business Case. I understand that the list of 'in scope' services is largely agreed, but there is still ongoing discussion on a small number of services, for example the Acquired Brain Injury service.

3.2 Over time, the CCG will consider any appropriate opportunity to move to a 'lead commissioner' model with partner CCGs in the North East, as part of the developing North Cumbria Integrated Care System. However, the CCG does not anticipate any change of this type in the short term, and would expect to agree any changes mutually with NTW.

3.3 The CCG anticipates the contract will develop to include the management of out of county/complex packages, including financial responsibility for those packages

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within the agreed contract value. Collectively we will use best endeavours to reach a shared position as soon as possible, without delaying the main contract variation and service transfer in October 2019.

3.4 The CCG anticipates that NHS Morecambe Bay CCG will hold a separate contract with NTW for the delivery of In-patient services at the Carleton Clinic site for south Cumbria patients, though this is clearly a matter for NTW and NHS Morecambe Bay CCG to determine.

4 Financial Position

4.1 The CCG does not receive a capital allocation, but will work with NTW and partner organisations to seek to secure appropriate capital investment. The CCG welcomes the opportunity for NTW to be a key partner in the on-going development of the North Cumbria estates strategy and the optimal use of the existing and future North Cumbria estate across all sectors.

4.2 The CCG is fully committed to meeting the mental health parity of esteem additional investment requirement, and will work collaboratively with NTW on the optimal use of the rising investment level.

4.3 The CCG will continue to work with NTW to ensure an appropriate final contract value is mutually agreed, but at this stage the CCG does recognise the contract value of £41.833 million in the FBC as a provisional figure. The final figure will be dependent on the agreement of the services in scope.

4.4 The CCG is committed to ensuring that NTW are able to provide a high quality service within the resources available, and will support NTW to ensure the Trust and the wider North Cumbria system does not incur material financial disadvantage.

4.5 The CCG will support NTW and CPFT to minimise any potential stranded costs. This will require a level of pragmatism from all parties. It is clearly important that NTW and CPFT reach agreement on the transferring workforce, and work together to reduce the potential for any severance, over supply (stranded cost) or under supply (service operational risk) of staff post transfer. I understand that this is particularly important with respect of support services, where it will not be possible to identify and transfer a clear and singular 'entity'.

4.6 The CCG is initially minded to support the requested level of non-recurrent income in the FBC, and will work with NTW to reduce financial risk over the

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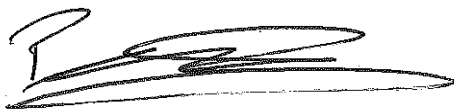
transitional period. The amount constitutes an unbudgeted pressure for the CCG and North Cumbria system. As such the overall level and timing will be contingent on:

- Mutually agreeing the recurrent contract value in line with both the NTW and CCG financial plans, including the resourcing of the Acorn Unit which is currently outside the CCG and CPFT core contract. I do not anticipate this to be problematic based on our shared financial work to date.
- Managing as close to zero as possible the non-recurrent severance costs or recurrent stranded costs in Cumbria Partnership NHS FT. The CCG operates a full financial risk share with CPFT and North Cumbria University Hospitals NHS FT as part of our ICS financial control total. As such any cost incurred by CPFT as a consequence of the transfer of service is a financial risk to the CCG.
- Maximising the potential opportunities to deliver improved value in support services across North Cumbria, by the existing local Trusts and NTW finding joint/shared/aligned approaches where it is beneficial to do so.
- Maximising the opportunity to more effectively reduce the costs of out of area placements through the benefits NTW are able to bring to the North Cumbria system to support the management of patients with complex individual needs.

I trust that this addresses the key points from the Full Business Case. I would be very happy to provide further information, or if helpful to meet with the NTW Trust Board, to continue the discussion or to provide further clarification.

Finally, I would like to record the thanks of the CCG Governing Body for all of the continuing work. The CCG looks forward to welcoming NTW as a full strategic partner in our Integrated Care System, and to the long term service improvement for the benefit of our local population.

Yours sincerely



Peter Rooney
Chief Operating Officer

Cc: Lisa Quinn, Janice O'Hare, NTW
David Rogers, Charles Welbourn, NHS North Cumbria CCG
Stephen Eames, Michael Smillie, Judith Toland, CPFT.

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Cumbria and the North East

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Newcastle upon Tyne, NE15 8NYT: 0300 123 2229
E: rob.robertson@nhs.net
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30 January 2019

Lisa Quinn
Executive Director of Commissioning & Quality Assurance
Northumberland, Tyne & Wear NHS Foundation Trust
Executive Suite
St.Nicholas Hospital, Jubilee Road, Gosforth, NE3 3XT

Dear Lisa,

Approach to the Transfer of Mental Health Services in North Cumbria

I am writing to confirm that the North Regional Provider Support Group has agreed that the proposed transfer of mental health services in the north of Cumbria is deemed to be a material transaction and, as defined in Section 2.2 of our guidance, NHS Improvement will, as part of our overall assessment of financial risk and governance, request evidence that the trust board is satisfied that it has given full consideration of the points listed in Annex 1 of this letter.

When the full business case has been reviewed by the Trust Board, we will require Board certification that they are satisfied the conditions/risks in the checklist have been considered. This would be in the form of a statement as part of the Board sign-off and the consideration to be captured in the minutes, and for you to then send us a formal e-mail attaching the minutes and papers for that item including the reviewed checklist (and Board statement if a separate document).

Please do not hesitate to contact me if you require any further information or support.

Yours sincerely,

**Rob Robertson**
Head of Delivery and Improvement
NHS Improvement, Cumbria and the North EastNorthumberland, Tyne and Wear
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Annex 1 – Areas for board consideration

- considered a detailed options appraisal before deciding that the transaction delivers benefits for patients and the trust in delivering its strategy
- assured itself that a proposed transaction will meet the requirements of the choice and competition licence conditions
- conducted an appropriate level of financial, clinical and market due diligence relating to the proposed investment or divestment
- considered the implications of the proposed investment or divestment on the resulting entity's Single Oversight Framework (SOF) segment, focusing in particular on the use of resources metric and having taken full account of reasonable downside sensitivities
- conducted appropriate enquiry about the probity of any partners involved in the proposed investment or divestment, taking into account the nature of the services provided and the likely reputational risk
- conducted an appropriate assessment of the nature of services being provided as a result of the investment or divestment and any implications for reputational risk arising from these
- received appropriate external advice from independent professional advisers with relevant experience and qualifications
- taken into account the good practice advice in NHS Improvement's transaction guidance or commented by exception where this is not the case
- resolved any accounting issues relating to the proposed investment or divestment and its proposed treatment
- addressed any legal issues, including those associated with the transfer of staff (either via an acquisition, divestment or fixed-term contract)
- complied with any consultation requirements
- established the organisational and management capacity and skills to deliver the planned benefits of the proposed investment or divestment
- involved senior clinicians at the appropriate level in the decision-making process and received confirmation from them that there are no material clinical concerns in proceeding with the proposed investment or divestment, including consideration of the subsequent configuration of clinical services
- in the case of a contract for a specified period, ensured appropriate legal protection in relation to staff, including on termination of the contract
- ensured relevant commercial risks are understood
- made provision for the transfer of all relevant assets and liabilities

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North Region

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Lisa Quinn
Executive Director of Commissioning and Quality Assurance
Northumberland Tyne and Wear NHs Foundation Trust

By email

Dear Lisa,

Thank you for your recent enquiry about mergers and acquisitions and how CQC will rate these services.


As I promised I have checked with policy colleagues and they agree there is no change from the position stated in our latest provider handbook dated 27 March 2015.

So what this in essence means is that:

We will inspect services that have been acquired or merged and will rate. However we will not aggregate ratings from the previously separate services or providers at trust level for up to two years where a trust has acquired or merged with another service in order to improve the quality and safety of care. We would discuss this with you at engagement meetings as the services are acquired or merged.

I trust that this helps you to understand our current position.

Yours sincerely



Jenny Wilkes, Head of Inspection (Mental Health) - Yorkshire and the Humber

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 27 February 2019

Title and Author of Paper: Revd Dr Simon Mason, Dr Andrew Cole and Dr Esther Cohen-Tovée

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

Paper for Debate, Decision or Information: Information and discussion

Key Points to Note:

- Community organising is a way of empowering people to identify local problems and effect change, for example through the real Living Wage.
- Tyne & Wear Citizens was founded in December 2015 and a local alliance of over 30 civil society organisations in Newcastle, Durham, and Sunderland has been formed.
- In November 2017, Tyne and Wear Citizens held its Launch Assembly. The alliance chose Mental Health as the number one issue to campaign on, and in 2018 Tyne and Wear Citizens established a Citizens Commission on Mental Health. John Lawlor accepted an invitation to be one of the Commissioners.
- The findings of the Commission were published as the report, *Living Well*, which highlights 17 actions, including several that reflect the Trust's mental health work-streams.
- There are significant benefits to NTW and the population served of further developing the partnership between the Trust and Tyne & Wear Citizens.

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: Discussion and support in principle to pursue the further development of the partnership

Link to Policies and Strategies: Trust 5 Year Strategy, ICS Mental Health workstream priorities

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Sponsoring Leadership Training in Community Organising

This proposal aims to deepen and extend the partnership between Tyne and Wear Citizens, and Northumberland, Tyne and Wear NHS Foundation Trust. The objective is to improve the mental wellbeing of people across the North East through NTW sponsoring the training of key staff from the Trust, and leaders from member organisations in Tyne and Wear Citizens in the practice of community organising.

Through the sponsorship of leadership training, Tyne and Wear Citizens will use the expertise and community organising experience to collaborate further with the Trust in facilitating the involvement of service users, carers, NTW staff, and our wider communities in the development of the strategic direction of Northumberland, Tyne and Wear NHS Foundation Trust.

Tyne and Wear Citizens is a member alliance of Citizens UK, which is the largest and most diverse alliance in the UK of active citizens and leaders from local institutions who are committed to working together for the common good. It is a growing organisation. Currently, there are over 350 local institutions across the UK in dues-paying membership.

Citizens UK has trained more than 7,000 community leaders in community organising and leadership techniques and built strong relationships of trust between diverse organisations. Through this training and by putting it into public action, we have given people the confidence to participate in public life for the good of their communities.

In December 2015, Tyne and Wear Citizens held its Founding Partners Assembly when £100,000 was pledged by five Founding Partners to fund a professional Community Organiser. Since the appointment of the Community Organiser in September 2016 we have built a local alliance of over 30 civil society organisations in Newcastle, Durham, and Sunderland. In November 2017, Tyne and Wear Citizens held its Launch Assembly when 1100 people met in the Tyne Theatre to vote on our key campaigns. The alliance chose Mental Health as the number one issue to campaign on. The other issues are the real

Living Wage, Safer Cities (hate crime) and Fair Change (school meals).

In 2018 Tyne and Wear Citizens established a Citizens Commission on Mental Health. The largest such commission that civil society has established. The Commission received written testimony from over 300 people, many of whom had never aired their views on mental health. Whilst at three public hearings in Newcastle, Sunderland and Durham nine key mental health themes were explored by a team of Commissioners.

The Commissioners comprised leaders from Tyne and Wear Citizens who had been trained in the methodology of community organising. The quality of the input by Citizens UK trained Commissioners was different from that of other Tyne and Wear Citizens leaders. This is because the training gives a broader perspective on the impact of wider social determinants on mental wellbeing. This had a positive effect on the dialogue between Commissioners and those giving testimony. One of the Commissioners stated that, having had the training he felt more able to engage with those who had given testimony and therefore address more fully with the issues raised. The public Commissioners included Catherine McKinnell MP, who served alongside John Lawlor, Esther Cohen-Tovee, Director of AHPs and Psychological Services and Andrew Cole, Consultant Psychiatrist, from this Trust.

The findings of the Commission were published as the report, *Living Well*, which is available on-line. This report highlights 17 actions, which the Mental Health Action Team of Tyne and Wear Citizens is committed to deliver on, including several that reflect the Trusts mental health work-streams:

- deploying NTW clinicians as a mental health resource into primary and secondary schools;
- establishing a pilot programme of counselling in schools leading to universal provision;
- producing a suicide concordat of statutory services and civil society in Durham;
- co-producing staff training for NTW to develop further their carer engagement;
- provision of a community meal for the elderly who are lonely and isolated;
- improving the signage in, and training of, front-line staff in Emergency Departments;

To date the Trust has demonstrated its commitment to a working relationship with Tyne and Wear Citizens through the Mental Health Commission. Our proposal is to develop further the partnership between Tyne and Wear Citizens and Northumberland

Tyne and Wear NHS Foundation Trust through the sponsoring of people to be trained as leaders in the practice of community organising.

We see the sponsorship of this training to be in the interests of NTW because of the value that is added through the successful model of change that Tyne and Wear Citizens uses:

- *Methodology*: The training of NTW staff alongside leaders from Tyne and Wear Citizen member organisations in the community organising method can deepen the engagement of service users in identifying the key mental health issues affecting them.
- *Networks*: Community organising is a mechanism for enabling the wider public to get involved in co-designing service improvements, and extending NTW's community engagement with for example, the BME and LGBT communities.
- *Power*: Community organising has brought together a hitherto silent majority from the areas NTW serves, which has already demonstrated influence over decision makers to give mental health and its wider determinants the attention they deserve.
- *'People's Agenda'*: Broadening and deepening the process of co-producing a people's mental health agenda based on personal testimony and a solution focused programme of change, including innovative community-led solutions that will tackle wider determinants of health.
- *Developing new ways of care*: Tyne and Wear Citizens and the method of community organising provides a way into accessing and engaging service users and the public in the development of mental health services, including so-called 'hard to reach' groups in order to help shape the Trust's priorities. The Listening Campaign that initiated the Citizens' Commission on Mental Health received testimony from people who had not spoken previously about their mental health issues.
- *Staff development*: Service development skills accessible to wide social cultural range. Especially noteworthy for peer support workers.

Underpinning the success of Tyne and Wear Citizens and the Citizens UK alliance is an organising curriculum based on the practical experience of community organisers over the last seventy years. This training is delivered in a series of formats depending on the capacity and interest of the leaders to be trained.

The introductory training is over two days, and can be delivered as four evening sessions. This is delivered locally within Tyne and Wear. At this stage the person is introduced to the concepts of community organising: how to frame a face to face conversation around shared interest; the theory of change that underpins the work, premised as it is on building a relationship with those in positions of power; and the process of research, action and evaluation that underpins the action of community organising.

The curriculum for the national training focuses on the concepts, tools, and practices needed by citizens and communities who wish to organise and win changes to local, regional and national policies. We believe this curriculum has a crucial role to play in healthcare in creating a culture of engagement, involvement and continuous improvement.

This further training is delivered in two formats; a three-day residential, which is delivered in regional centres and a six-day national residential training. The three and six day training are structured around an intensive curriculum that equips more fully a person to be a leader in community organising. This curriculum is delivered via a mixed method approach comprising: group seminars; facilitated learning based on participant experience; practical application in action followed by evaluation; one-to-one conversations. The training comprises a three or six-day residential, which is followed-up with practical assignments, the successful completion of which leads to a Certificate in Community Organising, which is accredited by Newman College, University of Birmingham.

Currently, the Mental Health Action Team of Tyne and Wear Citizens has seven leaders who have undergone the full six-day training. It is this training that underpins their capacity to negotiate with those in power, engage fully with the issues raised in testimonies, translate these into winnable actions and then build a core team of leaders to see through the campaigns until they are won. We have a further 10 key leaders on the Mental Health Action Team who have not undergone this training and whose work is closely supported by the trained leaders. This close support role by trained leaders has an impact on the capacity of the whole team to expand on the campaigns we are currently engaged in.

The total cost of each person completing the six-day training is £1000. This covers the following: the cost of the residential training; accommodation and all meals on the

residential training; travel costs to the training venue; all training materials required; on-going mentoring support by a community organiser throughout the 50-hour follow-up project; and the accreditation fee for the Certificate in Community Organising.

There is also an option to engage in the regional six-day residential training course. This has been devised as a way of developing leaders who, for various work and personal reasons cannot manage to be away on a six-day residential. Whilst acknowledging the need to find a practical solution for those not able to be away for a whole week nevertheless it is the six-day course that is the most advanced training scheme offered by Citizens UK.

Tyne and Wear Citizens is looking to train between six and 10 additional leaders annually, drawn from the Trust and other institutions in the alliance. We look to the Trust to fund this in full for its own employees, and in part as a bursary for leaders from other Tyne and Wear Citizen organisations. We see this sponsorship of leadership training by the Trust as a measure of its on-going commitment to expand the work of the campaign teams who are acting across the north east to build mental health resilience.

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 27 February 2019

Title and Author of Paper:

Psychological Services Strategy 2017-2022 – Dr Esther Cohen-Tovée
Update on implementation of Psychological Services Strategy (2017-18)
– presentation by Dr Esther Cohen-Tovée

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

Paper for Debate, Decision or Information: Information & discussion

Key Points to Note:

The Psychological Services Strategy 2017- 22 was presented by Dr Esther Cohen-Tovée and approved by the Board in June 2017. It is provided today for information.

Dr Esther Cohen-Tovée today presents an update on the implementation of the Psychological Services Strategy in 2017-18 and the priorities selected for 2019. Developments in Psychological Services leadership and management roles are also highlighted.

Risks Highlighted to Board : N/A

Does this affect any Board Assurance Framework/Corporate Risks?

No

Equal Opportunities, Legal and Other Implications:

Outcome Required: Discussion & feedback.

Link to Policies and Strategies: Trust five year strategy

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NTW Psychological Services Strategy

2017/2022

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NTW Psychological Services Strategy

Executive Summary

The aims of the NTW Psychological Services strategy are:

- (i) To utilise our psychological knowledge and skills to improve the wellbeing of everyone we serve.
- (ii) To help the Trust achieve its objectives.

In order to understand service users' mental health problems holistically and to optimise outcomes, we need a comprehensive bio-psycho-social approach. Psychological Services contribute to this by providing specialist psychological assessments and interventions, including, but not limited to, psychological therapies, as well as working with colleagues through training, clinical supervision and consultation ("scaffolding") to promote psychological understanding and interventions across pathways. Psychologists and other psychological services staff are also skilled in service development, facilitation of change, service evaluation, clinical audit and R&D.

The NTW Psychological services strategy has been developed by Psychological services staff together with partners from operational management, other disciplines and experts by experience (service users and carers). The strategy development has been informed by, and is as far as possible consistent with, the development of the NTW five year strategy. There has been a focus on national policy, local context and Trust priorities, and the strategy is underpinned by Trust values and the principles of the NTW service model, co-production, devolution, and equality, diversity and inclusivity.

The NTW Psychological Services five year strategy quality & innovation objectives are that:

1. All service user and carer contact & input across the whole Trust is psychologically informed.
 - Through coproducing & implementing shared accessible psychological language and practice
 - Through increased partnership working across systems
2. All psychological practice is safe, caring & compassionate, effective, cost effective, responsive & well led.
 - Through producing Trust-wide governance guidance for psychological practice
 - Through seeking APPTS accreditation for all relevant NTW Psychological Services
 - Through addressing skills gaps through training & supervision
 - Through implementing outcome measurement in partnership with colleagues, service users & carers
 - Through developing & implementing guiding principles for coproduction
 - Through ensuring equitable access by using new technology and addressing resource gaps in partnership with operational managers

3. We will identify and pursue strategic growth, research and innovation opportunities for Psychological Services.
 - Through developing a framework to assess opportunities
 - Through generating a market for psychological services, approaches & training via a Psychological Services Growth & Innovation Forum

In order to deliver these objectives and to support the Trust in achieving its wider objectives, we have generated the following workforce development objectives. We aim to:

- Deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste
- Support and value our staff & develop our leadership, resilience and flexibility
- Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy
- Support the sustainability of Trust-wide workforce developments through skill mix developments
- Support the resilience of the Trust-wide clinical and non-clinical workforce



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1. Introduction and context

1.1 NTW Psychological Services

Applied psychology is one of the central disciplines in mental health. In order to understand service users' mental health problems holistically and optimise outcomes, we need a bio-psycho-social approach. Psychological Services contribute to this by providing specialist psychological assessments and interventions, including, but not limited to, psychological therapies, as well as working with colleagues through training, clinical supervision and consultation ("scaffolding") to promote psychological understanding and interventions across pathways. Psychologists and other psychological services staff are also skilled in service development, facilitation of change, service evaluation, clinical audit and R&D.

Psychological Services have a key role to play in the delivery and further development of clinically effective services as part of Trust-wide service transformation. It is recognised that there is a significant shortfall in the current capacity to deliver NICE recommended psychological interventions, and this needs to be addressed through training and supervision and review of resource allocation. However it should be noted that the most significant resource in the Trust to deliver NICE recommended psychological interventions is within Psychological Services.

It is important that we embed sufficient psychological services resources in teams, with access to specialist psychological services within and beyond localities. This enables the most value from genuine multidisciplinary work and the contribution of psychological perspectives to all aspects of the pathways and to enrich day to day practice, augmented by further specialist services as required. A particular strength of psychological services is cross-functional working and working across Service User pathways, "following" Service Users along their pathways and supporting their recovery journey.

Psychological Services have a key role in ensuring the safety & effectiveness of psychological therapies delivered by NTW staff. The governance of psychological therapy provision rests with Psychological Services. While this is supported through national accreditation and registration process for Psychological Services professionals, the issue of governance of practice of staff trained in NICE aligned interventions will require different systems involving assessment of competencies and monitoring through clinical supervision from a sufficiently experienced supervisor.

1.2 Process of developing the strategy

The NTW Psychological services five year strategy has been developed through an engagement process and series of meetings which include:

- Professional Leads away day (January 2016)
- Psychological Services Professional Forum meetings (18 February 2016, 17 August 2016 and 23 November 2016)
- Meetings with Experts by Experience (service user and carer representatives)
- Psychological Services Day Conference (May 2016)
- Presentations at Group OMGs/Q&Ps

In developing the strategy we considered relevant national policy and strategy (e.g. the Five Year Forward View for Mental Health (2016), Future in Mind (2013), What good

could look like in integrated psychological services for children, young people and their families (2016), local context (e.g. vanguards and STPs), the APPTS (CCQI & BPS Accreditation Programme for Psychological Therapy Services) standards and the emerging NTW five year strategy. We agreed that our strategy should be grounded in the Trust values, and should be underpinned by a number of guiding principles. These are:

- The principles of the NTW service model
- Co-production
- Devolution
- Equality, diversity & inclusivity

In line with the developing NTW Trust strategy we developed a “plan on a page” in which we summarised our early thinking on underpinning values and principles, overarching aims, key objectives and enablers.

The initial work done at the away day and the professional forum was shared at the Day Conference which was co-facilitated by a national Expert by Experience representative from the APPTS Project Board, together with the NTW Clinical Director for Psychological Services who is also the Co-Chair of the APPTS Project Board. The benefits of APPTS accreditation were described by the Sunderland Psychological Wellbeing service (one of the first services in the UK to be APPTS accredited) and by Sunderland & S Tyneside community psychological services who were preparing for accreditation. A series of workshops enabled a wide range of psychological services staff, other NTW colleagues, Trust governors and other Experts by Experience to contribute to the development of the strategy objectives and proposed five year action plan (see appendix 1). This work was then refined over a series of meetings.

2. The Psychological Services Strategy “Plan on a page”

2.1 Plan on a page summary

The strategy is summarised in the “plan on a page” format (see appendix 1). This was refined during the development of the strategy. We identified the following **quality & innovation objectives** for NTW Psychological Services:

1. All service user and carer contact & input across the whole Trust is psychologically informed
2. All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led
3. We will identify and pursue strategic growth research and innovation opportunities for Psychological Services.

Our workshops at our 2016 Psychological Services day conference were used to identify specific tasks and work-streams through which we could achieve these objectives, and these were collated and summarised as a five year strategic action plan (see appendix 2). Some examples include:

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	Objective	Actions
1.	All service user and carer contact & input across the whole Trust is psychologically informed	Through coproducing & implementing shared accessible psychological language and practice
		Through increased partnership working across systems
2.	All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led	Through producing Trust-wide governance guidance for psychological practice and the implementation of robust clinical supervision, professional management and training standards.
		Through seeking APPTS accreditation for all relevant NTW Psychological Services
		Through addressing skills gaps through training & supervision
		Through implementing outcome measurement in partnership with service users & carers
		Through developing & implementing guiding principles for coproduction
		Through ensuring equitable access by using new technology and addressing resource gaps in partnership with operational managers
3.	We will identify and pursue strategic growth research and innovation opportunities for Psychological Services.	Through developing a framework to assess opportunities
		Through generating a market for psychological services, approaches & training via a Psychological Services Growth & Innovation Forum
		Through pursuing increased access to psychological therapies for children, young people, adults and older adults

In order to deliver the above objectives and to support the Trust in achieving its wider objectives, we have generated the following **workforce development objectives**. We aim to:

- Deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste
- Support and value our staff & develop our leadership, resilience and flexibility

- Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy
- Support the sustainability of Trust-wide workforce developments through skill mix developments
- Support the resilience of the Trust-wide clinical and non-clinical workforce

We have participated in Directorate, Group and Trust-wide workforce strategy development discussions and this has informed the production of the above objectives. Further detail is provided in section 4 below.

A particularly helpful aspect of the “plan on a page” summary, which was initially accessed through the Trust-wide five year strategy development work, is the focus on enablers. We identified the following key enablers for the Psychological Services strategy:

- Co-production (working in equal partnership with service users and carers)
- Embedded professional leadership and active participation at all levels of the Trust
- Increased external focus and involvement of psychological expertise in partnership working
- Measurement of meaningful outcomes
- Use of IT & audio/visual for therapy consultations & supervision
- Training opportunities for staff, Service Users, Experts by Experience and key stakeholders

More detail on enablers is provided in section 5.

2.2 Alignment with Trust Strategy “Working together, supporting people, supporting communities - improving lives” 2017-2022.

The NTW five year strategy for 2017-2022 has been in development at the same time as the Psychological Services Strategy. The Trust Strategy six strategic ambitions have been more recently finalised and Table 1 below illustrates their close alignment.

	Trust Strategic Ambitions	Psychological Services Strategy
1	Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.	<i>Principles:</i> Co-production, SMR principles <i>Strategic aim:</i> To use psychological knowledge and skills to improve the wellbeing of everyone we serve <i>Objective:</i> All service user and carer contact & input across the whole Trust is psychologically informed.
2	With people, communities and partners, together we will promote prevention, early intervention and resilience.	<i>Principles:</i> Co-production, SMR principles, Equality, diversity & inclusivity, devolution <i>Action:</i> Promote growth in areas which improve early intervention, prevention and health promotion. <i>Action:</i> Increase access to psychological therapies for children, young people,

		adults and older adults, building on current provision and seeking opportunities for growth and expansion.
3	Working with partners there will be “no health without mental health” and services will be “joined up”.	<p><i>Principles:</i> SMR principles</p> <p><i>Enabler:</i> Increased external focus and involvement of psychological expertise in partnership working.</p> <p><i>Action:</i> Increase partnership working across systems to ensure psychological perspectives are well understood and influential.</p> <p><i>Action:</i> Ensure equitable access to psychological interventions for the population in all settings via integration of psychological services into multidisciplinary teams.</p>
4	The Trust’s Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.	<p><i>Enabler:</i> Measurement of meaningful outcomes</p> <p><i>Objective:</i> All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led.</p> <p><i>Workforce objective:</i> Deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste</p> <p><i>Objective:</i> All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led.</p>
5	The Trust will be a centre of excellence for mental health and disability.	<p><i>Principles:</i> SMR principles, co-production</p> <p><i>Enablers:</i> Co-production, Embedded professional leadership and active participation at all levels of the Trust</p> <p><i>Objective:</i> We will identify and pursue strategic growth, research and innovation opportunities for Psychological Services</p>
6	The Trust will be regarded as a “great place to work”.	<p><i>Principle:</i> Equality, diversity & Inclusivity</p> <p><i>Workforce strategy objectives:</i></p> <ul style="list-style-type: none"> -Support and value our staff & develop our leadership, resilience and flexibility -Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy -Support the sustainability of Trust-wide workforce developments through skill mix developments

		-Support the resilience of the Trust-wide clinical and non-clinical workforce
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Table 1 Alignment of Trust Strategic Ambitions & Psychological Services Strategy

3. Our 3 high level objectives

The aims of the NTW Psychological Services strategy are grounded in the NTW vision:

“To be a leader in the delivery of high quality care and a champion for those we serve”

This vision is underpinned by a set of core values which will ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes.

Our concerns are quality and safety and we will ensure that our values are reflected in all we do. These values are:

- Caring & Compassionate
- Respectful
- Honest & Transparent

Our strategic aims have been articulated as follows:

1. To utilise our psychological knowledge and skills to improve the wellbeing of everyone we serve.
2. To help the Trust achieve its objectives.

We used these aims to consider how to frame high level inspirational objectives which we could aspire to and which would set the frame for our five year strategic plan. This would also support and be consistent with the concurrently developing NTW five year strategy.

Objective 1: “All service user and carer contact & input across the whole Trust is psychologically informed.”

This could be described as a “hearts and minds” objective. It combines our aspiration to use our psychological knowledge and skills to have as wide an influence as possible on improving the wellbeing of the people we serve, with a recognition that our relatively small workforce cannot work with all service users directly, and we must therefore work with and through others to maximise our impact. We would classify this as a quality objective, as it is about sustaining and improving the quality of care through a wide range of processes—engagement and validation, assessment, bio-psycho-social formulation, structured clinical management, psychological interventions and therapies, training, consultation, supervision, scaffolding and contribution to service improvement and service transformation.

Objective 2: “All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led.”

This objective is clearly grounded in the CQC five domains, to which we made the important additions of compassionate practice, based on our underpinning Values, and cost-effective practice, which is important in its own right but also in order to assist in meeting the Trust’s

financial targets. The governance of Psychological practice across the Trust is a key responsibility of Psychological services professional leadership, and it's important to remember this includes all psychological practice, not just the practice of designated Psychological Services staff.

We also considered the issue of sustainability as part of this objective. We are aware that despite improvements agreed and implemented through service transformation programmes and within Directorates, we still have some inequities and gaps in Psychological Services Provision across NTW. As far as possible we wish to achieve equitability between different localities and across pathways. We also need to ensure sustainability of our skilled and knowledgeable workforce through a retention strategy (see section 4). We need to ensure we are making best use of resources through job planning using aids such as the job planning matrix (appendix 4), together with active management of flow, demand and capacity.

Objective 3: “We will identify and pursue strategic growth, research and innovation opportunities for Psychological Services.”

We are concerned about equity of access and gaps in provision of Psychological Services, especially in areas which have been under-resourced for many years, e.g. inpatient services for older people. We would like to identify opportunities for growth both where gaps in provision exist and in areas where new development opportunities may arise e.g. new funding for perinatal services linked to the Five Year Forward View.

Psychological services staff can make valuable contributions to the Trust's research programmes and profile, and the doctoral level research training and skills particularly of Clinical Psychologists and Counselling Psychologists are currently under-utilised. We would like to increase our contribution in this area, particularly in development of practice-based evidence and adapting & evaluating interventions to improve outcomes. Stronger links into the Trust's R&D implementation plan could be an enabler of this.

Capacity for innovation is also yet to be maximised, and innovation is recognised as a key enabler for the Trust in a rapidly changing commissioning & provider context over the next five years, with the implications of STPs and new organisational forms such as ACOs just beginning to unfold. As part of the development of our Psychological services strategy we have begun to develop a framework for assessing new opportunities.

Details of our plans to work towards these objectives over the next five years can be found in appendix 2.

4. Workforce Development Strategy

In order to deliver our strategic objectives and to support the Trust in achieving its wider objectives, we have generated the following **workforce development objectives**.

4.1 To deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste

This objectives covers a number of cross-cutting and key issues. Sustainability depends on recruitment, retention, career pathways, access to CPD and resources to fund appropriate posts including appropriately supported new and innovative roles. We also

need to ensure that our principles of equality, diversity and inclusivity are pro-active drivers.

4.2 Support and value our staff & develop our leadership, resilience and flexibility

There are local and national concerns about NHS staff wellbeing. A survey by the British Psychological Society (BPS) and the New Savoy Partnership (NSP) repeated annually in 2014-5, 2015-16 and 2016-17 has shown high levels of low mood, stress and feelings of failure among front line psychological clinicians. We propose that NTW signs up to the BPS-NSP Staff Wellbeing Charter which aims to “re-set the balance in the drive to improve access to psychological therapies”. It calls for “a greater focus on support for their staff wellbeing to sustain the impact that we know these services can have when delivered effectively”. It notes that “Services with good staff wellbeing are more sustainable and will make the most difference to the lives of those they are helping.” Signing up to the Charter would mean that:

- We commit to promoting effective services through models of good staff wellbeing at work.
- We will do this by engaging in reflective and generative discussions with colleagues, other leaders, and frontline staff to co-create compassionate workplaces and sustainable services.
- We will monitor and improve the wellbeing of our own staff.
- We will share this learning with the Charter Network.
- We commit to a collaborative effort and shared responsibility to fulfil the aims of the Charter.

The Charter is shown in appendix 5.

4.3 Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy

Retention and recruitment are key issues for the wider Trust and for Psychological Services specifically. The development of career pathways has the two-fold benefit of enabling us to retain and develop good staff and “grow our own” senior colleagues to assist with succession planning and capacity to take up leadership roles within Psychological Services and the wider Trust.

Clinical career pathway posts are already developed in many areas e.g. through the Community transformation programme. However this is not a consistent picture as yet. We also note the limited opportunities for career development for Psychological services staff in non-clinical domains such as operational management, performance & assurance, or clinical management at Group triumvirate level. The move to collective leadership teams at Directorate level is welcomed, but we would like to work with colleagues to develop this approach at Group level as well.

4.4 Support the sustainability of Trust-wide workforce developments through skill mix developments

There are a number of opportunities for using the Psychological workforce to assist with service delivery and leadership roles where the Trust has difficulty in recruitment / retention and/or has become over-reliant on agency staff. These include:

- A small team comprising expertise of consultant psychiatrists, non-medical Approved Clinicians (from Psychology, Nursing or in future AHP (OT)

backgrounds), specialty doctors and non-medical prescribers (Pharmacist or Nurse) could between them cover a designated area e.g. two or three wards on the same site. This could include AC function, assessment, diagnosis and prescribing, and also clinical leadership in partnership with the ward manager & ward team, to ensure that clinical decision making is timely, and that recovery-focused pathways for service users are service-user centred, collaboratively agreed, supported and pro-actively implemented. There is a significant opportunity to improve quality and outcomes for service users through a collegiate approach and through ensuring assessment, formulation, care packages and discharge plans are fully bio-psycho-social. Examples of the work of current Psychologist AC/RCs are given in appendix 3. A preceptorship model could be used to grow people into these new non-medical AC roles which would be combined with appropriately located clinical sessions.

- Identification of difficult to fill Consultant Psychiatrist posts which could be replaced by a Consultant Psychologist or Psychological Therapist with the relevant skills (e.g. this has already been tried successfully in one of our Memory Assessment & Management Services).
- Leadership development for Psychological Services staff to enable them to come forward to apply for Associate Director and other leadership roles.
- Changes to skill mix in community teams, where two Band 6 posts could be replaced by one B7 Psychologist / Psychological Therapist and one B5 or B4 assistant psychologist. These colleagues could work together to deliver care coordination through structured clinical management, assessment formulation & therapy and assistance in implementing behavioural change and carrying out monitoring and related tasks.
- Developing wider use of the Psychological Wellbeing Practitioner (PWP) Band 5 role in secondary care pathways for adults and children & young people
- Development of Band 4 PWP apprenticeships (as part of a national programme) to grow our own PWPs
- Looking for opportunities to employ a B4 Assistant Psychologist in services where B3 Nursing assistants are hard to recruit e.g. OPS inpatients. A broader role could be developed encompassing both cognitive assessment and nursing assistant duties.

These workforce development & skill mix ideas are for discussion as part of the further development of the NTW Trust-wide workforce strategy. They will also be fed into the Mental Health, Psychological Therapies & Learning Disability (MHPT&LD) Workforce Development Strategy for the North East & Cumbria, which is being developed by the MHPT&LD subgroup of the Local workforce Action Board. This subgroup is co-chaired by NTW's Clinical Director for Psychological Services and Clinical Director for AHPs.

4.5 Support the resilience of the Trust-wide clinical and non-clinical workforce

This is another important area to which we can further develop our contribution to support the work of the Trust, through supporting the wellbeing of our whole workforce. Psychological services have a lead role in the Schwartz round initiative, where the Facilitators are currently a Consultant Psychotherapist, a Consultant Clinical Psychologist and a Nurse Consultant. Psychological Services Professional Leads have played key roles in developing workforce wellbeing strategies within Groups. We would like to work with colleagues on understanding the impact of change and change management on staff and implementing pro-active strategies to promote wellbeing, drawing on national

good practice from the BPS & New Savoy Partnership collaborative learning network (CLaN).

A more detailed workforce development strategy is shown in appendix 3.

5. Enablers

Key enablers for the Psychological Services strategy include:

1. Co-production.

We agreed that we need to progress from consulting service users and carers or involving them in individual pieces of work, to working with service users and carers in genuine partnership.

2. Embedded professional leadership, and active participation in collective leadership at all levels of the Trust.

In order for our knowledge and skills to be of maximum value to service users and carers and to the Trust as an organisation Psychological Services staff need to be embedded in leadership roles throughout the Trust. This includes both professional leadership roles which are part of psychosocial services and stepping forward to apply for roles with broader responsibilities and influence such as Clinical Director roles.

3. Increased external focus and involvement of psychological expertise in partnership working.

In order to ensure that commissioners and partners who are making decisions about the future provision of services are well informed about the role and importance of psychological knowledge, skills and expertise we need to be participating in conversations and working groups outside the organisation. The principle articulated by our CE John Lawlor of “talk, but don’t deal” should facilitate appropriate external involvement.

4. Measurement of meaningful outcomes

Outcome measurement is a key area for further development in NTW. The training of Clinical Psychologists in particular equips them to assist in this area. Implementation of appropriate outcome measurement and the analysis of meaningful data should support the growth of effective interventions and the reduction / cessation of approaches which do not show benefit to service users.

5. Use of IT & audio/visual technology for therapy consultations & supervision

Use of new technology offers significant opportunities to increase accessibility and productivity. Appropriately secure Skype, telephone and on-line messaging are all alternatives to face to face contact which could be used in many cases.

6. Training opportunities for staff, Service Users, Experts by Experience and key stakeholders.

As an ambitious organisation that is always striving for excellence, we need to ensure we are updating our knowledge and skills across our systems. Joint development opportunities with service users and partners can be particularly productive.

6. Arts Psychotherapies Review

An additional piece of work has been carried out to review Trust-wide provision and governance of Arts Psychotherapies. This is a small specialism of only 13 staff members in 11 wte posts, across a range of Art, Music, Drama and Dance Movement Therapists, working mainly in inpatient services for adults and children with severe and complex mental health problems and/or learning disabilities. This review has produced two recommendations:

1. Develop a clearer organisational & governance structure and career pathway for Arts Psychotherapists within NTW.
2. Develop more equitable access and resources for Arts Psychotherapies to meet needs across service lines.

7. Summary/Recommendations

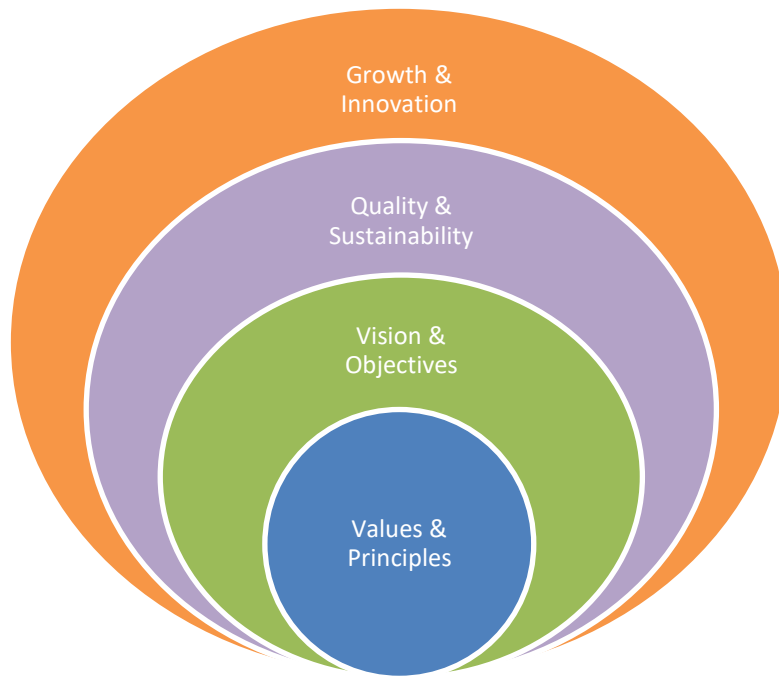
The Psychological Services Strategy has been developed collaboratively and is grounded in Trust values and principles, and aligned with the Trust's six strategic ambitions. It includes a draft five year action plan to achieve the identified objectives:

- (i) All service user and carer contact & input across the whole Trust is psychologically informed.
- (ii) All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led.
- (iii) We will identify and pursue strategic growth, research and innovation opportunities for Psychological Services.

Specific recommendations include:

1. That the Trust supports the development and implementation of shared psychological language and practice.
2. That the Trust supports the implementation of guidance on the governance of psychological practice.
3. That NTW signs up to the BPS-New Savoy Staff Wellbeing Charter
4. That a Trust-wide framework to guide job planning in psychological services is rolled out and embedded.
5. That under-utilised research skills in Psychological Services staff are identified as a resource to the Trust and harnessed to help with service evaluation, development of practice based evidence, improving outcomes and innovation
6. That inequities in access to psychological services are addressed as far as possible within financial and contractual constraints
7. That opportunities to redesign skill mix are taken up in order to address workforce gaps and improve service users' experience and outcomes
8. That Psychological Services staff are supported to develop further their clinical, leadership and management skills and to develop career pathways within the Trust
9. That the Trust supports the implementation of a Psychological Services Growth and Innovation Forum.

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- Appendix 2 Five year plan
- Appendix 3 Workforce Development Strategy
- Appendix 4 Job Planning Matrix
- Appendix 5 Staff Wellbeing Charter

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Appendix 1

Psychological Services

Strategic Aims: To use psychological knowledge and skills to improve the wellbeing of everyone we serve

<p style="text-align: center;"><u>Workforce Development Objectives</u></p> <ul style="list-style-type: none"> • Deliver sustainable, accessible & equitable psychological services • Support and value our staff & develop our leadership, resilience and flexibility • Develop career pathways across clinical & non-clinical domains at all levels in the Trust • Support sustainability of Trust-wide workforce developments through skill mix development • Support resilience of Trust-wide clinical and non-clinical Workforce 	<p style="text-align: center;"><u>Values</u></p> <p style="text-align: center;">Caring & Compassionate Respectful Honest & Transparent</p>	<p style="text-align: center;"><u>Principles</u></p> <p style="text-align: center;">Co-production, SMR principles, Devolution principles Equality, diversity & inclusivity</p>	<p style="text-align: center;"><u>Enablers</u></p> <ul style="list-style-type: none"> • Co-production Embedded professional and collective leadership and active participation at all levels of the Trust • Increased external focus and involvement of psychological expertise in partnership working • Measurement of meaningful outcomes • Use of IT & audio/visual for therapy consultations & supervision • Training opportunities for staff, Service Users, Experts by Experience and key stakeholders. 		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Trust Strategic Ambitions</u></p> <p style="text-align: center;">Working together with service users and carers, partners & communities we will:</p> <ol style="list-style-type: none"> 1. Provide excellent care, supporting people on their personal journey to wellbeing 2. Promote prevention, early intervention and resilience 3. Ensure services will be “joined up” 4. Ensure services are sustainable and deliver real value to the people who use them 5. Be a centre of excellence for mental health and disability services 6. Be a great place to work </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Psychological Services Quality & Innovation Objectives</u></p> <ol style="list-style-type: none"> 1. Ensure that all service user and carer contact & input across the whole Trust is psychologically informed 2. Ensure that all psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led 3. Identify and pursue strategic growth, research and innovation opportunities for Psychological Services </td> </tr> </table>				<p style="text-align: center;"><u>Trust Strategic Ambitions</u></p> <p style="text-align: center;">Working together with service users and carers, partners & communities we will:</p> <ol style="list-style-type: none"> 1. Provide excellent care, supporting people on their personal journey to wellbeing 2. Promote prevention, early intervention and resilience 3. Ensure services will be “joined up” 4. Ensure services are sustainable and deliver real value to the people who use them 5. Be a centre of excellence for mental health and disability services 6. Be a great place to work 	<p style="text-align: center;"><u>Psychological Services Quality & Innovation Objectives</u></p> <ol style="list-style-type: none"> 1. Ensure that all service user and carer contact & input across the whole Trust is psychologically informed 2. Ensure that all psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led 3. Identify and pursue strategic growth, research and innovation opportunities for Psychological Services
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Appendix 2 – Psychological Services Five Year Plan 2017-2022

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
1.	All service user and carer contact and input across the whole Trust is psychologically informed					
1.1	Psychological ways of thinking to be embedded across the Trust by further coproducing, developing and implementing a common psychological language and approaches which are accessible to all.	Develop common language building on work with Service Users and Carers, 5Ps plus plan formulation, reflective practice, complexity and stepped care models. Review and check against e.g. SMR & PIE.	Continue initiatives to support the spreading and embedding of these concepts, e.g. for reflective practice continue to lead, support and develop Schwartz Rounds. Embed in e-pathways and through complex case reviews.			Common language and practice is embedded and used routinely
1.2	Increase partnership working across systems to ensure psychological perspectives are well understood and influential	1.2a Scope psychological services presence across all NTW multi-disciplinary decision making fora (operational and clinical) and address any gaps.	Build confidence and capacity by training (including shadowing) for involvement in Trust processes (complex case reviews, SUI panels and complaints)	Increase involvement in Trust processes for complex case reviews, SUI panels and complaints investigations.	Review levels of involvement and impact, address gaps	

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		<p>1.2b Further develop strategic links with commissioners to influence the understanding of, relevance and usefulness of psychological approaches and evidence based practice. Identify opportunities for engaging with Commissioners (e.g. join relevant groups, and attend events) and links with key local stakeholders including Service Users and Carers.</p>	<p>Initiate discussions with NTW Execs, Contracts and Commissioning team re formal involvement in discussions with commissioners, contract reviews etc.</p>	<p>Psychological Services representation at formal/informal discussions with commissioners.</p>		
		<p>1.2c Further develop influence through external involvement in e.g. NICE,</p>	<p>_____</p>			<p>_____→</p>

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	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		National Standards and Policy, National Accreditation Scheme, BPS and BACP.				
2.	All psychological practice is safe, caring & compassionate, effective, cost-effective, responsive & well led					
2.1	Ensure good governance of trust wide psychological practice	2.1a Produce & consult on governance guidance document	Disseminate and support trust wide implementation	Audit adherence		
		2.1b Adapt psychological professional management structures & processes to fit with each Clinical Business Unit's needs	Implement consistent psychological professional management structures & processes	Review effectiveness & address any issues		
		2.1c Seek APPTS accreditation for all appropriate NTW Psychological Services	Discuss and agree a programmatic approach to accreditation & identification of funding			

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		2.1d Develop a clearer organisational & governance structure for Arts Psychotherapists within NTW	Implement organisational & governance structure for Arts Psychotherapists			
2.2	Ensure best practice	2.2a Support Trust's workforce development strategy, identifying psychological knowledge & skills required	Identify/provide bespoke training and embed. Identify and implement recruitment.	Continue to review predominant psychological model(s) appropriate to each pathway	Identify/provide bespoke training and embed. Identify and implement recruitment.	Continue to review predominant psychological model(s) appropriate to each pathway
		2.2b Scope gaps in psychological services staff's knowledge & skills including re. medicines awareness and concordance. Identify/develop & provide appropriate training & supervision.	Develop supervision pyramids so that skills are developed and sustained more broadly across the Trust		→	Psychological Services workforce has full range of skills in place to deliver comprehensive evidence based practice in all the pathways of the Trust in which we are involved.
		2.2c Ensure continuous learning from				

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	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		evolving best practice, incidents and AARs, outcome measurement, audits.				
2.3	Implement consistent and meaningful outcome measurement	Support clinicians in meaningfully utilising psychological outcome measurement clinically and identify appropriate psychological metrics in partnership with SUCs. Include qualitative as well as quantitative outcomes	Pilot implementation & analysis in early adopter pathways and promote use of outcome measurements.	Roll out to all pathways	Make systematic use of appropriate, reliable outcome measures pertinent to Service User groups in clinical areas (CROMS, PROMS & PREMS)	
2.4	Elicit and act on robust Service User & Carer feedback	Review current feedback mechanisms and response rates. Investigate other examples of best practice.	Discuss and agree best practice for implementation. Implement in selected areas & review.	Roll out to all psychological services.	Audit & review.	

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
2.5	Identify & implement guiding principles re co-production within psychological services.	Link with SUs, PSW and R&D colleagues to agree principles, e.g. PANEL principles make it easy for people to take part.	Develop action plan to maintain existing good practice and develop in areas where there are gaps.			Sustainable process of coproduction embedded in all our services
2.6	Further develop leadership knowledge and skills across psychological services	Align with, contribute to and participate in Trustwide leadership development programmes	Provide opportunities for clinical and professional leadership development. Review Psychological leadership competency frameworks & adopt/adapt/develop a framework for use in NTW.			→
2.7	Use our leadership skills to support multidisciplinary colleagues through systemic reflections and interventions, sharing and implementing psychological	Participation in Trust Operational Management, Quality & Performance and Service				→

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	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
	knowledge and practice, providing guardianship for e.g. clinical supervision	Development meetings. Supporting Schwartz Rounds.				
2.8	Contribute to training and clinical supervision for all pathways to ensure practice is co-produced, client centred and responsive to Service User issues.	2.8a Ongoing contribution to clinical skills training stars 2.8b Provide clinical supervision and help develop clinical supervision skills of colleagues	Offer specific training & supervision	Evaluate quality of training and impact on clinical practice	Review best practice and update e-pathways, ensure training is aligned	
2.9	Ensure equitable access to psychological interventions including Arts Psychotherapies for the population in all settings via integration of psychological services into multidisciplinary teams. Ensure that psychological interventions match need at the right intensity and skill level.	2.9a Involve SUC in exploring accessibility issues. Review access by population groups. 2.9b Address resource gaps in partnership with Collective Leadership Teams	Engage with under-represented groups, aiming to find ways to improve access	Engage with commissioners and partners to discuss improvement options		
2.10	Ensure effective, timely and personalised	Systems to communicate	Systems to support person	Help develop Trust wide		

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
	communication with service users and families	directly re appointments	centred and accessible communication of information in a way that is best understood	person centred communication		
3.	Identify and pursue strategic growth, research & innovation opportunities					
3.1	Develop a suitable framework & processes to identify and assess opportunities for growth, research and innovation opportunities and implement both internally and externally	3.1a Develop framework based on identifying opportunities related to: (i) inefficiency (ii) insufficiency (iii) gaps (iv) innovation opportunities And methods (a) growing on (b) growing more (c) growing new (d) growing others on 3.1b Link to NTW R&D Implementation Plan	Develop / free up capacity e.g. by increasing recruitment to the psychological services bank Horizon scan Develop specific proposal(s) (evidence based & best vfm) Make business case(s) / submit tenders			

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
3.2	Generate a market for psychological services, psychological approaches and training.	3.2a Participate in the development of and contribute training courses for the NTW Training Academy.				→
		3.2b Showcase existing good practice and innovation in psychological services, income generation (existing & potential) by developing a Psychological Services Growth and Innovation Forum.	Engage wider Trust in innovation forum. Contribute to Trust business development through contract opportunities and Trust Innovations			→
3.3	Promote growth in areas which improve early intervention, prevention and health promotion.	Increase access to psychological therapies for children, young people, adults and older adults, building on current provision and seeking	Work in partnership with physical health providers and third sector partners to improve access to psychological therapies for			→

	Objective	Year 1	Year 2	Year 3	Year 4	Year 5
		opportunities for growth and expansion.	people with physical health problems and long term conditions.			

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Appendix 3

Psychological Services Workforce Development Strategy 2017-2022

1. Introduction & high level objectives

The Psychological Services workforce strategy underpins the delivery of the NTW Psychological Services strategy. The workforce strategy aims to:

- Deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste
- Support and value our staff & develop our leadership, resilience and flexibility
- Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy
- Support the sustainability of Trust-wide workforce developments through skill mix developments
- Support the resilience of the Trust-wide clinical and non-clinical workforce

1.1 To deliver sustainable, accessible & equitable psychological services, making best use of resource & minimising waste

This objective covers a number of cross-cutting and key issues. Sustainability depends on recruitment, retention, career pathways, access to CPD and resources to fund appropriate posts including appropriately supported new and innovative roles. We also need to ensure that our principles of equality, diversity and inclusivity are pro-active drivers.

1.2 Support and value our staff & develop our leadership, resilience and flexibility

There are local and national concerns about NHS staff wellbeing. A survey by the British Psychological Society (BPS) and the New Savoy Partnership (NSP) repeated annually in 2014-5, 2015-16 and 2016-17 has shown high levels of low mood, stress and feelings of failure among front line psychological clinicians. We propose that NTW signs up to the BPS-NSP Staff Wellbeing Charter which aims to “re-set the balance in the drive to improve access to psychological therapies”. It calls for “a greater focus on support for their staff wellbeing to sustain the impact that we know these services can have when delivered effectively”. It notes that “Services with good staff wellbeing are more sustainable and will make the most difference to the lives of those they are helping.” Signing up to the Charter would mean that:

- We commit to promoting effective services through models of good staff wellbeing at work.
- We will do this by engaging in reflective and generative discussions with colleagues, other leaders, and frontline staff to co-create compassionate workplaces and sustainable services.
- We will monitor and improve the wellbeing of our own staff.
- We will share this learning with the Charter Network.
- We commit to a collaborative effort and shared responsibility to fulfil the aims of the Charter.

1.3 Develop career pathways across clinical & non-clinical domains at all levels in the Trust as part of a Psychological Services Retention Strategy

Retention and recruitment are key issues for the wider Trust and for Psychological Services specifically. The development of career pathways has the two-fold benefit of enabling us to retain and develop good staff and “grow our own” senior colleagues to assist with succession planning and capacity to take up leadership roles within Psychological Services and the wider Trust.

Clinical career pathway posts are already developed in many areas e.g. through the Community transformation programme. However this is not a consistent picture as yet. We also note the limited opportunities for career development for Psychological services staff in non-clinical domains such as operational management, performance & assurance, or clinical management Group triumvirate level, where the senior posts are still tied to the medical and nursing professions. As Group Directors are usually nurses by background this means that Group triumvirates are comprised of only two disciplines. The move to Collective Leadership Teams at Clinical Business Unit level is welcomed, but we would like to work with colleagues to develop this approach at Group level as well.

The need for development of career pathways for Arts Psychotherapists has been highlighted by the Arts Psychotherapies Review.

1.4 Support the sustainability of Trust-wide workforce developments through skill mix developments

There are a number of opportunities for using the Psychological workforce to assist with service delivery and leadership roles where the Trust has difficulty in recruitment / retention and/or has become over-reliant on agency staff. These include:

- 1.41 A small team comprising expertise of consultant psychiatrists, non-medical Approved Clinicians (from Psychology, Nursing or in future AHP (OT) backgrounds), specialty doctors and non-medical prescribers (Pharmacist or Nurse) could between them cover a designated area e.g. two or three wards on the same site. This would include AC function, assessment, diagnosis and prescribing, and also clinical leadership in partnership with the ward manager & ward team, to ensure that clinical decision making is timely, and that recovery-focused pathways for service users are service-user centred, collaboratively agreed, supported and pro-actively implemented. There is a significant opportunity to improve quality and outcomes for service users through a collegiate approach and through ensuring assessment, formulation, care packages and discharge plans are fully bio-psycho-social. A preceptorship model could be used to grow people into these new non-medical AC roles which could be part time, combined with clinical sessions.

The Trust has been a national leader in the development of clinical psychologists becoming Approved Clinicians. This has included exemplars of Consultant Clinical Psychologists providing the main Responsible Clinician input to inpatient units.

A Consultant Clinical Psychologist has become an Approved Clinician and is now Responsible Clinician for the majority of patients within an acute assessment & treatment learning disabilities inpatient unit (Rose Lodge). These service users often present with psychological needs (such as display of challenging behaviour). The Consultant Clinical Psychologist as a Responsible Clinician here has been effective in leading assessment and treatment using a psychological perspective through Positive Behaviour Support that has been important for the safe care of people with learning disabilities requiring admission. This has been particularly relevant within the context of the national Transforming Care programme.

A Consultant Clinical Psychologist has been recruited as an Approved Clinician to be Responsible Clinician for patients who have accessed the inpatient stepped care pathway and are now approaching discharge within a step-down mental health rehabilitation unit (Elm House). The needs of this client group are often psychological when approaching discharge as they need to develop new coping strategies and adapt to change as they move out of hospital. The Consultant Clinical Psychologist as Responsible Clinician in this example has been effective in providing a psychological perspective in leading care through to safe discharge and their role has been positively received by patients and staff.

In both examples, Clinical Psychologist Responsible Clinicians are supported by senior medical and nursing colleagues in terms of medication and physical health treatment as part of the multidisciplinary skill mix to ensure that patient needs are met in a safe and effective way.

- 1.4.2 Augment Consultant Psychiatrist posts where appropriate with Consultant Psychologists or Consultant psychological therapists with the relevant skills (e.g. this has already been tried successfully in one of our Memory Assessment & Management Services).

NTW currently has a Consultant Psychiatry led model for memory assessment services. The increasing demand put upon memory services through higher rates of referrals and tighter targets for throughput and diagnostic rates along with difficulties in recruitment and retention of psychiatrists led to a Consultant Clinical Psychologist working into one of the Memory Assessment and Management Services (Newcastle MAMS) for a fixed term period, providing diagnoses to patients, a role previously undertaken by psychiatrists.

The role of the Consultant Clinical Psychologist in MAMS is to support Consultant Psychiatrists by giving diagnoses to a subset of patients. The aim is to assist in reducing the time from assessment to diagnosis whilst maintaining a high quality service. In addition, the Consultant Clinical Psychologist offers initial assessments to highly complex patients, provides high level specialist neuropsychological assessments to aid diagnosis where required, and offers specialist psychological intervention for adjustment and carer stress.

Employing a Consultant Clinical Psychologist to give diagnoses to patients, who do not require medication, reduced the workload on psychiatry. Feedback from patients involved in the project was positive, with patients reporting that they were given enough time and information was provided in a clear, sensitive and thorough manner. The success of this project led to a permanent change in skill mix to incorporate the Consultant Clinical Psychologist role.

- 1.4.3 Leadership development for Psychological Services staff to enable them to come forward to apply for Associate Director and other leadership roles.
- 1.4.4 Changes to skill mix in community teams, where two Band 6 posts could be replaced by one B7 Psychologist / Psychological Therapist and one B5 or B4 assistant psychologist. These colleagues could work together to deliver care coordination through structured clinical management, assessment formulation & therapy and assistance in implementing behavioural change and carrying out monitoring and related tasks.
- 1.4.5 Developing wider use of the Psychological Wellbeing Practitioner (PWP) Band 5 role in secondary care pathways for adults and children & young people
- 1.4.6 Development of Band 4 PWP apprenticeships (as part of a national programme) to grow our own PWPs, linked to NTW apprenticeships programme and the NTW academy.
- 1.4.7 Looking for opportunities to employ a B4 Assistant Psychologist in services where B3 Nursing assistants are hard to recruit e.g. OPS inpatients. A broader role could be developed encompassing both cognitive assessment and nursing assistant duties.

These workforce development & skill mix ideas are for discussion as part of the further development of the NTW Trust-wide workforce strategy. They will also be fed into the Mental Health, Psychological Therapies & Learning Disability (MHPT&LD) Workforce Development Strategy for the North East & Cumbria, which is being developed by the MHPT&LD subgroup of the Local workforce Action Board. This subgroup is co-chaired by NTW's Clinical Director for Psychological Services and Clinical Director for AHPs.

1.5 Support the resilience of the Trust-wide clinical and non-clinical workforce

This is another important area to which we can further develop our contribution to support the work of the Trust, through supporting the wellbeing of our whole workforce. Psychological services have a lead role in the Schwartz round initiative, where the Facilitators are currently a Consultant Psychotherapist, a Consultant Clinical Psychologist and a Nurse Consultant. Psychological Services Professional Leads have played key roles in developing workforce wellbeing strategies within Groups. We would like to work with colleagues on understanding the impact of change and change management on staff and implementing pro-active strategies to promote wellbeing, drawing on national good practice from the BPS & New South Wales Partnership collaborative learning network (CLaN).

2. Psychological Therapies

Increasing the availability of high quality, safe and effective evidenced based psychological therapies to improve wellbeing and move towards recovery is central to the Psychological Services workforce development strategy and the HEE mandate.

There are three main psychological services targets in the HEE mandate:

- Expansion of the adult IAPT programme, increasing choice of evidence based psychological therapies and ensuring national access and recovery targets are met
- Expansion of the workforce capable of providing NICE guidance recommended evidence based psychological therapies for psychosis i.e. CBT for psychosis and family interventions
- Widening the reach of psychological therapies to address physical health conditions where psychological factors are key to recovery and wellbeing

A further target for Psychological Services is to increase diversity in the workforce, to be more representative of the populations we serve.

3. Service Improvement

Our key initiatives include:

1. Up-skilling community and inpatient services colleagues in specific psychological skills which are applicable to their clinical practice.
2. Developing new therapy support worker roles and working with peer support workers to improve outcomes for service users.
3. Provision of training and clinical supervision, and ensuring there is capacity to continue to do this through skill mix redesign.
4. Supporting the CYP IAPT programme through training, supervision and project support.
5. Expanding the Psychological Services workforce capable of delivering evidence based therapies for Psychosis to meet the new national targets for EIP (access to NICE approved evidence based treatments to start within 2 weeks of referral).
6. Further development of the Non-Medical Approved Clinician role, and sustaining a critical mass of non-medical RCs, Development of new non-medical RC roles as part of new skill mix teams.
7. Increasing Clinical Psychology establishment in Inpatient services, to ensure a minimum of 0.5 wte per ward.
8. Ensuring Psychological Services expertise is allocated to each team delivering our redesigned Community services pathways (Psychosis, Non-Psychosis, Older People (cognitive impairment & functional frail) and Learning Disability) in each of our 6 localities where these are commissioned with NTW.
9. Further development of MDT Team formulation: NTW is actively engaged with other Trusts nationally in developing evidence based Team Formulation formats to improve quality of care for service users with the most complex/ severe problems. This requires ongoing development, audit and research to link with Service User led initiatives regarding Formulation and WRAP planning - to enhance responsive, safe, effective care.
10. Addressing the psychological needs of people with longer term physical health conditions and dementia. This is a focus of significant concern for NHS England, CQC, NICE and commissioning bodies.
11. Building expertise within Psychological services for working with people across the Dementia pathway in line with NICE guidance, to implement

recommended psychological interventions for Challenging Behaviour as well as the early stage dementia pathway.

12. Developing outreach approaches to support lonely, isolated older people – these factors are significant predictors of depression and anxiety.
13. Continued investment in Positive Behaviour Support (PBS) including the trust-wide PBS training lead
14. Rolling out training in the use of outcome measures in Clinical Supervision and Clinical Management to drive up performance (effectiveness, throughput and service user satisfaction).

4. Recruitment, retention and staff development

1. Adjusting skill mix to meet needs and to create a “diamond” shape in terms of grades, i.e. taking opportunities to create more posts at Band 7 & 8a when senior staff move on or retire, while retaining sufficient senior roles to ensure the clinical leadership and governance structure remains robust.
2. Succession planning; identifying and developing staff willing and able to develop further their clinical, supervisory, training, research and development and leadership skills.
3. Supporting our IAPT and primary care psychological wellbeing services to meet recovery and access targets through ensuring we recruit staff with the necessary expertise to deliver NICE compliant therapies and achieve national recovery targets.
4. Filling gaps in establishment in specialties such as CYPS and Forensic PD services, and covering temporary gaps in provision through the “Psychological Services bank”, now part of NTW Staffing Solutions.
5. Accessing CPD training to up-skill staff in more recently developed evidence based psychological therapies e.g. EMDR (Eye Movement Desensitisation & Reprocessing) for PTSD, or to address gaps in our current range of available therapies e.g. IPT (Interpersonal therapy) for Depression and Bulimia Nervosa, Mindfulness for preventing relapse in Depression and increasing evidence as a resilience builder for staff as well as service users.
6. Upskilling staff to enable them to support medicines awareness and concordance where appropriate, supporting implementation of NICE guidance re. first line, second line & subsequent recommended biological and psychological interventions.

5. Key risks and challenges

We may be unable to deliver our NTW workforce strategy or meet the HEE mandate targets due to insufficient capacity in our current workforce and insufficient local supply of key professions (Clinical Psychologists, qualified IAPT High Intensity therapists and qualified Psychological Wellbeing Practitioners (PWP). Commissioning decisions at HEE have also put local training for Child Psychotherapists at risk.

Approximately 20% of our workforce are close to being able to retire, and early retirements are likely among those who have MHO status. We need to focus on

succession planning to prevent a significant loss of expertise over the next 5-10 years.

- Recruitment: some specialties have difficulty in recruiting staff to fill vacancies, particularly Children and Young Peoples' Services, Learning Disability and Forensic Personality Disorder services.
- Diversity: Our workforce is not sufficiently reflective of the populations we serve. We need to broaden the ethnicity of our workforce and address the gender imbalance, particularly in Clinical Psychology where 80% of trainees are female.
- IAPT: these services should expand in line with national directives, but there is a limited pool of candidates in the NE and local initiatives are required to grow our local workforce.
- EIP access targets: Although we have implemented an in-house training programme in basic skills in CBT for psychosis and we have an e-learning package which can further embed this, we do not have sufficient capacity to deliver full protocol CBT for Psychosis which requires training to Diploma level. Similarly for Family Interventions, we have good numbers of foundation level trained staff but insufficient capacity at practitioner level.

6. Areas for growth

We need to support the following developments in order to implement service transformation and delivery of evidence based, safe and effective psychological treatments:

- Clinical Psychology: to replace staff retiring, to increase capacity in mental health inpatient services for adults and older people, to fill gaps e.g. in CYPS and LD, to enable the further development of the Non-Medical AC role, to develop new services e.g. to improve the mental health of people with physical health problems.
- Clinical Psychologists and Psychological Therapists in secondary care: to expand capacity to deliver evidence based Psychological therapies to the same standard as in primary care through IAPT, and to meet new EIP targets.
- IAPT High Intensity therapists, PWPS, workforce advisors, support workers: all need to increase to meet new targets as set out in HEE Mandate.
- Arts Psychotherapies: for those unable to engage with a "talking therapy", Arts psychotherapies can be an easier way for people with extreme levels of disturbance and distress to benefit from psychological therapy, and are recommended particularly for people with Psychosis, Learning Disabilities or Personality Disorder.
- Non-medical Approved Clinician (eligible staff include Consultant Clinical Psychologists, who currently form the majority of non medical RCs in NTW): development and implementation of this role within NTW has produced very good outcomes for service users with predominantly psycho-social rather than medical needs, and has also enabled RC cover to be provided during sickness absence or vacancy within medical (psychiatry) establishments. We propose that a new skill mix approach could maximise these benefits across the Trust.

- Positive Behaviour Support: developing roles for qualified and non qualified staff across wider range of professions within Psychological Services workforce including Clinical Psychologists to provide supervision/leadership.

7. Widening participation

In order to encourage increased diversity in the workforce:

- We have participated in the former HENE Psychological Therapies subgroup work to develop an information leaflet about psychological therapies and psychological professions which includes photographs of clinicians from different BME backgrounds.
- We have invited staff with BME backgrounds to come forward to participate in the career fairs for young people considering higher education.
- In partnership with Newcastle University, we are developing a year's (unpaid) internship within the undergraduate psychology degree course for up to 10 participants and a year's paid internship for MSc students (2-3 participants) to demonstrate a career pathway to doctoral training in Clinical Psychology.
- We are actively supporting people with disabilities on Newcastle University's Clinical Psychology doctoral training course.

8. CPD needs for current staff

- CBT for Psychosis – Diploma level to deliver EIP target
- CBT postgraduate Diploma - to develop more supervisors for Adult and LD pathways
- Family/ Systemic Therapy – Practitioner and supervisor level for Adult, LD and CYPS services
- IPT (Interpersonal Therapy) – Supervisor and Practitioner level
- EMDR (Eye Movement Desensitisation & Reprocessing) – Supervisor and Practitioner level for Adult, LD and CYPS services
- DBT (Dialectical Behaviour Therapy) – Supervisor and Practitioner level for Adult, LD and CYPS services
- Open Dialogue
- PBS (Positive Behaviour Support) – advanced level to develop more supervisors
- Mindfulness based cognitive therapy training – to develop supervisors and practitioners
- Group work skills to support implementation of DBT and Mindfulness groups
- Family futures – training in a new approach for children in special circumstances
- IAPT training for couples therapy for depression
- Compassion-focussed therapy (advanced skills)

9. Developing capacity through roles which support qualified staff

New ways of working and the development of new roles are essential to ensuring the workforce is as productive as it can be, and that we make best use of the knowledge and skills of our current and future workforce.

Current new roles in development include:

- Therapy support workers: Band 3 staff trained in-house to assist Clinical Psychologists and Psychological Therapists in their clinical work by helping clients carry out “homework” between sessions e.g. exposure to a feared situation, attendance at a community support group, joining a walking group.
- Peer support workers: Band 4 roles for people with lived experience of mental health problems to work primarily with people with Personality Disorders, supported by clinical supervision and working as part of a specialist team.

We would also like to increase the number of Band 4 assistant psychologist posts, either through funded posts or internships. These roles are extremely valuable in supporting qualified staff in their duties through taking on selected delegated tasks. They can also enable research & development, audit and service development evaluation projects to take place, through their knowledge and skills in project design, delivery and data collection and analysis.

Higher assistant psychologists at Band 5 have more autonomy than at Band 4 and can lead on delegated pieces of work to increase the overall service capacity. For example, capacity has been increased in the Healthy Living Project in Northumberland by reducing the number of qualified Clinical Psychologist sessions and employing a Higher assistant psychologist to carry out standardised assessments and group work, with appropriate clinical supervision from a qualified staff member.

Band 5 assistant psychologists could be developed to take on roles within a lifespan model for IAPT, linking with schools, school nurses and counsellors and providing psycho-education classes for young people in schools or in communities.

It is expected that the development needs of these staff can be met in-house within the Trust. However internal capacity of qualified staff needs to be identified and made available in order to do this, which affects service delivery capacity.

10. Conclusions

The workforce agenda is challenging but there are a number of opportunities to develop further the expertise and effectiveness of NTW psychological services staff and to utilise the skills of this workforce to help address NTW workforce gaps through new roles and new skill-mix approaches.

Security of supply, recruitment, retention and the ability to “grow our own” expertise within the Trust are essential to ensure our workforce is able to meet the needs of our service users, families and wider communities.

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Appendix 4 Job Planning Matrix

Psychological Therapies Staff: Job Planning

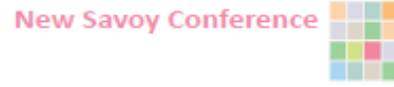
Suggested Ranges for Time Allocations by Banding

Band	Percentage of Time														
	10%	20%	30%	40%	50%	60%	70%	75%	80%	85%	90%	100%			
9															
8d			↔	↔	↔	↔									<DCC=20%-60%
8c					↔	↔	↔								<DCC=40%-70%
8b						↔	↔								<DCC=50%-70%
8a															
7								↔							<DCC=70%-85%
6															
5									↔						

Key

<p>Direct Clinical Care</p> <ul style="list-style-type: none"> Face-to-face contact (individual) Face-to-face contact (group) Clinical telephone contact Clinical liaison MDT meeting about direct patient care (not CPA meeting) CPA meeting (standard and enhanced) Travel (for clinical work, not to usual place of work) Clinical record keeping, clinical letters & reports Receiving clinical supervision (individual & peer) Clinical work for client delivered via others (parents, care staff etc)
<p>Clinical work through indirect methods</p> <ul style="list-style-type: none"> Delivering clinical supervision or consultancy/advice Teaching (preparation & delivery) Service related research & development Audit/Clinical Governance/Service Improvement, Research & Development activities Management & leadership (delivering)
<p>Personal development/skills maintenance</p> <ul style="list-style-type: none"> Training/CPD/self-directed learning Management and leadership (receiving) Receiving mentorship
<p>External work with local/national impact</p> <ul style="list-style-type: none"> Work for professional organisation/representing the profession/contributing to professional practice Trade union duties Other

Appendix 5



charter for psychological staff wellbeing and resilience

Findings from the British Psychological Society and New Savoy staff wellbeing surveys in 2014 and 2015 have shown that psychological professionals are working under stress. They are reporting burnout, low morale and worrying levels of depression. We need to take action to improve the wellbeing and resilience of our psychological staff.

We know good work promotes good wellbeing. We know good psychological therapy services promote good wellbeing. Psychological professionals who are delivering frontline services should expect to be well supported in their important work. We need clinical leaders, managers & commissioners who understand the nature of this work, who value the dedication and sense of vocation of staff, and who support their staff wellbeing and work-life balance.

This charter aims to re-set the balance in the drive to improve access to psychological therapies. It calls for a greater focus on support for their staff wellbeing to sustain the impact that we know these services can have when delivered effectively. Services with good staff wellbeing are more sustainable and will make the most difference to the lives of those they are helping.

We commit to promoting effective services through models of good staff wellbeing at work. We will do this by engaging in reflective and generative discussions with colleagues, other leaders, and frontline staff to co-create compassionate workplaces and sustainable services. The organizations that support this charter will monitor and improve the wellbeing of our own staff. We will share this learning with the Charter Network. We commit to a collaborative effort and shared responsibility to fulfill the aims of the Charter.



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**NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST
TRUST BOARD**

Meeting Date:	27 th February 2019
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Title and Author of Paper:	NTW Nursing Strategy: Delivering Compassion in Practice 2019-2024 Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control
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Paper for Debate, Decision or Information:	Information and Decision
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Key Points to Note:

The NTW Nursing Strategy 2014 – 2019 identified six strategic aims which bring together the Trust Vision and Values, Leading Change, Adding Value commitments and the NMC Code of Practice. The NTW Nursing Strategy 2019 – 2024 builds on these existing aims and develops them further. They will enable us to demonstrate our contribution to the achievement of Trust strategic ambitions through supporting delivery of the Trusts quality goals and priorities through alignment with our key commitments

The 6C's remain as our value base in all that we do and the Nursing Strategy strategic aims are focused on the delivery of the 6C"s across the health arena. They aim to identify areas where nurses working as individual clinicians within a multi-disciplinary and agency framework can capitalise their effort and energy and create a positive impact on patient and service user care. Each strategic aim has a number of key commitments which will need to be integrated into service strategy planning.

The key strategic aims are:

1. Helping people to stay independent, maximising well-being and improving health outcomes.
2. Working with people to provide a positive experience of care.
3. Delivering high quality care and measuring the impact of care.
4. Building and strengthening leadership.
5. Ensuring we have the right staff, with the right skills, in the right place.
6. Supporting positive staff experience.

This strategy has been co-created with service users, carers and nursing staff through discussion, presentation, nursing forums and team meetings. It is aligned with the Trusts six strategic ambitions and our workforce strategy and will enable us to make a significant contribution to the delivery of both.

The strategy will;

- Set the future direction for the nursing and care workforce over the next five years.
- Provide a clear framework for the Trust nursing and care workforce to deliver the Trust vision and strategy and embed our values.
- Strengthen nursing contribution through creating capacity, capability and flexibility to work across traditional boundaries and take on new roles.
- Continue to provide a framework for professional governance and assurance underpinning the strategy.
- Support professional communication across the nursing workforce.
- Continue to provide a platform to strengthen nursing leadership.
- Promote our shared ambitions and commitment to delivering the national nursing framework

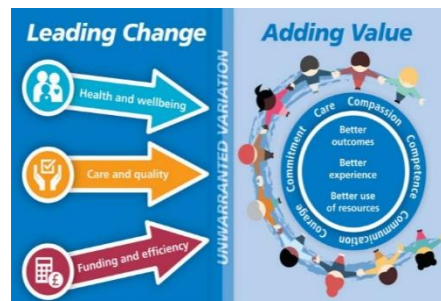
Outcome Required: The Board are asked to note the contents and approve the strategy.

Link to Policies and Strategies:

Trust Strategy 2017 – 2022
Trust Workforce Strategy 2017 – 2022
NHS Long Term Plan
Mental Health 5 YF
Leading Change, Adding Value’ – Chief
Nursing Officer for England Strategy 2016

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NTW Nursing Strategy: Delivering Compassion in Practice 2019-2024



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Executive Summary



As nurses we hold a unique position in shaping patient experience, with nursing care a critical measure of quality for service users, carers and their families. What we do every day has deep importance in ensuring the consistent provision of safe, effective, person centred care delivered in collaboration with service users and carers. We do not work in isolation but as the largest workforce we have the opportunity to enhance strong clinical leadership and to deliver and support others to deliver high quality care and services.

We face many challenges as the NHS continues to see unprecedented change affected by tighter financial constraints and growing workforce capacity issues. This means we need to find new solutions to delivering healthcare to meet the changing needs of the population we serve; this in turn provides us with opportunities to work in new ways and invest in new roles creating a richer skill mix as we continue to build our capacity, capability and flexibility to work across traditional boundaries.

Ensuring we have the right people, with the right values and skills, in the right place, at the right time is a vital factor in delivering sustainable services. The national shortage of registered nurses remains a concern and recruitment and retention continue to be a high priority, with the projections of our future workforce directly informing our partnerships with our local education providers.

Our 2014-2019 nursing strategy reflected the national nursing vision in modernising and shaping a workforce fit for purpose and able to positively demonstrate good outcomes for those we serve. The next five years will see us continue to adapt and innovate through strengthening our partnerships with local education providers to increase pre-registration programmes across our geographical spread. In addition, we are supporting increasing numbers of our nursing staff to access pre-registration nursing career pathways in mental health, learning disability and adult programmes.

The launch of the NTW Academy brings together existing strands of multi professional education, learning and development. The Academy will see us supporting our own Nurse Academy in partnership with local Universities, enabling delivery of our Grow your Own strategy. By investing in both our current and future nursing workforce we will strengthen clinical career pathways and develop new roles essential in protecting future service delivery.

This strategy has been co-created with service users, carers and nursing staff through discussion, presentation, nursing forums and team meetings. It is aligned with the



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Trusts six strategic ambitions and our workforce strategy and will enable us to make a significant contribution to the delivery of both.

Our nursing strategy will;

- Set the future direction for the nursing and care workforce over the next five years.
- Provide a clear framework for the Trust nursing and care workforce to deliver the Trust vision and strategy and embed our values.
- Strengthen nursing contribution through creating capacity, capability and flexibility to work across traditional boundaries and take on new roles.
- Continue to provide a framework for professional governance and assurance underpinning the strategy.
- Support professional communication across the nursing workforce.
- Continue to provide a platform to strengthen nursing leadership.
- Promote our shared ambitions and commitment to delivering the national nursing framework.

Gary O'Hare

Executive Director of Nursing and Chief Operating Officer

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NTW - Our Vision and Values

Our Vision is;

To be a leader in the delivery of high-quality care and a champion for those we serve.

Our vision is underpinned by a set of core values. Our values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes.

Caring and Compassionate	Respectful	Honest and Truthful
Put ourselves in other people's shoes	Value the skill and contribution of others	Have no secrets
Listen and offer hope	Give respect to all people	Be open and truthful
Focus on recovery	Respect and embrace difference	Accept what is wrong and strive to put it right
Be Approachable	Encourage innovation and be open to ideas	Share information
Be sensitive and considerate	Work together and value partners	Be accountable for our actions
Be helpful		
Go the extra mile		

The 6Cs remain as our value base in all that we do:

Care: caring defines us and our work.

Compassion: is how care is given through relationships based on empathy, respect and dignity.

Competence: we must have the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication: and listening is central to successful, caring relationships and to effective team working.

Courage: enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

Commitment: is the cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support agenda.



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The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.

The NMC Code contains the professional standards that as Registered Nurses, Midwives and Nursing Associates (UK only) we must uphold. The values and principles set out in the Code can be applied in a range of different practice settings, but they are not negotiable or discretionary.

Nurses, Midwives and Nursing Associates must act in line with the code, whether they are providing direct care to individuals, groups or communities or bringing our professional knowledge to bear on nursing practice in other roles such as leadership, research or education.

The standards include ensuring practice is safe, effective and puts the interests of patients and service users first and promoting trust through professionalism. The code underpins all that we do and fundamentally supports our nursing strategy.

The NMC Code is one code and four themes which combined signify good nursing and midwifery practice with the aim of public protection. Through our consultation on this strategy; service users and carers told us;

Prioritise People	<p>Be approachable, truly caring, have empathy, uphold dignity and respect</p> <p>Engage fully, listen to individuals and work with and include carers needs</p> <p>Be patient, making time to get to know individuals and don't make assumptions</p> <p>Support health and wellbeing giving people choice</p> <p>Know about me not just my illness</p> <p>Help connect people with community services and local VCS networks</p>
Practise Effectively	<p>Be open minded different therapies work for different people</p> <p>Help to change mind set, motivating, encourage and give hope</p> <p>Communicate clearly and listen well</p> <p>Be proactive and anticipate the multitude of small things that make a patient comfortable</p> <p>Champion real co-production through joint planning and agree date for review</p> <p>Training around learning disability and autism</p>
Preserve Safety	<p>Have enough staff on duty to make patients feel safe</p> <p>Visit people at home when they are struggling and help people transition from hospital to home</p> <p>Recognise relapse</p>
Promote Professionalism and Trust	<p>Constantly update your knowledge and skills</p> <p>Don't be complacent speak up for the patient</p>

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‘Leading Change, Adding Value’ – Chief Nursing Officer for England Strategy.

Launched in 2016 ‘Leading Change, Adding Value’ provides a national framework for all nursing, midwifery and care staff. As the largest proportion of the health and care workforce we have a crucial role to play in closing the three gaps identified in the Five Year Forward View by ensuring that everything we do is of high value.

Health and Wellbeing Gap	Without a greater focus on prevention, health inequalities will widen and our capacity to pay for new treatments will be compromised by the need to spend billions of pounds on avoidable illness.	Closing the health and well-being gap by; <ul style="list-style-type: none"> Practising in ways which prevent avoidable illness, protect health and promote well-being and resilience.
Care and Quality Gap	Health needs will go unmet unless we reshape care, harness technology and address variations in quality and safety.	Closing the care and quality gap by: <ul style="list-style-type: none"> Practising in ways which provide safe evidence-based care which maximises choice for patients.
Funding and Efficiency Gap	Without efficiencies, a shortage of resources will hinder care services and progress.	Closing the funding and efficiency gap by: <ul style="list-style-type: none"> Practising in ways which manage resources well including time, equipment and referrals.

We have a key leadership role in delivering a positive impact on outcomes, experience and better use of resources and have captured all these aspects within our strategy.

The overall objective is to develop a high quality, financially sustainable service that delivers the objectives set out under the Triple Aim:

- Better outcomes
- Better experiences for staff and patients
- Better use of resources

This framework encourages us all to reach further both individually and collectively. To do this we need to focus on what is important and connect with each other so we achieve more for service users, patients and communities and also for our profession.

The key leadership contribution of nursing and care staff is crucial to maintaining high standards and delivering change. Leading Change, Adding Value sets out our shared ambitions and commitments that demonstrate our leadership potential and the role we can and must play.



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There are 10 commitments that are aspirational statements to help us as nurses, and care staff to focus on narrowing these three gaps;

1. We will promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff.
2. We will increase the visibility of nursing and midwifery leadership and input in prevention.
3. We will work with individuals, families and communities to equip them to make informed choices and manage their own health.
4. We will be centred on individuals experiencing high value care.
5. We will work in partnership with individuals, their families, carers and others important to them.
6. We will actively respond to what matters most to our staff and colleagues.
7. We will lead and drive research to evidence the impact of what we do.
8. We will have the right education, training and development to enhance our skills, knowledge and understanding.
9. We will have the right staff in the right places and at the right time.
10. We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes.

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The NTW Nursing Strategy 2014 – 19 identified six strategic aims which bring together the Trust Vision and Values, Leading Change, Adding Value commitments and the NMC Code of Practice.



The NTW Nursing Strategy 2019 – 24 builds on these existing aims and develops them further. They will enable us to demonstrate our contribution to the achievement of Trust Strategic Ambitions through supporting delivery of the Trusts Quality Goals and priorities through alignment with our key commitments.

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Strategic Aims

The Nursing Strategy has six key areas of action that are focused on the delivery of the 6C"s across the health arena. They aim to identify areas where nurses working as individual clinicians within a multi-disciplinary and agency framework can capitalise their effort and energy and create a positive impact on patient and service user care. Each strategic aim has a number of key commitments which will need to be integrated into service strategy planning.

The key strategic aims are:

1. Helping people to stay independent, maximising well-being and improving health outcomes.
2. Working with people to provide a positive experience of care.
3. Delivering high quality care and measuring the impact of care.
4. Building and strengthening leadership.
5. Ensuring we have the right staff, with the right skills, in the right place.
6. Supporting positive staff experience.

As individuals delivering care to patients, service users and their carers, the way in which we demonstrate these strategic aims through the 6C"s will have an immediate and lasting effect on patients' recovery and well-being. Every interaction counts to make a difference to patients. These areas of action will demonstrate the 6C"s to patients, carers, national and local organisations and regulators of our services.

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1. Helping people to stay independent, maximising wellbeing and improving health outcomes.

Physical health and wellbeing remain a key priority with focus on working collaboratively and building capacity and capability to ensure the best possible outcomes for service users.

We will;

- Champion prevention and health promotion making every contact count providing equal weight to physical and mental health needs, empowering and supporting individuals to improve health and well-being.
- Promote via a Sustainability and Transformation Partnership patch wide approach; better outcomes by supporting people's whole needs and integrating mental health and learning disability into physical health pathways; promoting programmes, accessible information and training to make activities more accessible and increase general understanding.
- Work with our partners to utilise all opportunities to promote health and wellbeing in our communities linking with community health initiatives.
- Work with education providers to ensure all undergraduate and CPD programmes provide an educational and practice focus on improving the physical health of people with severe and enduring mental illness, learning disabilities and autism.
- Support our commitment to the initiative to stop the over medication of people with learning disabilities, autism or both (STOMP) by raising awareness, supporting clinicians to share good practice and working with individuals, carers and families to identify alternative medication.
- Collaborate with primary care services to promote access to innovative placements to support undergraduate programmes.
- Extend Wellness Recovery Action Plans to include managing physical health and wellbeing utilising technology to promote.
- Support Recovery Colleges in the promotion of health and wellbeing to support independence, maximise wellbeing and improve health outcomes.
- Provide staff and service users with accessible information to enable informed discussion in relation to suitable interventions.
- Discuss engagement in interventions and access to community support initiatives at discharge planning meeting.
- Refresh our physical health training programme to ensure our workforce have knowledge on specific health conditions, current interventions, the benefits of physical activity for health and wellbeing and physical health skills promoting the use of physical health passports.
- Promote the use of Link Nurse Portfolios aligned where appropriate to education and training programmes to promote transferable skills.



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2. Working with people to provide a positive experience of care

As nurses we need to be strong advocates, working in partnership with service users, their families and carers; developing unique and supportive caring relationships.

We will;

- Promote a culture of shared learning, using incident reviews, benchmarking and positive experiences to inform and change our working practices.
- Constantly strive to improve the way in which we capture feedback from service users, patients, carers and families; triangulating Points of You and Friends and Family data, to continuously improve the care we provide, evidencing how we have changed practice as a result.
- Embed Triangle of Care promoting productive relationships between carers, service users and professionals that promote safety, recovery and wellbeing.
- Identify and create opportunities to implement new ways of working that improve the way in which individuals experience and receive the care we give.
- Collaborate with our partners to work across traditional boundaries developing integrated models of care.
- Formulate personalised and detailed care plans and ensure that they are used consistently to inform patient's care
- Ensure our service users receive care from the most appropriately skilled practitioner, delivering right care, right time, and right place.
- Ensure all of the nursing workforce are trained and routinely updated in delivering care to people with a learning disability, autism or both to ensure services are tailored to each person's individual need.
- Support the delivery of the Autism and Learning Disability Strategic Clinical Network building on good practice as it grows and develops
- Provide relevant and timely information at every stage of the care journey, taking time to provide clarity and ensure understanding.

3. Delivering high quality care and measuring the impact of care

Building our capacity and capability to use quality improvement techniques and tools is essential in promoting a sustainable culture of continuous improvement and in developing and implementing new and positive ideas that promote person centred care.

We will;

- Champion the use of 'Leading Change, Adding Value' to identify and reduce unwarranted variation, measuring what we do so we can demonstrate improvement.



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- Support nursing staff in understanding how to use and interpret clinical outcome measures, supporting the Trust objective that service users and carers will have the outcomes that are important to them measured, reported and tracked over time
- Support teams to evaluate and embed quality improvements and innovations to improve service delivery.
- Empower teams to make positive changes, eliminating waste and inefficiencies, releasing more time to provide direct patient care.
- Make best use of technology; selecting those tools which offer maximum impact for service users and staff.
- Reduce the burden of bureaucracy by reviewing systems and processes especially linked to clinical recording; measuring success by increased time with service users and patients.
- Provide opportunities to maintain innovation through coaching, personal development, supervision and appraisal.
- Utilise skill mix effectively focusing on activities that create 'high value'.
- Deliver the priorities for Positive & Safe/Talk1st in reducing restrictive interventions and blanket restrictions; we will do this through the use of the 'Reducing Restrictive Interventions: Positive Practice Process Board' (RRI).
- Increase co-production, reduce conflict by increasing staff knowledge of data used to underpin positive change, utilising quality improvement cycles.

4. Building and Strengthening Leadership

Everyone involved in the delivery of care needs to contribute to creating the right environment; strengthening clear compassionate leadership at every level ensures safe, high quality care and a positive experience for patients and staff.

We will;

- Strengthen the Nurse Consultants role in the supervision and development of Advanced Clinical Practitioners.
- Continue to invest in senior clinical roles; Nurse Consultant; Responsible / Approved Clinician; Nurse Prescribers to maximise scope for building contemporary multi-disciplinary teams.
- Support access to innovative leadership programmes developing both current and future leaders.
- Revisit competency frameworks creating opportunity to build career portfolios.
- Pilot internal transfer and rotational programmes aligned to service and individual development needs, linked to competency-based portfolios.
- Revisit framework for working across fields of practice enabling greater opportunity for nurses to develop their knowledge, skills and competencies.



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5. Ensure we have the right staff, with the right values and skills in the right place at the right time.

Ensuring we have the right people with the right values and skills, in the right place at the right time is a key priority in delivering sustainable services.

We will;

- Support the development of a skills-based nursing workforce plan which focuses on recruitment and retention and takes into account future changes.
- Develop a clear strategy for staff retention, outlining plans for attracting, recruiting and retaining staff aligned to workforce plans.
- Ensure workforce plans support teams to develop the right competencies for new and existing models of care.
- Support the development of skills descriptors and provide regular gap analysis enabling triangulation with workforce plans.
- Ensure we have a nursing workforce with the skills and capacity to meet the needs of people with learning disabilities, autism or both by providing safe and sustainable staffing with effective leadership at all levels.
- Continue to champion both locally and nationally, the recruitment and retention of a sustainable Learning Disability nursing workforce; promoting and strengthening career pathways.
- Undertake assessment or resetting of the nursing establishment and skill mix based on acuity and dependency data, clinical need and competence, quality of care and patient experience reporting to the Trust Board twice a year.
- Deploy staff effectively in accordance with National Quality Board guidance and Carter recommendations to ensure we have the right culture, leadership and skills for safe, sustainable and productive staffing.
- Identify factors which enable effective rostering management and so reduce the need for the use of agency staffing.
- Examine operational arrangements that exist at service delivery level determining rostering forward based clinical staff and compare the planned hours of care with paid hours.
- Standardise approaches across services to identify and prevent unwarranted clinical variation in service provision.
- Review retire /return policy with particular focus on flexible retirement providing opportunities to retain valuable experience within the workforce.
- Introduce “itchy feet” and “stay” interviews aligned to appraisal processes and review process for exit interviews.
- Embed in preceptorship programme competencies aligned to managing staff resources including rostering and understanding acuity and dependency data.



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Investing in our future workforce - 'Grow Your Own' approach.

Our aim is to ensure students (nursing, return to practice, trainee nursing associates and apprentices) are empowered, supported and inspired to become resilient, caring and reflective lifelong learners who are capable of working in inter professional and interagency teams.

We will;

- Further develop the NTW Academy as the platform for career development.
- Continue to strengthen our partnerships with local education providers to increase numbers of nursing students across our geographical spread; and in the co-production of curricula.
- Widen access to undergraduate study towards registration by implementing the nursing degree apprenticeship.
- Nurture and inspire the next generation of nursing students to become substantive registered nurses at the Trust; ensuring mentors have time to develop and support students.
- Work with the Apprenticeship and Career Development Team in the Academy to support Ambassador Programme in schools to make NHS careers across the Trust attractive to young people.
- Promote a dynamic learning environment which focuses on developing an evidence-based culture enabling staff to take an enquiring approach to practice.
- Ensure we provide safe effective and inclusive learning experience and that each learning environment has governance and resources needed to deliver education and training.
- Ensure learning environments and learner experience are responsive to practice development and service user involvement is integral to the process.
- Continue to expand access to innovative clinical placements building greater capacity by aligning NMC requirements with internal reporting systems.
- Work to provide a three-year programme of student allocations for each team, to support clinical groups in discharging their responsibilities in relation to the sourcing and provision of clinical placements.
- Support the development of service wide strategies to promote the implementation of the new NMC standards for education and training.
- Ensure we have effective governance systems that ensure compliance with all legal regulatory professional and educational requirements.
- Evaluate the effectiveness of teaching and quality of placements through audit of practice and student evaluation; identifying areas of good practice and professional development needs.

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Developing our nursing workforce to its full potential.

A key component of the nursing strategy is to create capacity, capability and flexibility to work across traditional boundaries and take on new roles. Multi-faceted approaches are needed to develop a workforce which can be both responsive and adaptable to manage complex changes; ensuring our nursing workforce make the greatest possible difference in delivering excellent care.

We will;

- Develop nursing career pathways at all levels by investing in effective education and training, providing attractive and flexible opportunities; creating careers not jobs.
- Support implementation of new roles and evaluate both effectiveness and impact on skill mix.
- Undertake a review of nursing job titles with an aim to rationalise ensuring greater clarity.
- Develop robust training plans utilising skills-based workforce planning to ensure we maximise use of funding streams.
- Ensure location of Advanced Clinical Practitioner and Nursing Associate role within the career framework to support recruitment and retention; enabling workforce development and the strengthening of clinical career pathways.
- Create register of Advanced Clinical Practitioners, Specialist Nurses and Nursing Associates ensuring appropriate CPD and revalidation processes are in place.
- Develop a strategic approach to talent management to ensure individuals are developed, effectively managed, engaged and retained.
- Utilise coaching and mentoring to enhance skills, knowledge or work performance and clinical and managerial supervision.
- Ensure greater emphasis on utilising appraisal system as a tool for career development.
- Provide career clinics for the whole of our nursing workforce to support development of aspirational personal development plans.

Building research capacity and capability

A good evidence base is central to nursing care. Encouraging critical dialogue, research and publicising the work that we do is central to this agenda. Through increasing capacity and capability, we will develop a culture where nurse led research becomes a normative part of clinical practice.

We will:

- Raise awareness of the value of research that underpins practice and publicise opportunities to engage with, contribute to and lead on research.



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- Identify key research skills, knowledge, experience and competencies required to support nursing workforce.
- Support Nurse Consultants to facilitate the extension of their role as research leaders.
- Develop Nurse Consultant led clinics for research where nurses can seek ideas for research initiatives, advice and guidance around research and promoting good practice.
- Support teams to have an active programme of clinical audit and evaluation with findings informing practice
- Focus on local research which underpins safe, effective and high-quality care, encouraging formation of peer to peer learning; co-production and development of clinical networks.
- Use learning from our research to innovate and improve care and define our contribution and value.
- Celebrate by showcasing our achievement and success; supporting publication and presentation at national conferences.
- Support the prioritisation of dedicated time to enable staff to undertake research.
- Align practice development initiatives with appraisal and revalidation processes.
- Develop research champions to build capacity and capability within clinical groups.
- Maximise opportunities to improve knowledge and skills of non-registered nursing workforce.

6. Supporting positive staff experience

Evidence shows that the experience of staff, particularly in the form of support received from supervisors and others; as well as staff engagement are associated with the care provided to patients. How staff feel when they are at work is key to the successful delivery of high-quality patient care.

We will;

- Ensure that staff are provided with an environment and opportunities that encourage and enable them to lead healthy lives and make choices that support their wellbeing.
- Assess and triangulate the impact of good staff engagement and wellbeing on productivity and safety and the outcomes and experience of those receiving care.
- Develop Wellness and Recovery Action plans which will be based on individual need.
- Ensure all staff have appropriate supervision to ensure they are clinically effective and have ongoing support to regularly review practice
- Ensure clinical leaders and managers have allocated sufficient time to supervise and lead effectively.



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- Ensure all nursing staff have access to education and development opportunities which enable them to work in new ways and reach their full potential.
- Support nurses and nursing associates to meet all criteria for successful revalidation.
- Demonstrate the impact of the contributions of the whole of nursing workforce by developing quality and nursing metrics, which are publishable.
- Utilise Nurse Leadership Forum to ensure nurses voices are heard and inform nursing initiatives.
- Celebrate success and achievements both internally and in supporting access to external recognition awards.

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As nurses we pledge to;

- Ensure that the people in our care are fully informed and treated with kindness and sensitivity, based on their wishes and desires.
- Create time to listen and respond to the needs of individuals to truly inform shared decision making, embedding recovery as a central concept.
- Do our utmost to ensure that dignity is never compromised, privacy is maintained and the people in our care are respected.
- Embrace the principles of informed consent and confidentiality, which will guide our practice and ensure we always act in people's best interests.
- Speak up confidently and without fear when we have concerns or believe that something is wrong.
- Be courageous and tackle stigma in all its forms using our expertise and knowledge to inform and change views
- Always be open and transparent, acting with integrity and behaving professionally.
- Develop ourselves to become the best we can be.
- Ensure the 6 C's are at the heart of all we do.

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"Love and compassion are necessities, not luxuries. Without them humanity cannot survive." **Dalai Lama**

"Follow the three R's: - Respect for self. - Respect for others. - Responsibility for all your actions" **Dalai Lama**

Relationships are based on four principles: respect, understanding, acceptance and appreciation." **Mahatma Gandhi**



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